EFFECTS OF ADALIMUMAB INITIATION ON CORTICOSTEROID UTILISATION AND MEDICAL COSTS AMONG PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Treatment guidelines recommend low dose corticosteroids (steroids) as a short-term (<3 months) therapy among rheumatoid arthritis (RA) patients to 'bridge' patients until benefits of disease modifying anti-rheumatic drugs (DMARDs) are observed. However, for many patients it may be difficult to wean/eliminate steroids once they are initiated. Initiation of more effective therapies such as biologics may help promote reduction in steroid use.

Objectives: This study examined the impact of initiating adalimumab (ADA) on steroid utilisation and medical costs among patients with RA.

Methods: A retrospective analysis was conducted among adult RA patients initiating ADA as the initial biologic in the MarketScan Database (2012–2016). Study outcomes included whether oral/injectable steroids were used, daily dose, dosage categories (<5 and >5 mg/day), number of steroid injections, and medical costs. Outcomes were compared 6 months pre- and post ADA initiation using Chi-square tests for categorical variables and paired t-tests and Wilcoxon rank sum tests for continuous variables. Because various types of variables were used for study outcomes, mixed effects logistic, classical linear, multinomial logistic models, and linear model with a log link and gamma distribution were used to adjust for patient demographic and health characteristics such as age, gender, health plan type, census region, and Charlson Comorbidity Index.

Results: The study sample included 6,214 ADA initiators. As compared to the 6 months prior to ADA initiation, there was a reduction in proportions of patients using oral steroids (from 72% to 59.5%) and injectable steroids (from 34.9% to 26.9%), average daily dose of oral steroids (from 3.3 mg/d to 2.5 mg/day), patients with dose >5 mg/day (from 22.3% to 15.1%), number of steroid injections (from 0.63 to 0.47), and medical costs (from $5,233.5 to $4,807.9) (p<0.01 for all comparisons). Multivariate analysis produced similar patterns. In the 6 months post-ADA initiation, patients were less likely to use oral steroids (Odds Ratio (OR): 0.40; 95% Confidence Interval (CI): 0.36–0.45) or steroid injections (OR: 0.59; 95% CI: 0.54–0.65). Coefficient estimate for daily dose reduction was –0.87 (95% CI: –1.00 to –0.74). Post-ADA relative risk ratios for dosage categories <5 mg/day and >5 mg/day compared to zero were 0.48 (95% CI: 0.43–0.53) and 0.36 (95% CI: 0.32–0.41), respectively. Post-ADA incidence rate ratio for number of steroid injections was 0.72 (95% CI: 0.69–0.76). Ratio estimate for medical costs was 0.84 (95% CI: 0.79–0.89). All multivariate results reported were significant (p<0.01).

Conclusions: Among patients with RA, following ADA initiation, there is a reduction in steroid utilisation and its dose, and patients’ medical costs. Prospective studies should be conducted to confirm this relationship in the future.

REFERENCES: [Singh JA, et al. doi:10.1002/acr.22783]

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Disclosure of Interest: Y. Qiao Grant/research support from: AbbVie, K. Winthrop Grant/research support from: AbbVie, Consultant for: AbbVie, J. Griffith Shareholder of: AbbVie, Employee of: AbbVie, C. Kaplan Grant/research support from: AbbVie, C. Spivey Grant/research support from: AbbVie, A. Postlethwaite Grant/research support from: AbbVie, J. Wang Grant/research support from: AbbVie

Methods: The scientific communications of the 2017 EULAR congress (Madrid) are analysed, according to the country of origin of the speakers.

The number of rheumatologists in each country is assessed, their specific weight with respect to the total of European rheumatologists and in relation to the total number of doctors in their respective countries.

Results: Results: The countries with the highest number of rheumatologists in Western Europe are France 2,600, Italy (1800), Spain (1155), UK (950), Germany (800) and Netherlands (775). However, in number of communications The order changes, so the UK is the most productive (121), followed by the Netherlands (101), Germany (91), France (74), Italy (51), Sweden37 and Spain.26

In proportion, the Dutch presented 1 communication for every 7.6 rheumatologists, 1 German for every 8.7, 1 for every 7.8 British. The Mediterranean countries are far away, with 1 communication for every 32 Spanish rheumatologists and 1 for every 35 in the case of France and Italy

Oral Communications EULAR
Madrid 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of rheumatologists</th>
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<td>UNITED KINGDOM</td>
<td>121</td>
<td>950 (1 com x 7.82reum)</td>
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<tr>
<td>GERMANY</td>
<td>91</td>
<td>800 (1 com x 8.79 reum)</td>
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<td>FRANCE</td>
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<td>ITALY</td>
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<td>1155 (1 com x 32 reum)</td>
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Background: Golimumab (GLM) has shown its efficacy and safety in various clinical trials. Data from socio- and health economic parameters in daily clinical practice in Germany are rare.

Objectives: Our objective was to describe effects on socio- and health economic parameters and on health care resource use in patients in Germany with rheumatoid arthritis (RA), psoriatic arthritis (PsA), and ankylosing spondylitis (AS) who were initiated on subcutaneous GLM.

Methods: Descriptive post-hoc analysis of socio- and health-economic parameters of the non-interventional, multicenter, prospective GO-NICE study (n=1458) at baseline (BL) compared to the situation at 24 months (M24) (n=664, 45.5%) to explore the impact of GLM on days of sick leave/absenteeism, and days of impaired capability/presenceism, as well as the work productivity, quality of work and normal course of life in the past 30 days and 6 months using. Further gather the number of consultations, ambulatory treatments, alternative treatments days of hospitalizations and rehabilitation measures in the past 6 months.

Results: The mean number of sick leave days in the previous 30 days decreased from baseline (BL) 4.0 to 0.9, and in the past 6 months from BL 13.7 to 3.3 at M24. The improvement was greatest in patients with RA. The mean number of days with impaired capability in the previous 30 days decreased from BL 14.9 to 4.5, in the previous 6 months from BL 65.8 to 19.8 at M24. The improvement was greatest in patients with AS. On a numeric rating scale (range: 1=no limitation to 10=very strong limitation), the patients’ mean ratings on the impact of disease during the previous 6 months of work productivity decreased from BL 5.5 to 2.5 points, on quality of work from 4.8 to 2.2 points, and on the normal course of life from 5.3 to 2.4 points at M24, respectively. The decrease in the mean scores BL to M24 was comparable in patients with RA, PsA and AS. Intersubject variability was high. On retrospective evaluation for the past 6 months, the percentage of patients with physician consultations declined from BL to M24: with general practitioners in patients with PsA – 19.7%, AS by – 17.8%, RA – 6.8% in patients with RA. A marked decline was also observed in the percentage of patients with PsA having dermatologist consultations (~15%). The percentage of patients receiving physiotherapy, massages, occupational therapy and packs declined from BL to M24, primarily the application of physiotherapy (~16.9%, ~10.9% and ~9.1%) in patients with AS, PsA and RA. The frequency of hospitalizations decreased from 10.4/7.6/14.0% at BL to 1.7/2.0/8.0%, and the frequency of rehabilitation decreased from 3.3/3.7/5.5% at BL to 0.6/1.8/2.1% at M24 in patients with RA, PsA, and AS.

Conclusions: This evaluation showed remarkable improvements in socio- and health-economic parameters. On GLM treatment, there was a reduction in the days of absenteeism from work, impaired capability/presenceism and the days with limited productivity, while the quality of work increased, in a very similar manner across the three indications.

The proportion of patients requiring physician consultations, days of hospitalisation and furthermore the need for rehabilitation measures decreased on GLM 50 mg treatment.

Disclosure of Interest: None declared

Conclusions: There is a marked disparity between the number of rheumatologists by country and number of oral communications. While the Netherlands, United Kingdom and Germany are protagonists of more than a third of the oral communications, nations such as Spain, France or Italy only contribute, together, to the 18% although nearly 5600 rheumatologists work in their countries. Therefore, with twice as many specialists, they present half of communications.

Disclosure of Interest: None declared


THU0660 GOLIMUMAB IMPROVES SOCIO- AND HEALTH ECONOMIC PARAMETERS IN PATIENTS WITH RA, PSA AND AS: REAL WORLD-DATA FROM A NON-INTERVENTIONAL CLINICAL STUDY IN GERMANY

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Background: Golimumab is known to occur early and with relatively small doses. The American College of Rheumatology guidelines suggest standard clinical care to


THU0661 OSTEOPOROSIS SCREENING, PRIMARY PREVENTION, AND TREATMENT IN GLUCOCORTICOID TREATED INDIVIDUALS WITH RHEUMATOLIGIC DISEASE

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Background: Glucocorticoids are commonly used in a wide variety of inflammatory conditions treated by rheumatologists. Bone loss from glucocorticoids is known to occur early and with relatively small doses. The American College of Rheumatology outlines that Glucocorticoid-Induced Osteoporosis (GIOP) is under screened and undertreated. The ACR guidelines suggest standard clinical care to