298 cases. Organ-specific classification of triggered autoimmune diseases included cutaneous (n=7140), digestive (n=2323), endocrine (n=1701), pulmonary (n=1683), systemic/rheumatic (n=1230), neurological (n=1172), ocular (n=349), cardiac (n=322), haematological (n=106) and renal (n=96) diseases. The most frequently reported induced individual autoimmune diseases were psoriasis (n=6401), enterocolitis (n=1947), interstitial lung diseases (n=1680), thyroiditis (n=1076), hypophysitis (n=492), demyelinating CNS diseases (n=452), peripheral neuropathies (n=431), lupus (n=371), vasculitis (n=339), uveitis (n=298), vitiligo (n=256) and sarcoidosis (n=185).

Conclusions: The number and diversity of induced autoimmune disorders is increasing exponentially in parallel with the increased use of biological therapies in neoplastic diseases, which are currently representing 40% of reported cases. Management of these biologic-induced autoimmune diseases will be an increasing multidisciplinary clinical challenge in the daily practice in the next years.

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THU0666 COSTS ASSOCIATED WITH SWITCHING SUBCUTANEOUS TUMOUR NECROSIS FACTOR- α INHIBITOR IN THE TREATMENT OF IMMUNE-MEDIATED RHEUMATIC DISEASE

J. Dalén¹, A. Svedbom¹, K. Luttrupp¹, S. Kachroo². ¹Mapi, Stockholm, Sweden; ²Center for Observational and Real-World Evidence (CORE), Merck and Co., Inc., Kenilworth, NJ, USA

Background: Few studies have investigated the costs associated with switching subcutaneous tumour necrosis factor- α inhibitor (SC-TNFi) in the treatment of immune-mediated rheumatic disease (IMRD; rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis),¹⁻² and to our knowledge no studies have been performed in a European setting.

Objectives: The objective of this retrospective observational study was to explore costs of health care resource utilisation (HCRU) associated with switching SC-TNFi in patients with IMRD in Sweden.

Methods: Using data from Swedish Health Data Registers, adult, treatment naïve IMRD patients filling prescriptions between May 1st 2010 and December 31st 2015 for any of the currently available SC-TNFi (adalimumab, etanercept, certolizumab, and golimumab) were included. Prescriber specialty and department were used to exclude patients with SC-TNFi treatment unrelated to IMRD. A switch was defined as a filled prescription for a subsequent SC-TNFi within 60 days of first line discontinuation. HCRU, including non-DMARD medication, inpatient and specialised outpatient care, was captured 12 months pre- and post-treatment initiation. Eligible patients had at least 12 months follow-up, and were either persistent throughout or switched treatment during the follow-up period. The analysis was performed on a propensity score matched (PSM) cohort.

Figure 1. Total Cost of Health Care Resource Utilization

Abstract THU0666 – Figure 1 Total. cost of health care resource utilisation

Results: In total, 6213 eligible patients were identified, of which 5092 were persistent with their index therapy throughout the follow-up period while 1120 patients switched SC-TNFi. The PSM cohort was derived as “Persistent” vs. “Switched” with a total of 1120 matched pairs. Patients switching therapy had higher total

HCRU costs during the baseline period and maintained their average cost during the follow-up period (figure 1), whereas persistent patients decreased their average costs from the baseline period to the follow-up period. The average yearly cost during baseline and follow-up was USD 4,512 vs USD 4,690 for patients switching SC-TNFi, and USD 3,630 vs USD 2,662 for persistent patients. This corresponds to a difference in difference of USD 1,146 (p<0.001).

Conclusions: Similar to previous findings,³⁻⁴ patients switching maintained their higher costs, while persistent patients decreased their costs from baseline to the follow-up period. This further highlights the notion that persistence may not only serve as a marker for drug effectiveness, safety, and treatment satisfaction, but also for reduced HCRU and costs.

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THU0667 DISEASE, WORK AND PERSONAL RELATED FACTORS ASSOCIATED WITH PRESENTEEISM IN PATIENTS WITH RHEUMATOID ARTHRITIS: RESULTS FROM THE NATIONAL RHEUMATOID ARTHRITIS SOCIETY SURVEY (NRAS)

S. Verstappen¹, M. Gignac², L. Lunt¹, D. Beaton³, A. Bosworth⁴, M. Bezzant⁴, K. Walker-Bone⁵. ¹CIMR, Manchester, UK; ²University of Toronto; ³IWH, Toronto, Canada; ⁴NRAS, Maidenhead; ⁵ARUK/MRC CImHW, Southampton, UK

Background: At-work productivity loss (i.e. presenteeism) is a major problem for patients with rheumatoid arthritis (RA) and employers and could be a marker of long-term absenteeism. To develop interventions to prevent presenteeism, a better understanding of which factors are associated with presenteeism is needed.

Objectives: To assess the association between disease and work related factors with presenteeism.

Methods: A large survey about employment amongst patients with RA was conducted in the UK using an online platform and inviting NRAS members and non-members to participate. Patients completed the multi-item Workplace Activity Limitation Scale (WALS; range 0–36 worst score), a measure of presenteeism. Other job related questions included: occupation (NS-SEC coding), job demand questions, help from colleagues (categorised into: always/often, sometimes, rarely/never) and a patient acceptable state questionnaire about work (PASS). Patients also completed the disease specific RAID questionnaire (score 0–10=worst score). Univariable and multivariable linear regression analyses were performed to assess the association between the disease and job related factors and presenteeism, adjusting for age and gender.

Results: 891 respondents were in paid work at the time of the survey (51.5% working for others, 33.1% self-employed and 15.4% on temporary sick leave). The majority of participants were women (91.5%) and 4.9% were aged 16–30, 69.2% 31–54% and 25.8% aged 55–74 years. Over half (51.5%) had a higher managerial, administrative or professional occupations, 33.1% an intermediate occupation, and 15.4% a routine/manual occupation. Mean (SD) RAID score was 5.2 (2.2). 58.2% rated their current job performance somewhat/much worse than before the onset of their arthritis. In univariable regression analyses greater disease activity, less control, lower support from colleagues and being in a unacceptable disease state (PASS) were associated with higher levels of presenteeism. In multivariable analysis, disease activity, ability to influence work and a unacceptable disease state remained statistically significantly associated with presenteeism.