Results: The 333 included patients shared typical characteristics of an early RA population (89.5% being women, mean(SD) age of 52.3 (13.0) years), with no differences in demographics between patients for the different response profiles. In almost all regression models, the initial clinical response profiles were identified as significant predictors for each psychosocial outcome at week 52 (table 2). A rapid and sustained response, when compared to having a relapse after initial response or a delayed response or no response at all, resulted in higher vitality, less interference with normal social activities, less problems with work or other daily activities because of emotional problems, an improved mental health, more positive beliefs about disease consequences, a higher belief in the effect of treatment, and a more coherent illness understanding.

Abstract FRI0022 – Table 1. Definitions of the self-created profiles of initial clinical response throughout the first year of treatment in patients with early rheumatoid arthritis.

Abstract FRI0022 – Table 2. The contribution of the initial clinical response to psychological outcomes (patient-reported) after 1 year of early RA treatment.

REFERENCES:

Disclosure of Interest: None declared

Conclusions: Although disease activity has shown a marked decline at 5 years between 2002 and 2011, there is little evidence that this has led to improvements of an equivalent magnitude in function, pain, fatigue and mental health. Treatment should also focus on improved function, pain management, fatigue and mental health as part of the T2T protocol.

REFERENCES:

Disclosure of Interest: None declared
Abstract FR0024 – Table 1. Effect of age on DAS28 (ESR) for patients with an intermediate educational level.

<table>
<thead>
<tr>
<th>Component</th>
<th>Predicted values</th>
<th>Age (years)</th>
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<th>Female</th>
<th>ACAPS</th>
<th>Female ACAPS</th>
<th>RF</th>
<th>Female RF</th>
<th>Disease duration</th>
<th>Ultrasonography</th>
<th>Disease Activity Score</th>
<th>Ever-smoking</th>
<th>Disease Activity Score</th>
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</table>

Conclusions: As expected, DAS28 increases with age. However, the components of DAS28 increase at different rates. The age-related increase in ESR and 28-TJC was significantly higher than the increase in 28-SJC and PGA. This suggests that age-related processes (e.g., osteoarthritis and physiological increase in ESR) drive the DAS28 in older patients. The observed patterns were largely comparable between males and females. The age effect on DAS28 is relevant in a treat-to-target strategy and may be considered when identifying a defined target in individual patients.

Disclosure of Interest: None declared


Abstract FR0025 – Figure 1. PAD4 activity in patients and controls. Centre bar indicates median PAD4 activity and error bars 25 and 75 percentile. The dashed line represents the cut-off value for increased PAD4 activity, defined as the mean plus two times the SD of the healthy controls.