DISEASE REMISSION IS MORE COMMON BUT LESS STRINGENT IN ANTI-CCP POSITIVE PATIENTS WITH EARLY RHEUMATOID ARTHRITIS TREATED WITH CONVENTIONAL SYNTHETIC DISEASE MODIFYING DRUGS

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Background: Early diagnosis and goal-steered treatment strategies allow the achievement of disease remission in a significant proportion of patients with early rheumatoid arthritis (RA). Autoantibodies such as anti-citrullinated protein autoantibodies (ACPA) identify a subset of patients with a common pathogenetic background and more severe course of the disease. However, whether autoantibodies also impact the response to conventional synthetic disease modifying anti-rheumatic drugs (csDMARDs) remains object of debate.

Objectives: To investigate the frequency and the characteristics of disease remission in relation to the autoantibody status in patients with early RA treated with csDMARDs.

Methods: The study population consisted of 578 early RA patients (<12 months of symptoms) consecutively recruited at our Early Arthritis Clinic, treatment-naïve at inclusion and prospectively followed-up at regular intervals upon initiation of therapy with methotrexate (MTX) aimed at the achievement of low disease activity at inclusion and prospectively followed up at regular intervals upon initiation of symptoms) consecutively recruited at our Early Arthritis Clinic, treatment-naïve at inclusion and prospectively followed-up at regular intervals upon initiation of therapy with methotrexate (MTX) aimed at the achievement of low disease activity at inclusion and prospectively followed up at regular intervals upon initiation of.

Results: Of these patients, 77% were in SR and 14% were in N-SR. Lower baseline DAS28 and HAQ scores (p=0.045; p=0.026, respectively) and anti-CCP positivity (p=0.035) were positive predictors of SR. Although the presence of anxiety, depression, fibromyalgia and fatigue to determine possible predictors of SR. At enrollment, first and fifth years, the DAS28, SDAI and Boolean remission rates of patients were determined and compared with regard to DAS28 remission visit counts throughout the follow-up. We also assessed the difference between the SDAI and Boolean remission rates at initial, first and fifth years visits.

Conclusions: Early diagnosis and initial treatment with MTX result in high remission percentages in RA patients regardless of autoantibody positivity. However, remission appears less stringent in ACPA-positive patients, particularly when RF is also high. These findings indicate that current treatment approaches may be insufficient at effectively suppressing joint inflammation in autoantibody-positive patients.

Disclosure of Interest: None declared


SUSTAINED REMISSION RELATED FACTORS IN PATIENTS WITH RHEUMATOID ARTHRITIS: IS IT POSSIBLE TO PREDICT SUSTAINED REMISSION?

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Background: The management of RA have been changed during past decades and sustained remission (SR) is the ultimate goal to halt joint damage and prevent the accrual of disability. Factors predicting SR are essential to individualise treatment and recognise patients that have an opportunity to taper medications in daily practice.

Objectives: To determine baseline predictors of sustained remission and comparison of its predictability by different remission criteria.

Methods: A total of 429 consecutive patients with RA visiting our outpatient clinic routinely between September 2012–2013 were evaluated. Seventy seven of these patients satisfying the DAS28 remission (<2.6) within the first time frame were enrolled and followed-up prospectively for 62±9.9 months. Of these fulfilling the DAS28 remission (>6 months) (sustained remission) and shorter (non-sustained remission: N-SR) were compared in terms of baseline demographic and clinical data and the presence of anxiety, depression, fibromyalgia and fatigue to determine possible predictors of SR. At enrollment, first and fifth years, the DAS28, SDAI and Boolean remission rates of patients were determined and compared with regard to DAS28 remission visit counts throughout the follow-up.

Results: Of these 77 patients, 63 were in SR and 14 were in N-SR. Lower baseline DAS28 and HAQ scores (p=0.045; p=0.026, respectively) and anti-CCP positivity (p=0.035) were positive predictors of SR. Although the presence of anxiety, depression, fibromyalgia and fatigue were lower in SR group, there was no statistical significance.

Conclusion: DAS28 remission visit counts of patients in Boolean (n=32) and DAS28 (n=77) remission at enrollment (5.7±3.2 vs 5.4±3.1; p=0.995) were not different. Similarly, no difference was found between patients in SDAI (n=38) and DAS28 remission (5.6±3.3 vs 5.4±3.1; p=0.769). Patients meeting the DAS28 criteria (n=77, 100%) reduced 64% (n=50) at first and 42.6% (n=29) at fifth years. Patients satisfying SDAI and Boolean criteria were 49%, 44% vs 32.4% (n=22) and 41%, 28% vs 20.6% (n=14), respectively.

If the duration of SR is considered as 6 months, the remission rates of SDAI were not different between patients at inclusion and fifth years but Boolean remission rates differed significantly and it is accepted as ≥12 months, the SDAI and Boolean remission rates were not different than at fifth year visit. Low DAS28 and HAQ score at baseline and anti-CCP positivity were positive predictors of SR. Although the presence of anxiety, depression, fibromyalgia and fatigue were lower in SR group, there was no statistical significance. Compared to the DAS28, remission determined by the Boolean and especially SDAI criteria continued consistently in long term.

REFERENCES:


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