Abstract FRI0095 – Table 1

	anti-TNF α n=17	RTX n= 7	P
General features			
Sex (♂/♀)	4/2	13/5	0.79
Mean age (years)	59.1±18.3	54.28±10.7	0.49
Ocular bilateral involvement #	23.53	57.14	0.13
Duration of underlying diseases (days)	183.06±18.3	138.85±77.68	0.59
Basal			
BCVA*	0.58±0.38	0.56±0.34	0.68
Peripheral thinning #	18	9	0.77
Central keratolysis #*	4	1	0.59
Ocular perforation #	2	1	0.89
Scleritis #	3	8	0.001
Episcleritis #	3	4	0.15
Uveitis #	3	2	0.77
1st month			
BCVA *	0.67±0.31	0.56±0.27	0.67
Peripheral thinning #	5	6	0.032
Central keratolysis #*	-	-	-
Ocular perforation #	-	-	-
Scleritis #	1	1	0.54
Episcleritis #	1	0	0.45
Uveitis #	1	2	0.23
6th month			
BCVA *	0.7±0.25	0.73±0.29	0.67
Peripheral thinning #	9	3	0.14
Central keratolysis #*	0	3	0.028
Ocular perforation #	-	-	-
Scleritis #	-	-	-
Episcleritis #	-	-	-
Uveitis #	1	0	0.38
1st year			
BCVA *	0.75±0.22	0.70±0.24	0.77
Peripheral thinning #	7	3	0.25
Central keratolysis #*	1	1	0.89
Ocular perforation #	0	1	0.30
Scleritis #	-	-	-
Episcleritis #	-	-	-
Uveitis #	1	0	0.35

Comparisons were made between baseline and 1st month, 6th month and 1st year (STATISTICA, StatSoft Inc. Tulsa, Oklahoma, USA). Quantitative variables were expressed as mean ±SD or median [IQR], accordingly to its distribution. They were compared with the Student t or the Mann-Whitney U test respectively. Dichotomous variables were expressed as percentages and compared by the chi-square test.

Results: We studied 24 patients/32 affected eyes. The underlying diseases in the anti-TNF α group were Rheumatoid Arthritis (RA) (n=14), Psoriatic Arthritis (n=2) and Behçet Disease (n=1); and in the RTX group: RA (n=5), granulomatous polyangiitis (n=1) and microscopic polyangiitis (n=1).

At baseline there were no significant differences between both groups in general features or in ocular involvement (table 1). Before biologic therapy they had received the following systemic drugs (anti-TNF α vs RTX) i.v. methylprednisolone (2 vs 4), doxycycline (7 vs 1), ascorbic acid (2 vs 0), MTX (11 vs 4), AZA (1 vs 2) and others (7 vs 3). In addition, 10 patients, in both groups, had required surgery: amniotic membrane (n=5), penetrating keratoplasty (n=2), conjunctival resection (n=2), tissue adhesives (n=2), conjunctival flap (n=1) and lamellar keratoplasty (n=1).

Once the treatment was initiated the ocular outcome was similar (table 1).

After a mean follow-up of 22.53±22.60 (anti-TNF α) and 22.28±8.28 months with RTX the following severe side effects were observed: supraventricular tachycardia (n=1) with RTX and pulmonary tuberculosis (n=1) with IFX.

Conclusions: In this study, anti-TNF α therapy and RTX were equally effective for the treatment of peripheral ulcerative keratitis associated to rheumatic diseases refractory to conventional treatment.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2622

FRI0096

IS SIDE EFFECTS AND TREATMENT RESPONSE TO METHOTREXATE ASSOCIATED TO COMORBIDITY IN EARLY RHEUMATOID ARTHRITIS

K.L. Pedersen¹, J. Hallas², I.M.J. Hansen³, P. Ahlquist⁴, T. Ellingsen⁵. ¹Hospital Pharmacy of Funen, Odense University Hospital; ²Clinical Pharmacology and Pharmacy, Department of Public Health; ³Dept of Rheumatology, Odense University Hospital; ⁴Reumaclinik Funen, Reumaclinik Funen; ⁵Rheumatology, Odense University Hospital, Odense, Denmark

Background: In Denmark approximately 0.7% (35.000) of the population is diagnosed with rheumatoid arthritis (RA). RA is a risk factor in development of comorbidity, and comorbidities are not well managed in RA patients. In addition of being first line treatment of early RA, methotrexate (MTX) gives a 70% reduction in cardiovascular disease caused mortalities, and if treatment exceeds a year, the general mortality risks are lowered by 60%. Discontinuation of MTX is therefore a bad outcome for RA. It remains unclear whether side effects and treatment response to MTX is associated to comorbidity in early RA.

Objectives: To evaluate the association between comorbidity and persistence to MTX treatment and side effects for RA patients.

Methods: Patient files from three centres were evaluated retrospectively. Inclusion criteria were: diagnosis obtained according to ACR/EULAR 2010 criteria for RA in the period 01/01/2010 to present, and MTX as first line of treatment. Medical records were reviewed for side effects, dose changes of MTX, formulation changes and persistence. Comorbidities and comedication was evaluated by usage of the Danish National Patient Registry (DNPR), and the Odense Pharmacoepidemiological Database (OPED). Comorbidities were scored according to the Charlson Comorbidity Index (CCI), and analysed by the cox proportional hazards model for discontinuation of MTX treatment and dose reduction.

Results: 501 patients were screened, 177 were eligible and analysed at baseline for disease characteristics, medication besides MTX and comorbidities in a 5 year window before RA diagnosis baseline. The highest risk of MTX discontinuation was a CCI of 3–4, they had crude 4.18 (95% CI 1.67–10.45) increased risk compared to the reference group (RA with no comorbidities). Risk of dosage reduction was highest at CCI 1–2: 1.38 (95% CI 0.72–2.62). A CCI of 5 or higher gave a –4.83 mg (95% CI –10.24– –0.59) adjusted difference in maximum weekly tolerable MTX dosage. Side effects occurred for 23.7%. Most likely dosage causing side effect was 20 mg (IQR 15–20 mg). Nausea occurred in 29% and hepatic events 21%.

Conclusions: Patients with CCI in the range of 3–4 had an increased risk for discontinuing MTX treatment.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2608

FRI0097

EXPRESSION OF UNCOUPLING PROTEIN-1 IN SUBCUTANEOUS FAT REDUCES THE TOTAL CHOLESTEROL LEVEL AND CARDIOVASCULAR RISK IN FEMALE RA PATIENTS

L.I. Lyngfelt, M.C. Erlandsson, M. Nadali, K.M. Andersson, S.T. Silfverswärd, R. Pullerits, M.I. Bokarewa. Department of Rheumatology and Inflammation Research, University of Gothenburg, Gothenburg, Sweden

Objectives: To improve understanding of fat-related molecular mechanisms behind the increased cardiovascular (CV) morbidity in patients with rheumatoid arthritis (RA).

Methods: Transcription of uncoupling protein 1 (UCP1) was measured in the subcutaneous fat tissue and serum levels of lipoproteins, adipokines, and inflammation markers in 185 middle-aged female patients (mean age 51 years) with RA and compared between the groups stratified by the total cholesterol (TC) levels and the body mass index (BMI). The risk of dying of CV disease within 5 years was calculated electronically using the strategy proposed by Pocock et al.¹

Results: CVR was highest (risk score 27.76, 5 year CVR 0.67%) in the patients combining high TC (>5.1 mmol/L) and high BMI (>25 kg/m²), while those with low levels of TC and BMI had lowest CVR (risk score 10.82, CVR 0.11%). CVR was significantly decreased if either TC (TC^{lo}BMI^{hi}) or BMI (TC^{hi}BMI^{lo}) was low (p=0.017 and p=0.014, respectively). With the exception of TC^{lo}BMI^{lo} group, these groups had no difference with respect to age, disease duration, inflammation defined by serum IL6 and IL1, and disease activity measured by DAS28. TC^{lo}BMI^{hi} patients had an overall increase in fat expression of UCP1 (p=0.047) that has the cholesterol lowering capacity and may explain low TC levels in this