OBJECTIVES: Our aim is to determine if ultrasound synovitis precedes disease relapse while tapering synthetic DMARD (sDMARD) or TNF inhibitors in patients who achieved clinical remission on sDMARD and TNFi.

METHODS: We included 125 RA patients (aged 17–74 years) treated with an sDMARD and a TNF-inhibitor who were in remission (DAS44 ≤ 2.4 & SJC ≤ 1.51) [table 2].

RESULTS: Ultrasound synovitis was found in 58% of RA patients in clinical remission. After one year follow-up 36% of RA patients had a disease relapse within three months follow-up a Cox proportional regression model for every three months. In the multivariate Cox model 60% had ultrasound synovitis at baseline. Table 1 shows the distribution of relapse for every three months follow-up Cox proportional regression model for time to event data was used.

RESULTS: Ultrasound synovitis was found in 58% of RA patients in clinical remission. After one year follow-up 36% of RA patients had a disease relapse of whom 72% had ultrasound synovitis at baseline. In the multivariate Cox model increasing number of joints with ultrasound synovitis was not significantly associated with disease relapse within three months follow-up (HR 1.21; 95% CI: 0.97–1.51) [table 2].

CONCLUSIONS: Monitoring RA patients who started tapering their medication every three months showed limited value for ultrasound to identify patients who will have a disease relapse.

DISCLOSURE OF INTEREST: None declared