Adalimumab, Certolizumab, Golimumab, and Infliximab; and non-TNFi included Abatacept, Rituximab, Tocilizumab, and Tofacitinib.

Over a mean (SD) follow-up of 2.4 (2.0) years, bDMARD discontinuation/switching was reported for 37.6% of patients, with significant difference in time to discontinuation between TNFi and non-TNFi users (Logrank $p=0.01$). However, there was no significant difference due to non-response or loss of response (Logrank $p=0.67$) between the two groups. At 2 years, more patients remained on TNFi (71.0%) compared to non-TNFi (57.0%). At 5 years, 51.0% and 44.0% of patients still remained on TNFi and non-TNFi, respectively.

Conclusions: The overall retention rate for biologics was comparable to finding in European registries. We found that patients stay on TNFi longer compared to non-TNFi. However, no significant difference was found between the two groups, for discontinuation or switching of bDMARDs due to non-response or loss of response. Further analyses are required to adjust for the effect of potential confounders (e.g. age, sex, disease activity, and other treatment regimens) on biologic discontinuation.

REFERENCE:

- [1] Alejandro Souto José Ramón Maneiro Juan J. Gómez-Reino. Rate of discontinuation and drug survival of biologic therapies in rheumatoid arthritis: a systematic review and meta-analysis of drug registries and health care databases. *Rheumatology* 2016 March 1;55(3):523–534.

Disclosure of Interest: M. Movahedi Employee of: OBRI, S. Couta Employee of: OBRI, A. Cesta Employee of: OBRI, C. Bombardier Grant/research support from: OBRI was funded by peer reviewed grants from CIHR (Canadian Institute for Health Research), Ontario Ministry of Health and Long-Term Care (MOHLTC), Canadian Arthritis Network (CAN) and unrestricted grants from: Abbvie, Amgen, Celgene, Hospira, Janssen, Lilly, Merck, Novartis, Pfizer, Roche, Sanofi, & UCB, Consultant for: Dr. Bombardier holds a Canada Research Chair in Knowledge Transfer for Musculoskeletal Care and a Pfizer Research Chair in Rheumatology
DOI: 10.1136/annrheumdis-2018-eular.2131

SAT0197

ADHERENCE TO BIOLOGIC THERAPY OF RHEUMATOID ARTHRITIS PATIENTS – IS THERE ANY RELATION WITH DISEASE ACTIVITY?

N. Madeira¹, A. Cardoso², R. Trinca³, C. Silva¹, H. Santos¹, C. Miguel¹, F. Barcelos¹, D. Medeiros¹, R. Campanilho Marques¹, L. Cunha Miranda¹.
¹Rheumatology, ²Nutrition, ³Nursing, Instituto Português de Reumatologia, Lisbon, Portugal

Background: In the last years, there has been an increase interest in using Patient Reported Outcomes (PROs) in clinical trials and daily clinical practice in Rheumatology to provide patient-centered care. The most frequently reported PROs are patient's pain, patient's global assessment (PGA) of disease activity and reports of functional capacity, fatigue, anxiety and depression. To date, studies that explore patient adherence to rheumatic medications are scarce.

Objectives: To study the level of adherence to biologic therapy of Rheumatoid Arthritis (RA) patients, followed at a day care hospital of Rheumatology.

Methods: Observational and cross-sectional study which took place in two months of consultation of day care hospital (5 periods per week). Patients with a diagnosis of RA according to 1987 American College of Rheumatology (ACR) and/or 2010 ACR/European League Against Rheumatism criteria, on biologic therapy, able to complete a questionnaire autonomously and who agreed to participate were included. Demographic and clinical data (DAS28, CDAI and SDAI to assess RA disease activity, HADS-A for anxiety, HADS-D for depression, FACIT-F for fatigue) were collected. To assess adherence, a Portuguese version of the Morisky Medication Adherence Scale (MMAS-8) was used and the patients were asked to apply it only to biologic therapy. Three levels of adherence were considered based on the following scores: 0 to <6 (low); 6 to <8 (medium); 8 (high). Statistics: Kruskal-Wallis and Mann-Whitney tests, $p<0.05$, SPSS[®] v.23.

Results: In total, 61 patients were included, 91.8% female, 82.0% on anti-Tumor Necrosis Factor (anti-TNF), the others on Tocilizumab (16.4%) or Abatacept (1.6%). Table 1 reports the means and medians of demographic and clinical variables included. The mean MMAS-8 score was 7.0 ± 1.2 , the median 7.0 (6.8–8.0), with a minimum of 2.5 and a maximum of 8. The adherence was medium in 50.8%, high in 36.1% and low in 13.1% patients. The median of current age was significantly higher for patients with high and medium levels of adherence compared to those with low levels ($p=0.030$). The time on treatment with the current biologic therapy was significantly different between the levels of adherence ($p=0.028$); the median of time on treatment for patients with medium levels of

adherence was significantly higher comparatively to the other patients ($p=0.009$). No other significant difference was found among the levels of adherence for the studied variables.

Conclusions: The adherence to biologic therapy was at least medium for 86.9% of patients. Differences between levels of adherence were found only for current age and time on treatment. Disease activity of RA does not seem to influence the levels of adherence.

Table 1 Means and medians of demographic and clinical variables.

	Mean ±SD	Median (IQR)
Current age – years	56.1 ±11.1	58.1 (48.1–62.8)
Disease duration – years	15.0±7.5	13.1 (10.1–18.2)
Time on treatment with the current biologic therapy – years	3.5±2.7	2.8 (1.0–5.6)
DAS28–4V	3.4±1.2	3.3 (2.6–4.2)
CDAI	9.7±7.8	7.0 (3.6–15.1)
SDAI	10.1±8.0	7.0 (4.0–15.7)
HAQ	0.9±0.6	0.9 (0.4–1.4)
HADS-A	6.5±3.9	6.0 (3.0–9.0)
HADS-D	5.4±3.7	5.0 (2.0–8.0)
FACIT-F	36.5±8.8	37.0 (29.1–43.5)

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7110

SAT0198

DRUG SURVIVAL AND EFFICACY OF ABATACEPT IN RHEUMATOID ARTHRITIS PATIENTS IN ROUTINE CARE – 7 YEAR EXPERIENCE FROM A SINGLE CENTRE IN THE UNITED KINGDOM

N. Nolkha¹, T. Sheeran¹, S. Venkatachalam¹. ¹The Rheumatology Centre – Cannock, Wolverhampton, The Royal Wolverhampton NHS Trust, Cannock, United Kingdom

Background: Even after the advent of multiple biologic drugs, optimum treatment of rheumatoid arthritis (RA) in a real-world situation continues to be challenging. The data on long-term drug survival of biologic drugs in routine clinical practice is lacking. We extended our earlier analysis of abatacept use in RA patients^{1,2} from a single centre in the United Kingdom over 7 years.

Objectives: To assess the efficacy, tolerability and drug survival of abatacept use in RA patients in a routine clinical setting like ours.

Methods: From November 2010 to December 2017, all RA patients with at least 6 months of follow up after abatacept initiation were included in the analysis. Data on demographics, disease duration, previous biologics, mode of administration, reasons for discontinuation and length of abatacept therapy were retrospectively collected from biologics database and medical records. Effectiveness was assessed by change in Disease activity scores (DAS 28) and European League Against Rheumatism response criteria (EULAR) after 6 months of therapy.

Results: 220 patients had received abatacept with at least 6 months follow up until December 2017. 176 were females and 44 males with mean age of 67.83 years (SD = 10.32). Mean disease duration in these patients was 14.42 years (SD = 8.11). 152 (69%) patients were seropositive (Rheumatoid factor and/or anti-CCP antibody). 207 (94%) patients had received a prior biologic and only 13 (6%) patients were biologic naïve. 193 (87.7%) patients were initiated on intravenous (iv) abatacept and 27 (12.2%) patients on subcutaneous (s/c) abatacept. 90 (40.9%) patients were successfully switched from iv to s/c abatacept.

The mean number of prior biologic drugs use per patient was 1.70 (SD = 1.03). 83.6% patients were co-prescribed DMARDs at the initiation of abatacept therapy. Mean baseline DAS 28 score was 6.02 (SD = 3.11). Average DAS 28 change at 6 months was -1.5 (95% CI -1.27, -1.33). 75% patients had a positive EULAR response (38% good, 37% moderate) and 25% had no response at 6 months. Overall 57 (25.9%) patients discontinued treatment. 43 (19.5%) patients discontinued abatacept early (<9 months) due to primary inefficacy (10.9%) and adverse reactions (8.6%). 24 (10.9%) patients discontinued abatacept later, after a mean 27.46 (SD = 12.9) months of use, due to secondary loss of efficacy (6.3%) and adverse reactions (4.5%).

82% (180/220) of RA patients continued taking abatacept beyond 6 months. 61.5% (91/148) patients were still adherent at 2 years, 51.3% (39/76) retained the drug beyond 48 months.