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SAT0222 CLINICAL RISK STRATIFICATION FOR
HYDROXYCHLOROQUINE PRESCRIBING IN A LARGE
URBAN DISTRICT GENERAL HOSPITAL

Long-term patient records were assessed for cumulative dose of HCQ estimated from documentation. The average cumulative dose for these patients was with a maximum of 810,000 mg and a minimum of 49,600 mg. Overall, 3.0% percentage of patients did not have cumulative doses calculated due to documented compliance issues and 64.0% of patients had tightly monitored renal function.

TABLE 1.
Clinical criteria for HCQ risk assessment based on American College of Ophthalmology guidelines (2016)

Factors Assessed	Explanation
Cumulative dose <5mg/kg daily dose for 5years	Guidelines recommend a daily dose of <5mg/kg. Any higher can incrementally increase the risk of retinopathy
Duration of Use	Decades of use can increase the risk, even in patients on the recommended daily dose.
Renal Disease Screening	HCQ is cleared by the kidneys, any drop in GFR can increase circulating drug doses therefore increase risk of toxicity.
Retinal Baseline Screening	Retinal screening is recommended for all patients to monitor the Retinal Pigment Epithelium damage therefore preserve central vision
Tamoxifen Use	Use of tamoxifen alongside HCQ can increase the risk of toxicity approximately 5-fold.
Pre-existing Retinal OR Macular disease	Eye sight can worsen on initiating HCQ.

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SAT0223 PREDICTIVE FACTORS OF EARLY FAILURE TO FIRST LINE TREATMENT WITH METHOTREXATE IN PATIENTS WITH RHEUMATOID ARTHRITIS. RESULTS FROM THE GISEA REGISTRY.

One hundred and forty-nine (24.3%) patients discontinued MTX during the first year (for inefficacy in 66/149 (44.3%) patients, adverse events in 51/149 (34.2%), and other reasons in 32/149 (21.5)). At univariate analysis early discontinuation of MTX was associated to a lower mean age ($p=0.041$) and a higher mean tender