DMARDs (VNS monotherapy= 3.76±1.77 vs. VNS and biologic DMARD= 3.21±1.44, $p<0.54$). No difference in the adverse events profile between the two groups was seen.

Table 1 Two Year Efficacy of VNS Treatment. Mean DAS28-CRP at primary study baseline (month -3-5) and at visits over 2 years of long term follow up (months 0-24). **Conclusions:** The data presented here demonstrate that VNS in subjects with RA is associated with a substantial reduction in disease activity that is sustained for 24 months without untoward safety signals. In addition, the data suggest that biological DMARDs can be initiated safely in combination with VNS treatment, though this requires further study in larger cohorts. These results support further development of VNS devices as an alternative therapeutic approach for RA treatment, which potentially can safely be combined with biologic DMARDs.

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SAT0241

PATIENTS' PERSPECTIVE ON THE EFFICACY AND RISKS OF GLUCOCORTICOIDS IN RA – AN INITIATIVE UNDER THE GLORIA PROJECT

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Background: The Glucocorticoid Low-dose Outcome in Rheumatoid Arthritis Study (GLORIA) is an international investigator-initiated pragmatic randomised trial designed to study the effects of low dose glucocorticoids (GC) in elderly patients with Rheumatoid Arthritis (RA). The research team is also committed to promote a better understanding of the risks and benefits of these drugs among health professionals and patients. In order to achieve these goals, it is important to assess the current concepts and concerns of patients regarding GC.

Objectives: In this study, we evaluated the beliefs about GC in RA patients who are, or have been treated with GC.

Methods: Patients with RA from three different countries (United States (US), Portugal, and the Netherlands) completed an online survey which was presented in their native language.

Members of People with Arthritis and Rheumatism, and national associations were involved in the development of the questionnaire. In Europe, patients were invited to participate through national patients' organizations, and SurveyMonkey® was used to disseminate the online surveys. In the US, patients were invited to participate and surveyed through MediGuard.org.

Patients with RA from three different countries (United States (US), Portugal, and the Netherlands) completed an online survey which was presented in their native language.

Members of People with Arthritis and Rheumatism, and national associations were involved in the development of the questionnaire. Participants were asked to agree or disagree with statements on a 5-point scale. In Europe, patients were invited to participate through national patients' organizations, and SurveyMonkey® was used to disseminate the online surveys. In the US, patients were invited to participate and surveyed through MediGuard.org.

Results: Data was collected from 314 RA patients with exposure to GCs (table 1). Mean education level was around 15 years and duration of GC exposure was

skewed (median 48 months [inner quartiles 8, 120]). The majority of US patients had received prednisone and in Europe, prednisolone. The majority of participants in all three regions had already read articles or pamphlets on the benefits or harms related to GC therapy.

Regarding GC risk, about half of the European patients stated that they had already suffered a serious adverse event (SAE) due to GC. US patients were not asked if they suffered GC-related SAE due to regulatory reporting rules, but 82% showed concern about experiencing an SAE from GC use.

Regarding GC efficacy, high levels of endorsement were found for the three questions asked: more than 78% of patients considered that GC were very useful in their case, more than 61% considered that GC were effective even in low doses, and more than 60% agreed that GC improved RA symptoms within days.

Table 1 Patient beliefs about GC from surveys in USA, Portugal and The Netherlands.

	USA	Portugal	Netherlands
Number of patients	139	131	44
Education, mean ± SD (years)	14 ± 3	15 ± 5	16 ± 4
GC prescribed (%)			
Prednisone	78	18	33
Prednisolone	11	73	62
Methylprednisolone	9	10	5
Other	1	0	0
Treatment duration, median (inner quartiles, months)	24 (5-84)	120 (36-180)	36 (4-108)
Have you read any articles or pamphlets on the benefit or harm of GC therapy? (%)	72	64	75
Level of agreement for statements (%)*			
If I take GC, I am concerned that I may suffer a serious adverse event	82 (55)	NA	NA
I have suffered serious adverse events due to GC	NA	48 (18)	51 (23)
GC are or have been very useful to me	79 (56)	86 (55)	85 (69)
At a dose of less than or equal to 7.5 mg of prednisolone/day, GC:			
- are very effective in the control of signs and symptoms of RA	61 (38)	78 (41)	69 (44)
- improve RA symptoms within days	60 (41)	74 (45)	69 (49)

* Total of 'slightly agree' and 'agree' in parentheses the percentage of 'agree';

SD: Standard Deviation; GC: Glucocorticoid; RA: Rheumatoid Arthritis; NA: Not Asked.

Conclusions: Patients with RA exposed to long-term GC report a high prevalence of SAE or fear thereof. This is accompanied by a strong conviction that GC are very useful and effective for the treatment of their RA, even at low dosages.

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SAT0242

EFFECTIVENESS OF CONVENTIONAL DMARD THERAPY IN PATIENTS WITH RHEUMATOID ARTHRITIS TREATED UNDER A TREAT TO TARGET MODEL – LESSONS FROM A REAL-LIFE COHORT

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Background: Rheumatoid arthritis (RA) is a common chronic inflammatory disease. It is characterized by progressive, joint damage, impaired joint function and pain, the disease causes disability and reduces quality of life. Treat-to-target (T2T) is an acknowledged management strategy for RA; it proposes that the therapeutic target in RA should be a state of remission or low disease activity. There are two types of pharmacological therapy available: biological DMARDs that are considered highly expensive for our countries and conventional DMARDs which have demonstrated effectiveness and is a low-cost treatment (1,2).

Objectives: The aim of this study was to describe global change in Disease Activity Score 28 (DAS28) using a T2T strategy during three years in a cohort of patients receiving conventional DMARDs.

Methods: A descriptive cohort study was conducted. Medical records of patients from specialized in RA center were reviewed during 2015–2017; those patients were followed-up under T2T standards and a multidisciplinary approach. Clinical follow-up was according to DAS28: every 3–5 weeks (DAS28 >5.1), every 7–9 weeks (DAS28 ≥3.1 and ≤5.1), and every 11–13 weeks (DAS28 <3.1). Therapy had to be adjusted with DAS28 >3.2 unless patient's conditions don't permit it; We divided patients in four groups: remission (REM), low disease activity (LDA), moderate disease activity (MDA) and severe disease activity (SDA) patients and the aim of the study was to look at what percentage of patients reached LDA or REM. Descriptive epidemiology was done, we calculated means, and standard deviations for continuous variables and categorical variables were presented as rates.