Speaker Abstracts

New avenues of OA & osteoporosis management_____

SP0001 WIN IN OA MANAGEMENT

Francis Berenbaum. Sorbonne Universite, France

All recommendations on the management of osteoarthritis (OA), including EULAR, consider that its treatment should include pharmacological and non-pharmacological treatments. In this lecture, the most recent advances in both fields will be addressed. Some of them can change our current practice like recommendations on physical activity or on the choice of analgesics.

Moreover, this lecture will highlight some of the drugs and cell therapies in development that could be on the market in the very close years

Disclosure of Interests None declared

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SP0002 HOT: OSTEOPOROSIS @2019

Serge Ferrari. Geneva University Hospital, Medecine, Geneva, Switzerland

Background: The goal of osteoporosis therapy is to quickly prevent fragility fractures in subjects at risk and on the longer term to restore bone mass (Bone mineral density, BMD) to levels of appropriate bone strength.

Currently approved drugs for treatment of osteoporosis in Europe, namely bisphosphonates, denosumab, and teriparatide all decrease vertebral fracture risk within one year, whereas the benefits on non-vertebral fractures may take nearly two years to appear.

Objectives: To provide an update of recent trials regarding osteoporosis treatment.

Methods: Literature review and expert insights into recent analyses of clinical trials.

Results: New H2H trials, notably with teriparatide compared to risedronate, have shown the superiority of the anabolic therapy in preventing fractures in high risk patients. In GIOP, denosumab increased BMD more than risedronate. More importantly, romosozumab, a monoclonal Ab against sclerostin, was superior to alendronate to reduce fractures in high risk subjects, whereas the sequence of romosozumab and denosumab was superior to placebo followed by denosumab and increased BMD over just two years equivalent to seven years of continuous denosumab. New analyses of long-term denosumab, up to ten years of continuous therapy, have shown continuous BMD gains and further reduction in fracture rates, with T-scores at hip near -1.5 achieving the lowest fracture risk. However several case reports as well as a post-hoc analysis of subjects discontinuing denosumab in the FREEDOM trial have reported an increased risk of multiple vertebral fractures, which may be prevented by a 1-2 yrs consolidation by a bisphosphonate following denosumab therapy (guidelines).

Conclusion: In summary, while new data and more potent drugs are emerging (romosozumab), fueling the concept that anabolics should be used earlier in the course of therapy in high risk patients, additional long-term data with anti-resorptives indicate that continuous treatment, at least as long as treatment targets (T-scores >-2 and no fractures) are not reached, has a favourable benefits/risk profile.

Disclosure of interests: None declared

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WEDNESDAY, 12 JUNE 2019

14:15:00 – 15:45:00

Best practices in spondyloarthritis_____

SP0003 NSAIDS – HOW TO OPTIMALLY USE THEM? (SAFETY OF NSAIDS)

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The management of patients with axial spondyloarthritis (axSpA) requires a combination of non-pharmacological and pharmacological treatment modalities.

Among pharmacological treatment, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as first-line drug. NSAIDs have shown to be efficacious to reduce symptoms and signs in patients with axSpA.

Nevertheless, NSAIDs are not exempt of side effects especially when administered chronically, as in patients with axSpA. These include gastrointestinal, cardiovascular and nephrological side effects. In addition, some situations may influence on the prescription of NSAIDs, such as the presence of some extrarheumatological manifestations of the disease (inflammatory bowel disease), comorbidities and family planning-decisions including pregnancy and breastfeeding. Therefore, it is essential taking risk and benefits of NSAIDs use to properly manage patients with axSpA. During this presentation, the optimal usage of NSAIDs in patients with axSpA will be analysed and discussed, taken into account all the possible side effects and the context of the patient.

Disclosure of Interests None declared

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SP0004 MANAGING PATIENTS WITH AXSPA: WHAT ARE THE QUALITY STANDARDS?

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Background: There is wide variation in the management of patients with axial spondyloarthritis (axSpA) worldwide with significant unmet needs such as delayed diagnosis and inequity in bMARD prescription.¹ Assessing the quality of care provided to patients with axSpA is important not only to patients and physicians, but also to providers and purchasers of health care. There is no agreed methodology to quantify quality of care but several approaches have been proposed aiming to assess quality in a measurable construct, e.g. quality indicators, performance measures or quality standards. Definition of quality standards (QS) enable society to identify resources and processes which may need to be optimized in patients with axSpA.

Objectives: A major goal of the international organization Assessment of SpondyloArthritis international Society (ASAS) is to improve quality of care and health outcomes in patients with axSpA. Recognized gaps in current care prompted ASAS in 2016 to start developing a quality standard set (ASAS QS) to optimize access, treatment and patient outcomes in axSpA.

Methods: An ASAS task force developed a set of ASAS QS step-wise. First, key areas for quality improvement were proposed, discussed, rated and agreed on. Thereafter, key areas were prioritized and statements for the most important key areas were phrased on consensus. Appropriate tools were selected and measures developed to be able to assess and quantify the quality of care on the community level.

Results: The ASAS task force, consisting of 20 rheumatologists, 2 physiotherapists and 2 patients, selected and proposed 34 potential key areas for quality improvement which were commented by 140 ASAS survey participants (86 physicians, 42 patients). Within that process 3 new key areas came up, which led to a reevaluation of all 37 key areas by 120 participants (86 physicians, 29 patients). Five key areas were identified as most important to determine quality of care: referral including rapid access, monitoring, treatment, education including patient information and comorbidities. On that background, 9 QS were agreed on and finally endorsed by ASAS.

Conclusion: ASAS successfully developed the first QS set for improvement of health care for adult patients with axSpA. All QS are measurable achievable in daily care in an optimized situation and intend to minimize variation in quality of care.

REFERENCE:

- [1] Nikiphorou E, et al. Inequity in biological DMARD prescription for spondyloarthritis across the globe: results from the ASAS-COMOSPA study. *Ann Rheum Dis* 2018;77:405–411.

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