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FRI0668 FIRST DATA OF THE TARDIS-RAREGISTRY, A NATIONWIDE BELGIAN BIOLOGIC REGISTRY

Diederik De Cock¹, Patrick Durez^{2,3}, Dirk Elewaut^{4,5}, Bernard Lauwerys^{2,3}, Rene Westhovens^{1,6}, Patrick Verschueren^{1,6}, Royal Belgian Society for Rheumatology. ¹KU Leuven, Skeletal Biology and Engineering Research Centre, Leuven, Belgium; ²Université Catholique de Louvain, Pôle de Pathologies Rhumatismales Inflammatoires et Systémiques, Institut de Recherche Expérimentale et Clinique, Brussels, Belgium; ³Cliniques Universitaires Saint-Luc, Department of Rheumatology, Brussels, Belgium; ⁴Ghent University, VIB Center for Inflammation Research, Ghent, Belgium; ⁵Ghent University Hospital, Department of Rheumatology – MRB2, Ghent, Belgium; ⁶University Hospitals Leuven, Department of Rheumatology, Leuven, Belgium

Background: The Tool for Administrative Reimbursement Drug Information Sharing (TARDIS) is an electronic platform combining data collection from patients with Rheumatoid Arthritis (RA) on biologic and synthetic targeted therapy, together with the submission of a request for reimbursement of this medication.

Objectives: To present the first data ever of the TARDIS-RA registry concerning the use of biologic and synthetic targeted therapy across Belgium.

Methods: The Belgian TARDIS-RA registry started in April 2015. All Belgian rheumatologist were obliged after a transition period to insert patient data via the online portal when prescribing. If data of a patient are entered for the first time, previous and current use of classical synthetic (cs), targeted synthetic (ts) and biologic (b) disease modifying antirheumatic drug (DMARD) therapies is registered. Afterwards, every next bDMARD or tsDMARD initiation, prolongation and discontinuation is registered electronically in the system. Other data captured are basic demographic information such as age, gender and disease duration and disease characteristics including ESR, CRP, joint counts, disease activity scores and HAQ.

Results: At 18/01/2019, information on 80 098 drug prescriptions in 13 614 patients was collected in the TARDIS-RA registry. Of these 80 098 drug prescriptions, 30 434 (38.0%) were csDMARDs and glucocorticoids, and 49 664 (62.0%) were bDMARD or tsDMARD prescriptions. This last category consisted of 30 380 (61.2%) tumour necrosis factor inhibitor (TNFi) bDMARDs, 17 104 (34.5%) non-TNFi bDMARDs and 2 170 (4.3%) tsDMARDs. Only 642 (2.3%) TNFi biosimilar prescriptions were registered. Fig1 shows the yearly evolution of bDMARD and tsDMARD prescription in Belgium from 2015 to 2018.

At first registered interaction with the rheumatologist, the 13 614 patients had a median (IQR) age of 59 (50-68) years with a median (IQR) disease duration of 9 (4-16) years; 9 666 (73.4%) were female. The clinical characteristics showed a median (IQR) DAS28CRP of 3.6 (2.1-4.8) and a median (IQR) HAQ of 1.1 (0.6-1.8). Of patients at first time registration, 37.6% could be validated as being bionaïve and 62.5% as bioexperienced.

Conclusion: Approximately 70 000 individuals in Belgium are estimated to have a RA diagnosis. Corresponding to numbers of other western European countries, 20%-25% of them would be expected to receive ts/bDMARDs. This suggests that almost the entire Belgian RA population on biologic treatment is covered by TARDIS. The registration of initiation, prolongation and discontinuation of every ts/bDMARD since 2015 combined with the simultaneous collection of demographic and clinical data, will make the TARDIS-RA registry a useful and powerful tool for the long-term drug analyses in Belgian patients with RA.

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FRI0669 DEPRESSION AND ANXIETY AND THEIR CLINICAL CORRELATES IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

David Eldeiry¹, Moe Zandy², Oshrat Tayer-Shifman², Sherief Marzouk³, Jiandong Su², Zahi Touma². ¹Royal College of Surgeons in Ireland, Medicine, Dublin, Ireland; ²University of Toronto, Rheumatology, Toronto, Canada; ³University of Toronto, Psychiatry, Toronto, Canada

Background: In our recent systematic review, we have shown a high prevalence for depression [35% (95% CI: 29.9%-40.3%)] and anxiety [25.8% (95% CI: 19.2%-32.9%)] in Systemic Lupus Erythematosus (SLE)¹. A better understanding of the SLE phenotypic manifestations associated with depression and anxiety may lead to enhanced early diagnosis and treatment strategies.

Objectives: To determine the overall prevalence of anxiety and depression in a cohort of SLE patients, stratified by SLE-implicated organ systems and to study their correlates.

Methods: Patients attending the Toronto Lupus Clinic from August 2017 to January 2019 were studied. Depression and Anxiety were diagnosed with Center for Epidemiological Studies-Depression Scale (CES-D; cut-off $\geq$ 26), BECK Depression Inventory-II (BDI-II; cut-off $\geq$ 18), and the BECK Anxiety Inventory (BAI; cut-off $\geq$ 19). Disease activity was measured with the SLEDAI-2k (SLE Disease Activity Index 2000). The SLE phenotypic manifestations were stratified based on the organ systems of cumulative 10-year SLEDAI-2K – skin, musculoskeletal (MSK), ocular, neuropsychiatric, and internal organ manifestations (including renal, pulmonary, immunologic, and hematologic). Separate univariate and multivariate logistic regression analyses (for depression [D], anxiety [A], and anxiety and depression [AD]) were performed to study the factors associated with A, D, and AD, including age at enrollment, sex, ethnicity, disease duration, inception status (enrolled in the clinic within 1 year of SLE diagnosis), fibromyalgia, and SLE phenotypic manifestations, comparing their significance to the group with neither A or D.

Results: 341 patients (89.7% female), with mean age 45.9 $\pm$ 17.8 years were studied. The prevalence of anxiety and depression in the cohort was 34% and 27% respectively, while 21% of the total cohort was found to have both anxiety and depression. Among the 3 outcome groups (A, D, and AD), MSK system involvement has a significantly higher prevalence when compared to the group with neither A or D (p-values<0.05). Concurrently, skin system involvement was also significantly more prevalent among A, D, and AD groups, in comparison to the normal group (p-values<0.05). Patients with anxiety had significantly higher odds of skin system involvement compared to the normal group (OR=1.81; 95% CI: 1.09, 3.01). Also, patients with depression had higher odds of MSK (OR=1.94; 95% CI: 1.07, 3.50) and skin system involvement (OR=1.79; 95% CI: 1.00, 3.20) compared to the group with neither A or D. Additionally, the odds of skin system involvement was significantly higher among patients with both A and D, compared to the group with neither (OR=2.02, 95% CI: 1.05, 3.88). In all three models (A, D, and AD), employment and fibromyalgia were also significant (p-values<0.05). Age at enrolment was significant in the D and AD models (p-value<0.05), while inception patient status [inception had a mean disease duration at study visit of 12.1 $\pm$ 11.4 years compared to non-inception 19.6 $\pm$ 10.6 years] was significant in the D model exclusively (p-value<0.05).

Conclusion: SLE phenotypic manifestation, specifically those involving patients' skin or MSK systems, along with fibromyalgia, socio-demographic factors, and inception status were associated with anxiety or depression. Routine patient screening and evaluation, especially among patients with shorter disease duration, for these correlates may facilitate the diagnosis of these mental health disorders, and allow for more timely diagnosis and intervention strategies.

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