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IMPACT OF COMORBIDITY ON THE USE OF BIOLOGICAL AND TARGETED THERAPY IN RHEUMATIC DISEASES IN THE CLINICAL PRACTICE

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Background: Comorbid conditions often accompany rheumatic diseases and can influence the prescription of immunosuppressive therapy. Comorbidity seems to be a factor that is still underestimated in actual practice.

Objectives: To study the influence of comorbidity on the prescription of biological and targeted therapies in patients with rheumatic diseases (RD) in clinical practice.

Methods: We perform a retrospective analysis of comorbidity and prescription of biological and targeted immunosuppressors in a group of in-patients with systemic autoimmune RD in rheumatology department. From January 2018 to January 2019, 218 patients with inflammatory RD hospitalized - 146 (67.5%) women, mean age 50.6±14.6 years. Diagnoses: rheumatoid arthritis - 83 patients, spondyloarthritis - 80, systemic lupus erythematosus - 19, systemic sclerosis - 16, ANCA-associated vasculitis - 10, other conditions - 10 patients. Biologics were used in 117 (53.7%) of patients (anti-TNFs - 64 patients, rituximab - 18, tocilizumab - 16, abatacept - 8, secukinumab - 4, ustekinumab - 4, tofacitinib - 3 patients). We examined patients for comorbidities through careful examination of the history, medical records, and general therapeutic laboratory and instrumental screening. The Charlson comorbidity index calculated for every patient.

Results: 174 (79.8%) patients had at least 1 comorbid condition. The most frequent comorbidities were type2 diabetes (19.5% patients), chronic kidney disease (12.6%), cerebrovascular accident (11.5%), ischemic heart disease and chronic heart failure (11%), chronic liver disease (7.5%). Mean Charlson index was 2.16±2.05 in total group; it was significantly lower in patients who were treated with biological and targeted therapy (1.64±1.8) than in patients who did not received this therapy (2.76±2.1), p<0.01. Biologics were prescribed in 81.8% of patients without comorbidities, in comparison with 55.3% of patients with Charlson comorbidity index 1 or 2, and 36.3% of patients with Charlson index 3 or more.

Conclusion: Comorbidity has a direct impact on the use of biological and targeted therapy in patients with rheumatic diseases in real clinical practice, limiting the ability to control the activity of the disease. It is necessary to develop a general therapeutic strategy for treating comorbid conditions in patients with rheumatic diseases.

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PREVALENCE, PATIENT CHARACTERISTICS, AND TREATMENT OF GOUT AND ASYMPTOMATIC HYPERURICEMIA IN JAPAN: CROSS-SECTIONAL STUDY OF A HEALTH INSURANCE CLAIMS DATABASE

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Background: The prevalence of gout is increasing worldwide [1,2], but evidence suggests that current treatment practices do not effectively

reduce serum uric acid (sUA) levels in many gout patients [3]. In Japan, urate lowering therapy (ULT) is provided to patients diagnosed with asymptomatic hyperuricemia as well as to those with gout. However, the actual treatment situation for asymptomatic hyperuricemia has not been well-documented.

Objectives: To assess the prevalence and characteristics of gout and asymptomatic hyperuricemia and the current treatment practices for these conditions in Japan.

Methods: This retrospective cross-sectional study assessed disease prevalence, patient characteristics, prescriptions, proportion of patients achieving target sUA, and incidence of gouty arthritis among 2,531,383 individuals in a database, using data from Japanese health insurance claims and medical check-ups from April 2016 to March 2017.

Results: Gout was diagnosed in 1.1% (men 1.9%, women <0.1%) of the study population and asymptomatic hyperuricemia in 2.6% (men 4.1%, women 0.4%). Hyperuricemia (sUA >7.0 mg/dL) was identified in 13.4% (men 19.6%, women 1.0%) of cases in which sUA level was measured at check-up. ULT adherence was satisfactory (median medication possession ratio [MPR] of 69.0% for febuxostat and 78.1% for allopurinol in gout, and 79.5% and 88.5%, respectively, in asymptomatic hyperuricemia), but most patients were receiving low-dose ULT. The sUA target (≤6.0 mg/dL) was achieved by less than half of patients treated with either febuxostat or allopurinol (Table). In gout patients, the incidence proportion of gouty arthritis was 47.8% and the incidence rate was 0.74 flares/person-year.

Conclusion: The prevalence of gout in our study population was low. Japanese physicians often treat gout and asymptomatic hyperuricemia with low-dose ULT, and many patients fail to reach their target sUA, suggesting gout management is suboptimal in Japan.

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Table

	Gout		Asymptomatic hyperuricemia	
	Febuxostat	Allopurinol	Febuxostat	Allopurinol
N	8215	6521	16312	14220
Mean prescribed dose	18.9 mg	145.6 mg	16.5 mg	131.3 mg
Median MPR	69.0%	78.1%	79.5%	88.5%
Proportion of patients achieving target sUA (≤6.0 mg/dL)	44.7% (876/1960)	33.8% (599/1771)	47.8% (2032/4254)	35.9% (1691/4704)

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PREDICTORS OF DEATH IN 3693 PATIENTS WITH RHEUMATOID ARTHRITIS FOLLOWED FOR UP TO 12 YEARS IN CLINICAL PRACTICE

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Background: Patients with RA have shorter life expectancy than the background population. Severe disease, as reflected in high disease activity, comorbid conditions and functional disability have historically been associated with increased mortality (1-2). Mortality after the introduction of