Background: There have been important changes in the management of RA in the last 20 years, such as T2T strategy or new biologic agents. The potential impact of these therapeutic strategies on important objectives such as intrahospital mortality due to different causes is not known.

Methods: Retrospective cohort study based on the exploitation of the database that collects a minimum basic set of data (MBDS) of all inpatients with RA. Period: 1999 to 2015. We analyzed cases of intrahospital death and the main diagnosis of these cases. The causes of death were identified by the presence of the corresponding ICD 9 codes in the main diagnostic fields. The causes of death in the hospital, global, by sex and in periods 1999-2001, 2003-2006, 2007-2010 and 2011-2015 are described. The results are expressed in absolute numbers and in proportion to the total number of deaths.

Results: There was a total of 338,343 hospital admissions in patients with RA during the 17 years of the study period, corresponding to a total of 176,097 patients (117,985 women and 58,112 men). There was a total of 338,343 hospital admissions in patients with RA during the 17 years of the study period, corresponding to a total of 176,097 patients (117,985 women and 58,112 men). There was a total of 176,097 patients (117,985 women and 58,112 men). There was a total of 176,097 patients (117,985 women and 58,112 men). There was a total of 176,097 patients (117,985 women and 58,112 men). There was a total of 176,097 patients (117,985 women and 58,112 men).

Conclusion: The main causes of inhospital mortality in patients with RA in Spain were cardiovascular (24%), infections (20%), respiratory/non-infectious (15%) and neoplasms (12%). The average age of death increased 5 years in the study period. The deaths from infections, respiratory and neoplasms have increased, while those of digestive origin and AF extrarticular have decreased.
Figure. Observed proportions of patients with change from baseline in mTSS >SDC at week 52 based on baseline haemoglobin levels. A:DA, adalimumab; B:AR, baricitinib; C:FB, change from baseline; Hb, haemoglobin; IR, inadequate response; mTSS, modified total Sharp score; MTX, methotrexate; PBO, placebo; SDC, smallest detectable change.

Figure A. RA-BEGIN (no/minimal previous MTX; N=545)

Figure B. RA-BEAM (MTX IR, on background MTX; N=1235)


SAT0103 LONGITUDINAL PRE-DISEASE TO DISEASE SERUM SAMPLES IDENTIFY BIOMARKERS THAT ARE UPREGULATED PRIOR TO THE DIAGNOSIS OF RHEUMATOID ARTHRITIS

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Objectives: To explore if achieving T2T biological remission and individual patient reported symptom remission. It is currently unclear how achieving biological remission and individual patient treatment goals overlap in RA patients with initially low, moderate, or high disease activity (LDA, MDA, HDA). Methods: We recruited a consecutive convenience sample of patients with RA diagnosed according to ACR/EULAR criteria and with LDA, MDA, or HDA into this observational longitudinal study. Disease activity was measured with the Clinical Disease Activity Index (CDAI) and the individual patient goals were assessed with the Goal Attainment Scale (GAS) at baseline and after three to five months. The number and proportion of patients who reach the T2T target, but not their individual goals and vice versa were calculated. Results: We enrolled 162 patients in the study (131 [80.9%] women, median age 59.0, IQR= 49-71). 101 patients (62%) had a follow up visit with no missing data after three months. Of these, 48 (47.6%) patients had LDA, 43 (42.6%) had MDA, and 10 (9.9%) had HDA at baseline. 62 patients (61.4%) reached remission (14.7%) or stayed in LDA (46.1%), and 66 patients (65.3%) achieved their individual goal(s) (Table 1). 18 (17.8%) patients did not achieve their individual treatment goals, even if T2T was successful and 22 (21.8%) patients achieved their individual goals despite not reaching remission or LDA. Conclusion: Our results indicate that most patients achieving T2T attain their individual treatment goals but a respectable part of T2T outcomes may afford the opportunity to develop novel biomarker(s) for diagnosis and treatment.