Conclusion: RDW is a promising predictor of early response to MTX in RA; in this context, it performs better than classical inflammatory markers. Moreover, RDW significantly increases after MTX initiation, proportionately to response to treatment, suggesting a potential role for RDW as a marker of MTX effectiveness.

Disclosure of Interests: None declared

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SAT0112

NO DIFFERENCE IN TREATMENT CONTINUATION OF DIFFERENT BIOLOGICS IN ELDERLY PATIENTS > 70 YEARS COMPARED TO YOUNGER PATIENTS ≤ 65 YEARS

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Background: Due to demographic changes an increasing number of persons reach an age above 70 years. Therefore, the adequate therapy of elderly patients with rheumatoid arthritis (RA) is an increasingly important topic.

Objectives: To compare treatment continuation of several biologic DMARDs in patients ≤ 65 with elderly patients > 70 years, stratified by onset of disease (young onset (<65 years) and late onset (≥65 years)) and by seropositivity.

Methods: The German register RABBIT is a prospective longitudinally followed cohort of RA patients enrolled with a new start of a DMARD after at least one csDMARD failure. For the current analysis patients who were enrolled with a biologic DMARD between 01/2007 and 04/2018 were included. Kaplan Meier methods were applied to analyse treatment continuation.

Results: Among the 9,819 RA patients included in the analysis, 7,972 were ≤ 65 years old and 1,847 were older than 70 years (among them 180 patients above 80 years). Among the patients ≤ 65 years, 28% received a csDMARDs and 72% a bDMARD, while among the patients above 70 years, 35% received a csDMARDs and 65% a biological. Elderly patients with a young disease onset (YORA) were more frequently women and more frequently seropositive, on average had a higher number of prior treatment failures, a worse physical function and were more likely to have joint erosions than elderly patients with late onset (LORA) (Table 1). On all bDMARD treatments investigated, elderly RA patients showed the same treatment continuation as seen in younger patients. While neither the age of the patients nor the age at disease onset changed the continuation of biologics, patients being seronegative had a significantly lower continuation with rituximab and abatacept treatment, irrespective of age (Figure 1).

Tables and Figures

Table 1. Baseline characteristics of patients, stratified by age and disease onset.

Parameter	≤ 65 years	> 70 years, LORA	> 70 years, YORA
N	7972	1009	838
Age in years	51.6 (9.5)	76.4 (3.9)	74.3 (2.9)
% female	74.7%	72.7%	79.4%
Disease duration in years	8.6 (7.8)	4.4 (3.4)	20.4 (10.4)
Number of prior therapy failures	2.1 (1.1)	1.7 (0.9)	2.5 (1.2)
ESR	27.2 (21.3)	34.6 (24.5)	33.9 (23.6)
CRP	13.4 (20)	15.3 (20.5)	16.4 (23.4)
DAS28	4.8 (1.3)	5 (1.3)	5.2 (1.3)
Number of comorbidities	1.8 (1.9)	3.4 (2.6)	3.7 (2.5)
% of patients with >3 comorbidities	26.9%	55.5%	62.4%
% of patients with no comorbidities	28.1%	4.6%	4.2%
Seropositive patients (RF/ACPA)	72.4%	69.1%	81.3%
% of full physical function	67.5 (22.4)	60.3 (24.4)	55.4 (23.4)
Glucocorticoid dose in mg/d	6 (6.2)	6.1 (4.5)	5.6 (4.4)
% of patients with joint erosions	47.9%	46.2%	76%

Where not otherwise indicated, numbers are given in the format 'mean (standard deviation)'.

Figure 1. Treatment continuity in (A) TNF inhibitors, (B) abatacept and rituximab, (C) tocilizumab

Conclusion: These results suggest that bDMARD treatment may be used for elderly patients with the same effectiveness as in younger patients.

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SAT0113

LIMITING FACTORS OF REACHING ACR/EULAR BOOLEAN REMISSION IN EARLY RA PATIENTS TREATED ACCORDING TO CURRENT GUIDELINES

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Background: Abrogation of inflammation is important to prevent irreversible joint damage and maximize health-related quality of life in early RA patients. The ACR/EULAR Boolean remission criteria have the most stringent remission definition.(1) It has been reported that patient global assessment (PGA) is the variable most commonly scored above the cut-off in patients who almost fulfill the ACR/EULAR Boolean remission criteria.(2)

Objectives: To assess which components of the ACR/EULAR Boolean criteria that most often limit attainment of remission in modernly treated