biologic naive vs experienced may help clinicians tailor treatment decisions to pts needs.

Objectives: This study aimed to compare DMARD initiation events in biologic naive vs experienced pts.

Methods: In the Corrona registry (as of 2/28/2018), we selected DMARD initiation events (with at least one 6-month follow up) and stratified them on whether the initiator was biologic naive or experienced. We compared pts baseline characteristics (demographic, clinical, treatment) between strata. We used Kaplan-Meier curves to describe time to discontinuation and log rank test to assess differences in persistence.

Results: For 48,246 RA pts, 10,347 DMARD initiatives (index date, baseline; on 11/2012 or thereafter) in 6,858 adults were identified. Within initiations, 38% (n=3,931) occurred in biologic naive pts. Females comprised 77% (naive) vs 80% (experienced). Despite comparable age and retirement status (Table), the biologic DMARD experienced initiators had RA for longer (mean: 12.8 vs 5.4), were more likely to be disabled (19.6% vs 11.0%), had marginally higher CDAI scores (mean: 19.1 vs 17.6), were more likely to discontinue index treatment due to elevated CDAI (15.5% vs 10.9%), and had a shorter treatment duration (mean: 13.8 vs 15.1 months) than biologic naive initiators. Persistency was higher in the bDMARD naive than in experienced initiators (Figure).

Conclusion: The marked difference in RA duration and pts disability status, despite comparable age, confirms prior reports that bDMARD experienced initiators do worse. Additional long term follow up is warranted.

Disclosure of Interests: Robin K Dore Grant/research support from: Gilead, Employee of: Corrona, LLC, Jenya Antonova Shareholder of: Gilead Sciences, Employee of: Eli Lilly and Company, Medimmune, Genentech, Gilead Sciences, Joel Kremer Grant/research support from: AbbVie, Genentech, Lilly, Novartis, Pfizer, Consultant for: AbbVie, Amgen, BMS, Genentech, Lilly, Regeneron, Sanofi, Pfizer


SAFETY AND EFFECTIVENESS OF BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS

Raquel Freitas1, Joao Eurico Fonseca2, Joaquim Polido-Pereira2, Nathalie Madeira2, Luis Cunha Miranda3, Miguel Bernardes3, Bruno Miguel Fernandes4, Flavio Costa5, Mariana Santiago6, Agna Nett6, Soria Azevedo7, João Madruga Dias7, Mara Couto8, Graça Sequeira8, Maria Jose Santos1, 1Hospital Garcia Orta, Rheumatology, Almada, Portugal; 2Hospital Santa Maria, Rheumatology, Lisbon, Portugal; 3Instituto Português Reumatologia, Lisboa, Portugal; 4Hospital São João, Rheumatology, Porto, Portugal; 5Hospital Coimbra, Rheumatology, Coimbra, Portugal; 6Hospital Egas Moniz, Rheumatology, Lisbon, Portugal; 7ULSAM, Rheumatology, Ponte de Lima, Portugal; 8Centro Hospitalar Médio Tejo, Rheumatology, Torres Novas, Portugal; 9Hospital São Teotónio, Rheumatology, Viseu, Portugal; 10Hospital Faro, Rheumatology, Faro, Portugal

Background: Elderly population with rheumatoid arthritis (RA) is increasing. However, these patients are frequently excluded from clinical trials and data on effectiveness and safety of biologic Disease-Modifying Antirheumatic Drug (bDMARD) is scarce.

Objectives: To assess the persistence of 1st bDMARD and the effectiveness and safety of bDMARD among elderly (>65 years).

Methods: Prospective multicenter cohort-study of RA patients starting a 1st bDMARD registered at Reuma.pt. Demographic and disease characteristics, comorbidities, medications, disease activity at baseline and follow up (3, 6 and 12 months) and adverse events (AE) were compared between elderly and adult (<65 years) patients. Treatment persistence was estimated using Kaplan-Meier analysis. Effectiveness was measured as EULAR crude response rates, LUNDEX corrected, and adjusted for baseline characteristics.

Results: 2400 patients were included, of which 486 aged ≥65 years (table 1). Crude median persistence in bDMARD was 19.7 months (95% CI 14-25) in adults and 14.5 (95%CI 3-26) in elderly patients (log rank test, p=0.46) (figure 1). EULAR response (crude and LUNDEX corrected) was similar in the two groups at 3 and 6 months (figure 2). After adjustment for baseline characteristics, response rate was inferior in elderly at 12 months (p=0.01). There were 697 AE reported. Except for infections, more common in elderly patients (p=0.03), the rates of severe AE, opportunistic infection, allergic reactions, cancer or hospitalizations were similar in the two groups, as well as the time to 1st AE occurrence (figure 2).

Conclusion: Our findings showed that persistence of 1st bDMARD was similar in adults and elderly RA patients. Though elderly had more severe disease and comorbidities at baseline, bDMARD treatment was equally effective and safe in the short term. However, it is necessary to consider the greater risk of infection in elderly when prescribing a biologic.

Disclosure of Interests: Luis Cunha Miranda3, Employee of: Corrona, LLC, Kelechi Emeanuru Employee of: Corrona, LLC, Nathalie Madeira2, Employee of: Corrona, LLC, Miguel Bernardes3, Employee of: Corrona, LLC, Flavio Costa5, Employee of: Corrona, LLC, Mariana Santiago6, Employee of: Corrona, LLC, Maria Jose Santos1, 1Hospital Garcia Orta, Rheumatology, Almada, Portugal; 2Hospital Santa Maria, Rheumatology, Lisbon, Portugal; 3Instituto Português Reumatologia, Lisboa, Portugal; 4Hospital São João, Rheumatology, Porto, Portugal; 5Hospital Coimbra, Rheumatology, Coimbra, Portugal; 6Hospital Egas Moniz, Rheumatology, Lisbon, Portugal; 7ULSAM, Rheumatology, Ponte de Lima, Portugal; 8Centro Hospitalar Médio Tejo, Rheumatology, Torres Novas, Portugal; 9Hospital São Teotónio, Rheumatology, Viseu, Portugal; 10Hospital Faro, Rheumatology, Faro, Portugal

Table 1. Baseline characteristics. N: number; IQR: interquartile range; SD: standard deviation; RF: Rheumatoid factor; CCP: Cyclo Citrullinated Peptide; BMI: Body Mass Index; DAS: disease activity score, CDAI - clinical disease activity index, SDAI - simple disease activity index, HAQ-DI health assessment questionnaire disability index. When p value>0.05 no value is presented.

Table 1. Baseline characteristics. N: number; IQR: interquartile range; SD: standard deviation; RF: Rheumatoid factor; CCP: Cyclo Citrullinated Peptide; BMI: Body Mass Index; DAS: disease activity score, CDAI - clinical disease activity index, SDAI - simple disease activity index, HAQ-DI health assessment questionnaire disability index. When p value>0.05 no value is presented.
RTX appears to be an effective strategy since 80% of them will regain it and will maintain long-term treatment with therapy.

REFERENCES