REFERENCES

- [1] <http://www.lancsmmg.nhs.uk/download/guidelines/Gout-Prescribing-Guidance-Version-1.2-FOR-WEBSITE.pdf>
- [2] <https://academic.oup.com/rheumatology/article/56/7/e1/3855179>

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.4279

SAT0420 IS THERE LIFE TO GOUT TREATMENT AFTER RHEUMATOLOGY IS OUT OF THE EQUATION?

Paula García, Boris Anthony Blanco Cáceres, Fernando Perez-Ruiz. *Hospital Universitario Cruces, Barakaldo, Spain*

Background: Previous studies show a low persistence rate to urate-lowering therapy (ULT), in patients diagnosed with gout, after being discharged back to primary care from Rheumatology consultations.

Objectives: To assess persistence and adherence to ULT in patients with gout, previously evaluated in specialized care, who have been discharged from Rheumatology consultations to their primary care physician.

Methods: A transverse study of patients with gout included in an inception cohort and followed in a tertiary care centre. Patients were selected according to their status of "discharge", in case they had been referred back to their primary care centre from specialized care, or "loss", in case they had stopped coming to Rheumatology consultations.

Data, including active prescription of ULT, time since suspension of ULT (if applicable), last serum uric acid (sUA) levels and time for that determination, were procured by electronic history. General data of patients and follow-up were obtained from the database of such cohort. Patients lacking data or deceased were dismissed from the study.

Results: A total of 518 patients, classified either as "discharge" or "loss", with available data accessed by electronic history, followed in specialized consultations during an average time of 52 months (36, 18-72) were studied. Average time since their last visit to Rheumatology services was 90 months (76, 36-132). 88% of them had, at least, one determination of sUA; 80% within the last 12 months, with no differences between the patients with or without active treatment. 376 patients (72.6%) out of 518 had an active prescription of ULT, 338 of them ordered by primary care and 38 by specialized care.

Patients lost during follow-up showed a lower rate of ULT prescription and a higher requirement of specialized attention after than those who were discharged from Rheumatology.

	Loss (172)	Discharge (346)	P
Follow-up (number of months)	31±34	64±49	<0.001
Time since follow-up (number of months)	113±72	80±55	<0.001
Prescription (%)	64	73	<0.001
sUA w/o prescription (mg/dl)	7.44±2.02	7.07±1.33	0.231
sUA <6 mg/dl w/o prescription (%)	18	29	0.275
sUA w/prescription (mg/dl)	6.26±2.09	5.66±1.59	0.010
sUA <6 mg/dl w/ prescription (%)	55	58	0.764
Adherence (% average TPM)	76±30	85±24	0.007
Adherence (% TPM >80%)	64	79	0.003
Need of specialized care after (%)	11	6	<0.001

Conclusion: Patients discharged from Rheumatology consultations maintain good persistence to long-term treatment with ULT, higher than those who were lost during consultation follow-up. Nevertheless, persistence and adherence in the latter group show a higher rate than the ones obtained in patients being followed by primary care, which does not exclude a beneficial influence of the previous assistance provided by Rheumatology services.

REFERENCES

- [1] Aung T, Myung G, FitzGerald JD. Treatment approaches and adherence to urate-lowering therapy for patients with gout. *Patient Prefer Adherence*. 2017;11:795-800. Published 2017 Apr 19. doi:10.2147/PPA.S97927

- [2] Perez-Ruiz F, Desideri G. Improving adherence to gout therapy: an expert review. *Ther Clin Risk Manag*. 2018;14:793-802. Published 2018 May 3. doi:10.2147/TCRM.S162956
- [3] Scheepers L, van Onna M, Stehouwer C, et al. Medication adherence among patients with gout: A systematic review and meta-analysis. *Semin Arthritis Rheum*. 2018 Apr;47(5):689-702. doi: 10.1016/j.semarthrit.2017.09.007. Epub 2017 Oct 7.
- [4] Yin R, Li L, Zhang G, et al. Rate of adherence to urate-lowering therapy among patients with gout: a systematic review and meta-analysis. *BMJ Open*. 2018;8(4):e017542. Published 2018 Apr 10. doi:10.1136/bmjopen-2017-017542

Disclosure of Interests: Paula García: None declared, Boris Anthony Blanco Cáceres: None declared, Fernando Perez-Ruiz Grant/research support from: Asociación reumatólogos de Cruces, Consultant for: Grünenthal Horizon Menarini, Speakers bureau: Grünenthal, Menarini, Fundación Española Reumatología

DOI: 10.1136/annrheumdis-2019-eular.7091

SAT0421 LONG-TERM URATE-LOWERING THERAPY: IS IT 'ALL LIFELONG' NECESSARY?

Paula García, Boris Anthony Blanco Cáceres, Fernando Perez-Ruiz. *Hospital Universitario Cruces, Barakaldo, Spain*

Background: It has been published that 13% of gout patients remain in a situation of normouricemia after the suspension of urate-lowering therapy (ULT) and, consequently, would not require lifelong treatment. Prospective and specialized follow-up in a tertiary care centre may have favored these positive outcomes, which have not been replicated afterwards.

Objectives: To assess the percentage of patients diagnosed with gout, previously followed in Rheumatology consultations, in situation of normouricemia once ULT is suspended.

Methods: A transverse study of patients with gout included in an inception cohort and followed in a tertiary care centre. Selected patients were no longer followed by specialized attention.

Data, including active prescription of ULT, time since suspension of ULT (if applicable), last serum uric acid (sUA) levels and time for that determination, were procured by electronic history. General data of patients and follow-up were obtained from the database of such cohort.

Results: One hundred and forty-two (27.4%) out of 518 patients, with available data accessed by electronic history, lacked prescription of ULT, with an average time since its interruption of 65 months (58, 28-120) and sUA average levels of 7.2±1.7 mg/dl. Nevertheless, 19.2% of these patients showed sUA levels <6 mg/dl, against 61% and 63% of patients with active ULT prescription followed by primary care and specialized care, respectively.

Considering a higher target level of uric acid in the long run and taking into account that these patients had already received treatment for an average mean of 50 months, either in patients with active ULT prescription or patients without it (p=0.35), 41.7% of patients without ULT showed sUA levels <6.8 mg/dl vs. 77% of those with an active ULT prescription (both primary and specialized care).

Patients without ULT, showing sUA levels <6 mg/dl or <6.8 mg/dl also showed lower sUA levels during previous follow-up in Rheumatology consultations than those with sUA levels out of target (4.9mg/dl vs. 5.2mg/dl, p<0.01 and 5.0mg/dl vs. 5.3mg/dl). Likewise, among patients with sUA levels <6mg/dl during follow-up, 25.3% showed sUA levels <6mg/dl vs. 0% of those with sUA levels >6mg/dl during follow-up (p<0.01).

Conclusion: Between 20% and 40% of patients without a prescription of ULT, previously followed by Rheumatology, showed sUA levels <6mg/dl and <6.8mg/dl, respectively.

Patients with sUA levels below target during follow-up show a higher rate of sUA levels in target once ULT is suspended.