Methods: A total of 384 ERA patients with less than 12 months of disease duration (mean age 54.6 ± 14.6 years, 75% female, 73.3% seropositive) were enrolled in the study. ERA patients fulfilled the 2010 ACR criteria for RA and were followed according to the T2T strategy. At baseline, and every three months, the ACR/EULAR core data set variables were recorded. At baseline and every year, hand and foot radiographs were examined according to modified Total Sharp score (mTSS). At each visit, clinical improvement and remission were evaluated according to EULAR criteria. The achievement of Comprehensive Disease Control (CDC) (28-joint Disease Activity Score using C reactive protein <2.6 , Health Assessment Questionnaire <0.5 and change from baseline in mTSS ≤ 0.5) was assessed every year of follow-up (FU). The mean FU duration was 45.5 ± 40.6 months. In patients not reaching the target with methotrexate (MTX) after the 3rd-6th month of FU, the addition of another csDMARD (chloroquine, leflunomide or sulfasalazine) or a bDMARD was considered in order to attain at least a good EULAR response.

Results: At the twelfth month of FU, out of the 174 ERA patients (45.3%) not reaching the target with MTX, 97 (25.3%) were in combination therapy with csDMARDs and 77 (20.1%) were treated with csDMARDs in association with bDMARDs.

Similar percentages of good EULAR response, DAS remission and CDC were registered in the two groups of patients, both at 12th month of FU and at the last FU.

Although not statistically significant, fewer bDMARD treated patients showed 5-year radiographic progression (RP) (21.7%) compared to subjects in csDMARD combination (36.8%, $p=0.13$).

A higher BMI was observed in ERA patients who started bDMARDs (26.0 ± 4.1) compared to subjects in combination therapy with csDMARDs (24.8 ± 4.2 , $p=0.02$).

No differences were founded regarding age and disease duration. Autoantibody positivity was comparable between the two groups.

Conclusion: Our results support data suggesting that the treatment strategy is more important than the therapy used to achieve remission.

In fact, when a strict protocol of tight control is applied, similar clinical and radiological outcome is achieved both in patients treated with csDMARD combination, and in subjects in bDMARD association, regardless of RA prognostic factors.

A higher BMI is associated with a major frequency of bDMARD therapy, underlying a possible more csDMARD refractory disease.

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AB0245

PREDICTORS OF BIOLOGIC THERAPY DISCONTINUATION IN RHEUMATOID ARTHRITIS PATIENTS AFTER REMISSION ACHIEVEMENT: A MONOCENTRIC OBSERVATIONAL STUDY FROM BIOLOGIC APULIAN REGISTRY (BIOPURE)

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Background: Thanks to biologic therapies, disease remission in Rheumatoid Arthritis (RA) patients is not a wishful thinking but an achievable goal. Nevertheless, some patients experienced treatment discontinuation after obtaining disease remission. EULAR recommendations suggest to suspend steroids as soon as possible¹, but in real life-setting this point is not always hold in esteem.

Objectives: The objective of our study was to assess the impact of steroids on the long-term drug survival and the possible predictors of drug discontinuation in RA patients who achieved Simplified Disease Activity Index (SDAI) remission at 1-year upon treatment with a first biologic disease modifying anti-rheumatic drug (bDMARD).

Methods: Data of RA patients naïve to bDMARDs, registered in Biologic Apulian Registry (BIOPURE) between 1st January 2008 to 31st December

2017, were retrospectively analysed. Demographic and clinical data of all RA patients were acquired at the initiation of first bDMARDs ("screening-time") and after 1-year follow-up ("baseline-time"). The inclusion criterion in this study was the achievement of SDAI remission ($SDAI \leq 3.3$) at 1 year of treatment with a first bDMARD. At "baseline-time", RA patients on SDAI remission were divided, according to steroid administration, into concomitant "steroid-no" and "steroid-yes" groups. Drug retention rate and mean survival time (MST) were estimated using Kaplan-Meier (K-M) life-table method. Estimated hazard ratios (HRs) of discontinuing bDMARD were assessed by performing a multivariate Cox-regression analysis with stepwise backward methods.

Results: 216 RA patients started their first bDMARDs between 1st January 2008 to 31st December 2017. Among these, 86 (39.8%) patients achieved SDAI remission at 1-year of whom 54 (62.8%) were steroid free while 32 (37.2%) were still taking low-dose steroids (mean 3.8 mg/die; SD ± 1.4). Considering patients who achieved SDAI remission at "baseline-time", global drug retention was 81.4% [MST=88.5 (95% CI: 80-97) months], higher for "steroid-no" patients [90.7%, MST=98.2 (95% CI: 89-107) months] than "steroid-yes" ones [68.8%, MST=68.9 (95% CI: 57-81) months] (long rank 7.086, $p=0.008$) (Figure 1). This difference was also seen when drug discontinuation by ineffectiveness was calculated [96.1%, MST=103 (95%CI: 96-110) months vs 72.4%, MST= 70.6 (95%CI 57-84) months, long rank 10.101, $p=0.001$], but not by adverse events. Moreover, no steroid administration (HR = 0.31, 95% CI:0.10-0.93) and concomitant Methotrexate therapy (HR = 0.34, 95% CI:0.12-0.98) were independently associated with low risk of bDMARDs interruption after the achievement of SDAI remission.

Conclusion: This study provided evidence that, among RA patients who achieved SDAI remission, those who stopped steroids and continued combination therapy with MTX had a very long drug survival with just the first bDMARD in a real-life setting. These results can help rheumatologists to precociously select RA patients who might start a tapering or spacing strategy of biologic drug.

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Figure 1. Retention rate on first bDMARD of Rheumatoid Arthritis (RA) patients in remission assessed by Simplified disease activity index (SDAI) after 1 year of follow-up: global population (a), concomitant steroid (b) and concomitant MTX (c).

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AB0246

PREDICTORS OF FATIGUE IN RHEUMATOID ARTHRITIS PATIENTS WHO RECEIVE BIOLOGICAL AND TARGETED SYNTHETIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS

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Background: Fatigue is one of the most frequent symptoms in patients with rheumatoid arthritis (RA), affecting more than 80% of them. Despite