REFERENCES

[1] Husni ME, et al. Presented at EULAR 2018, Amsterdam, the Netherlands.

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AB0386 **RESPONSE TO BIOLOGIC THERAPY IS INFLUENCED BY THE BODY MASS INDEX IN PATIENTS WITH RHEUMATOID ARTHRITIS**

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Background: Biologic therapies have been bringing huge advantage in the treatment of rheumatoid arthritis, but response to the therapy is heterogeneous. The influence of the body mass index to the treatment is still controversial.
Objectives: To identify the factors influencing in the response to biologic therapy (bio naïve).
Methods: The analysis of the patients with rheumatoid arthritis who were initiated biologics therapy (bio naïve) between January 2011 to December 2016 in the rheumatology department of a hospital in Japan, was conducted. The effects were evaluated by EULAR response criteria after 6 months of biologic therapy, and factors influencing the response were analyzed in terms of the baseline characteristics (sex, age, disease duration, body mass index, tender joint count, swollen joint count, Patient's visual analog scale, Doctor's visual analog scale, erythrocyte sedimentation rate, C-reactive protein, Disease Activity Score in 28 joints, Modified Health Assessment Questionnaire, Methotrexate use, Prednisolone use).

Table 1.
Table 1. Difference of the baseline characteristics of RA patients between "Good or Moderate response" and "No response" of EULAR response criteria after 6 months of biologic therapy.

	Good or Moderate response (n=82)	No response (n=63)	p-value
Female sex, no. (%)	69 (84.1%)	53 (84.1%)	0.9975
Age, years	55.4 ± 15.6	59.2 ± 12.9	0.1115
Disease duration, years	6.6 ± 3.6	7.8 ± 3.9	0.0477
BMI, kg/m ²	22.0 ± 3.4	24.4 ± 5.2	0.0008
≥ 25, no. (%)	12 (14.6%)	22 (35%)	0.0043
TJC	5.6 ± 6.1	4.0 ± 5.4	0.0972
SJC	3.4 ± 4.8	1.5 ± 2.4	0.0018
Patient's VAS (range 0-100)	46.6 ± 24.6	34.4 ± 27.4	0.0052
Doctor's VAS (range 0-100)	44.6 ± 25.8	34.3 ± 28.0	0.0223
ESR mm/hour	62.8 ± 34.2	59.0 ± 31.8	0.5702
CRP mg/dL	1.7 ± 2.1	0.9 ± 1.7	0.0094
DAS28-ESR	4.9 ± 1.2	4.2 ± 1.3	0.0015
DAS28-CRP	3.9 ± 1.2	3.1 ± 1.3	<0.0001
mHAQ	0.5 ± 0.5	0.5 ± 0.6	0.3829
Concomitant therapy			
MTX, no. (%)	62 (75.6%)	47 (74.6%)	0.8894
MTX dose, mg/week	7.4 ± 4.6	7.8 ± 5.0	0.7134
Steroid, no. (%)	46 (56.1%)	48 (76.2%)	0.0120
Prednisolone dose, mg/day	1.6 ± 2.3	3.9 ± 8.8	0.5156

* Values are the mean ± SD unless otherwise indicated. RA = rheumatoid arthritis; BMI = body mass index; TJC = tender joint count; SJC = swollen joint count; VAS = visual analog scale; ESR = erythrocyte sedimentation rate; CRP = C-reactive protein; DAS28 = Disease Activity Score in 28 joints; mHAQ = Modified Health Assessment Questionnaire; MTX = Methotrexate; PSL = Prednisolone.

Table 2.
Table 2. Logistic regression analysis of "Good or Moderate response" of EULAR response criteria after 6 months of biologic therapy by baseline body mass index among Tumor Necrosis Factor users, IL-6 receptor inhibitor users and CTLA4-Ig users.

Biologics	Odds Ratio	95% confidence interval	p-value
TNF inhibitor	0.88	0.78-0.99	0.0428
IL-6 receptor inhibitor	0.75	0.61-0.93	0.0093
CTLA4-Ig	0.95	0.79-1.13	0.5757

Results: There were differences of baseline characteristics in disease duration and body mass index between the patients who achieved "Good or Moderate response" and "No response" of EULAR response criteria after 6 months of biologic therapy (table 1). The latter was more significant, and the difference was found among biologics (table 2).
Conclusion: Body mass index influence in the response to first biologic therapy in patients with rheumatoid arthritis.
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AB0387 **SATISFACTION OF PATIENTS AND PHYSICIANS WITH TREATMENTS FOR RHEUMATOID ARTHRITIS: A NATIONWIDE SURVEY IN CHINA**

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Background: Treatment satisfaction is important for adherence to therapy both for patients and physicians. There is no full understanding of the treatment satisfaction for rheumatoid arthritis (RA) in China.
Objectives: The aim is to explore the treatment satisfaction between rheumatologists and RA patients across China and the factors associated with patients' satisfaction.

Table 1.
Table 1. TSQM-II summary scores of patients' and physicians' satisfaction.

Treatment		Patients	Physicians	P
All medications for patients/ csDMARDs for physicians	N	1237	146	
Effectiveness	Median (range)	83.3 (0-100)	66.7 (33.3-100)	
Side effects	Median (range)	100 (16.7-100)	75 (16.7-100)	
Convenience	Median (range)	81.3 (18.6-100)	68.8 (31.3-100)	
Global satisfaction	Median (range)	83.3 (100)	66.7 (16.7-100)	
bDMARDs	N	335	146	
Effectiveness	Median (range)	83.3 (0-100)	75 (33.3-100)*	0.302
Side effects	Median (range)	100 (8.3-100)	87.5 (100)*	<0.001
Convenience	Median (range)	75 (0-100)	68.8 (12.5-100)	0.001
Global satisfaction	Median (range)	75 (0-100)	75 (16.7-100)*	0.889

*p < 0.05, bDMARDs vs.csDMARDs in physicians.