was significantly decreased ($p<0.001$) from 36.8 (14.9) at baseline, to reach 12.5 (10.3) after 9 months of treatment, with a reduction of 64%. In a similar pattern, the mean HAQ-DI score was significantly decreased ($p<0.001$) from 1.5 (0.7) at baseline to reach 0.6 (0.6) after 9 months of treatment, with a reduction of 57%. Figures 1 and 2 show changes in both CDAI and HAQ-DI scores throughout the study.

Figure 1: CDAI Score at Baseline, Month 3 and Month 9

Figure 2: HAQ-DI at Baseline, Month 3 and Month 9

Figure 3: Disease severity at Baseline, Month 3 and Month 9

Abstract Figure 3. shows that disease severity was significantly improved ($p<0.001$) throughout the study, and 19.1% of patients were at remission after 9 months of treatment.

Twenty-three adverse events (AEs) were reported in 20 patients (5%) throughout the study period; most frequently, increased hepatic enzymes (6 cases, 1.5%), increased swollen/tender joint count (2 cases, 0.5%), decreased white blood cell count (2 cases, 0.5%), and abdominal discomfort (2 cases, 0.5%). None of the reported AEs were related to treatment with leflunomide.

Conclusion: Results from this study demonstrate that leflunomide may offer an effective, tolerable and safe treatment –whether used as a monotherapy or in combination with other csDMARDs– in Egyptian patients with active RA.

REFERENCES

- [1] Ailred A, Emery P. Leflunomide: a novel DMARD for the treatment of rheumatoid arthritis. Expert opinion on pharmacotherapy. 2001;2(1):125-137.
- [2] El Sayed A. Clinical efficacy and safety of leflunomide in Egyptian patients with active rheumatoid arthritis: CLEAR interim results. The open rheumatology journal. 2018;12(1):323-331.

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AB0421

METHOTREXATE COMPLIANCE AMONG PATIENTS WITH CHRONIC INFLAMMATORY DISEASE OR CONNECTIVE TISSUE DISEASE

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Background: Methotrexate (MTX) is widely used in rheumatology. About 30% of patients receiving MTX do not respond. One of the explanations could be poor adherence.

Objectives: The purpose of this study was to assess adherence and to identify predictive factors influencing it.

Methods: 188 patients with MTX for at least 3 months (rheumatoid arthritis (RA), peripheral spondyloarthritis (PS), psoriatic arthritis (PA), lupus, Sjögren's Syndrome (SS)) were enrolled between May 2017 and May 2018. Each patient completed a questionnaire including socio-demographic data, disease and MTX characteristics, 4-question Morisky, rheumatism activity scores including DAS 28, quality of life (EQ-5D), fibromyalgia (FIRIST), anxiety and depression (HADS), catastrophism (PCS-CF), coping (WCC-R) and whether or not to participate in a therapeutic education program.

Results: 188 were recruited, of which 75% were women, with a mean age of 61.4 +/- 13.24 years: RA (77.12%), PS (7.98%), PA (10.11%), lupus (2.66%) and SS (2.13%). 68.6% were observant, versus 31.4% unobservant minor (28.2%) or major (3.2%) patients. In multivariate analysis, two models were performed and found a poor adherence in case of depression OR: 3.120 [1.051; 9.354], catastrophism OR: 3.974 [1.119; 14.108], anti-CCP antibodies OR: 4.019 [1.277; 12.653] in RA patients and depression OR: 2.715 [1.237; 5.963], absence of comorbidities OR: 2.309 [1.085; 4.915] with all rheumatism.

Conclusion: Some modifiable factors such as depression and catastrophism were associated with the risk of non-adherence with MTX. It is important to consider depression and catastrophism when taking care of our patients to improve adherence and avoid therapeutic escalations.

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AB0422

ACHIEVEMENT OF PATIENT ACCEPTABLE SYMPTOM STATE (PASS) IN RHEUMATOID ARTHRITIS PATIENTS TREATED WITH BARICITINIB

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Background: Baricitinib, a newly approved drug for the treatment of patients with moderate to severe rheumatoid arthritis (RA), is a selective inhibitor of Janus kinase 1 and 2. In a patient-centered care, patient-reported outcomes (PROs) are really helpful to better evaluate the disease activity and the response to therapy. Between them, Patient Acceptable Symptom State (PASS) is defined as the highest level of symptoms beyond which patients consider themselves well [1], and consists of a single question with dichotomized answer (yes or no): "Considering all the different ways your disease is affecting you, if you would stay in this state for the next months, do you consider that your current state is satisfactory?". In randomized controlled trials baricitinib showed significant improvement of pain, fatigue, tiredness and assessment of disease [2].

Objectives: The aim of the present study was to investigate the effect of baricitinib on PASS one month from the beginning of therapy. Further aim was to quantify the time patients needed to reach an acceptable state of health and determine the clinical variables associated with PASS.

Methods: Patients affected by RA according to 2010 ACR criteria, starting treatment with baricitinib as clinically indicated, were consecutively enrolled; PASS was determined after 1 month of treatment (T1); days to