remission, and our findings indicate that EORA patients may be better able to achieve that goal with lower MTX dosage and biological product usage as compared to YORA patients. In addition, EORA patients might achieve LDA with a lower amount of drugs.

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AB0428 PATIENT-PHYSICIAN INTERACTION AS A PREDICTOR OF METHOTREXATE ADHERENCE IN RHEUMATOID ARTHRITIS PATIENTS

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Background: Recent years have seen numerous encouraging developments in the treatment of patients with rheumatoid arthritis (RA) with significant improvement in disease control. However, methotrexate (MTX) remains a cornerstone therapy and first-line drug for majority of patients with RA, commonly associated with prolonged or even lifelong treatment, which takes the risk for decreasing medication adherence over time Therefore, prompt recognition of predictive factors for MTX non-adherence is one of the most important challenges related to treatment of patients with RA.
Objectives: The aims of this study were to assess patients' self-reported adherence to MTX, as well as to investigate predictive role of physician-patient interaction satisfaction for MTX adherence. Namely, it could be hypothesized that patients' perceptions of multiple specific components of relationship with their physician are associated with patient trust in their physician, which is strongly related to treatment adherence.
Methods: In the period between May 1 and September 15, 2018, 98 consecutive RA patients who were treated in Clinical center of Montenegro and private clinic "Merkur Nera" were enrolled in this multi-centric cross-sectional study. Non-adherence to MTX was defined as $\geq$1 dose missed against medical advice. Patients field in the questionnaire consisted of MTX-specific queries, including the questions related to therapy-related communication with their physician. Possible interaction of the investigated confounders and their joint effect on the MTX adherence were analyzed using ordered logistic regression analysis. A multivariate logistic regression analysis was performed including all covariates that appeared to be associated with the endpoint in the univariate models ($p<0.1$). Odds ratio was used to express the strength of the association between independent predictors and MTX non-adherence as a dependent variable.
Results: Study population was predominantly female (87.8%), and the average age was 56.4±12.1 years. The median duration of RA was 8 years (range 0-34 years), while the median duration of MTX treatment was 6 years (range 0-26 years). The median current dose of MTX which responders received was 15 mg per week. The overall prevalence of non-adherence to MTX was 32.7%. According to the results of univariate regression analysis the following factors are significantly associated with adherence to MTX: younger age (OR=0.942; p=0.065), employment (OR=0.956; p=0.095), working capacity (OR=0,342; p=0.057), marital status (OR=0.342; p=0.001) and expressed need for more communication with the doctor regarding RA treatment (OR=1.410; p=0.021). Finally, in the multivariate regression model the following variables remained statistically significant: marital status (OR=0.406; p=0.007) and expressed need for more communication with the doctor related to RA treatment (OR=1.303 p=0.044). Namely, married RA patients were 2.46 times less likely to MTX non-adherence compared to others, while the patients who stated the need for more communication with the doctor regarding RA treatment has 1,30 times greater chances to MTX non-adherence.
Conclusion: The results of our study have shown that about one third of RA patients met the criteria for non-adherence to MTX. Identification of the patient's need for more communication related to RA therapy as independent predictor for MTX non-adherence suggests that physician-patient relationship quality is an important point of intervention for efforts to improve patients' medication adherence.
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AB0429 THE EFFICACY OF TOFACITINIB TREATMENT IN RHEUMATOID ARTHRITIS PATIENTSWITH HIGH DISEASE ACTIVITY IN REAL-WORLD PRACTICE

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Background: JAK-kinase inhibitors are the promising option for patients with severe rheumatoid arthritis (RA). Evaluation of the effectiveness and results of long-term use of tofacitinib (TOFA) seems relevant for clinical practice.
Objectives: To evaluate the efficacy of TOFA in achievement of remission or low disease activity (LDA) in RA patients after 12 months of treatment and follow-up in real-world practice.
Methods: In this open study 30 patients (22 women and 8 men) with severe RA (average DAS28>5,8) with inadequate response to methotrexate in effective dose were enrolled and started TOFA 5 mg BID. Average age was 57 (29-71), average disease history – 6,2 (1,5-12,5) years. Patients evaluated at baseline, after3, 6 and 12 months of treatment: number of painful and swollen joints, ESR, CRP, RF, anti-MCV, DAS28, SDAI. The joints ultrasound (US) with Power Doppler (PD) (German US7 score) helped to estimate synovial inflammation. After 12 months of treatment the patients were under follow-up in real-world practice.
Results: By 3rd month of treatment the average mean of ESR and CRP returned to normal range, the number of painful and swollen joints decreased to 2 times, DAS28 - from 5,8 to 3,8, SDAI – from 41,0 to 18,0. 6 patients achieved remission, 3 – LDA, 2 had high activity (DAS28>5,1) and the rest – moderate activity. We achieve the aim of T2T strategy by 12th month: average ESR and CRP normalized, DAS28 – 2,92 (1,39; 6,21) and SDAI – 7,0 (1,57; 36,4). 33% of patients achieved remission according to DAS28 and SDAI. RF decreased by 37%, anti-MCV stayed high during the year. There was temporary increase of AST, ALT in 4 patients (13,3%), but did not require TOFA discontinuation. By 12 thmonth of treatment in PDUS mode number of joints with hypervascularized synovium decreased from 3 (2; 7) to 0 (0; 1), number of bone erosions has not changed. 1 patient (3,3%) had severe herpes zoster infection, no other infections occurred. In 1 patient (3,3%) TOFA showed no efficacy (DAS28>6,21).
22 patients have finished 12-months course of TOFA at the moment and moved to follow-up period. 13 of them (59%) continue the same dose of TOFA: 8 have remission and 5 – LDA, 2 patients continued TOFA 5 mg/day for 1 year, then stopped and are in remission for 8 months. 1 patient had temporary withdrawal of treatment due to surgery without exacerbation of RA. 4 patients have stopped TOFA for non-medical reasons: 1 is still in remission and 1 – LDA for 12 months, 2 had worsening of RA and treated by low doses of glucocorticoids. At the moment 3 patients (13,6%) have long-term remission for 18 months after the end of TOFA treatment.
Conclusion: TOFA is effective and safe treatment option for severe RA in real-world practice. The effect develops by 3 months and continues to grow to 12 months. When remission is achieved, we recommend a reduced dose before withdrawal. Exacerbation of RA is effective solved by retreatment with TOFA.
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