AB0436 ADHERENCE TO DISEASE-MODIFYING ANTIRHEUMATIC DRUGS IN RHEUMATIC DISEASES

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Background: There has been seen a low adherence to treatment in patients with rheumatic diseases, which can have important consequences in disease prognosis. Although literature in Latin-American population is scarce, a previous study evaluating medication adherence in this population reported a 16.4% prevalence of adherence in Rheumatoid Arthritis (RA) and 45.9% in Systemic Lupus Erythematosus (SLE) patients (1). It has been demonstrated better outcomes in patients with rheumatic conditions who have good adherence to treatment therapies (2).
Objectives: To describe the adherence to synthetic Disease-Modifying Antirheumatic Drugs (DMARDs) in patients with rheumatic diseases from a Mexican outpatient rheumatology clinic.
Methods: This study was conducted in the outpatient rheumatology clinic of University Hospital in Monterrey, México, cross-sectional, descriptive, self-report adherence study. Consecutive patients with RA, SLE, Inflammatory Myopathies, Psoriatic arthritis (PsA), Systemic Sclerosis (SSc) were approached during their normal routine rheumatology appointments, in the March 2018 to December 2018 period. They were asked how many days of the last month they forgot or took their DMARDs. We classified the adherence rate in 4 categories based on the days of the last month it took the indicated medication; good: 75%-100% (> 21 days), regular 50-74% (21-15 days), bad 25-49% (14-8 days) and null: <25% (< 7 days). When adherence was not good we interrogated about the cause. Data was obtained from REPAIR ® (internal electronic patient record) and analyzed with the statistical package SPSS version 24.

Table 1. Adherence for Rheumatic Disease Group

	n (DMARDs)	Good n (%)	Regular n (%)	Bad n (%)	Null n (%)
Rheumatoid Arthritis	1,686	1442 (85.5)	105 (6.2)	47 (2.8)	92 (5.5)
Systemic Lupus Erythematosus	440	393 (89.3)	16 (3.6)	12 (2.7)	19 (4.3)
Inflammatory Myopathies	91	83 (92.1)	2 (2.2)	0 (0)	6 (6.6)
Psoriatic arthritis	84	76 (90.5)	1 (1.2)	3 (3.6)	4 (4.8)
Systemic Sclerosis	91	80 (87.9)	6 (6.6)	1 (1.1)	4 (4.4)
N	2,392				

Table 2. Reasons for Bad or Null adherence

	Rheumatoid Arthritis %	Systemic Lupus Erythematosus %	Inflammatory Myopathies %	Psoriatic arthritis %	Systemic Sclerosis %
Economic	30.1	33.3	37.5	37	20
Own decision	27.9	33.3	12.5	25	40
Side effects	11.5	11.1	12.5	12.5	0
Lack of availability	15	13.3	12.5	12.5	40
forgetfulness of dose	11.9	4.4	25	12.5	0
Other	3.5	4.4	0	0	0

Conclusion: Adherence in this group of patients was good, for the definition used in our study.
The method used (self-report) is very sensitive to detect non-adherence, but it overestimate good adherence, therefore the potential bias of results must be considered and confirmed whit objective measurement.
The main reason for poor or no adherence was the economic, with the exception of the Ssc group it was their own decision and the patients with SLE that had the same percentage for economic and self-decision.

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AB0437 SAFETY OF JAK INHIBITORS IN PATIENTS WITH RHEUMATOID ARTHRITIS IN CONDITIONS OF DAILY CLINICAL PRACTICE

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Background: Efficacy and safety of the new JAK inhibitors is supported by phase I, II and III studies with a large number of patients included in the follow-up, although it is of vital importance behavior of new molecules in routine clinical practice, and until now we still have few clinical data.
Objectives: To describe the adverse effects observed, as well as the income Hospitals and description of them during treatment with JAK inhibitors in a series of patients with RA.
Methods: This is a retrospective descriptive study in patients with RA treated with JAK inhibitors in follow-up by the Rheumatology Unit of Virgen de Valme Hospital. We included demographic, related to the disease and treatment and security variables.
Results: We included 31 patients with rheumatoid arthritis with a mean age of 57.58 ± 11.31 years and mean time of evolution of the disease of 9.42 ± 6.62 years, 61.3% positive FR and 61.3% ACPA positive. The female sex represents 74.2% of the sample. The mean of the baseline DAS28 was 4.90 ± 0.95.
Regarding the treatment analysis initiated 12 patients (38.7%) receive baricitinib and 19 (61.3%) tofacitinib. 93.5% were in treatment with steroids at low doses and 80.64% in treatment combined with at least 1 associated DMARD (75% baricitinib group, 84.2% tofacitib group). The subanalysis of concomitant treatment reveals that up to 31.5% of patients undergoing treatment with tofacitinib initiated treatment with ≥2 FAMEs. 61.3% of patients had previously received at least one biological drug, among which the antiTNFs stand out for their frequency; 31.5% with one biological, 9.7% with 2 previous biologicals and 16.5% had used three. A total of 14 adverse effects were recorded in 10 of the 31 patients which are described below: baricitinib group a total of 6 events (50%); 1 toxic hepatitis, 1 respiratory infection, 2 cases of urinary tract infection, 1 case of canker sores, and 1 cold sore. Tofacitinib group a total of 8 events (42.1%): 2 cases of Herpes zoster, 1 case of headache and dizziness, 2 perianal abscesses and 1 abscess submandibular There were 3 hospital admissions with independence of its relationship with the treatment analyzed; barcitinib group: 1 patient with upper respiratory tract infection and decompensated heart failure, 1 patient with toxic hepatitis. Tofacitinib group: 1 patient with post-traumatic humerus fracture.
Conclusion: The main side effect observed was infection, in general mild-moderate that only motivated hospital admission in a patient in treatment with barcitinib due to decompensation of its pathology base. Stresses the development of uncomplicated perianal abscess in 2 patients on treatment with tofacitinib, one of them with perianal fistula known, and a recurrence of submental abscess in a patient with antecedent of repetition abscesses in said location. I only know observed elevated transaminases in a patient undergoing treatment with baricitinib showing in general an optimal hepatic safety profile. No primary cardiovascular events of interest have been recorded, neoplasms or other gastrointestinal events. Everything described, considering the high rate of concomitant treatment with steroids at low doses (93.5%) and up to 80.64% of patients in treatment with at least 1 concomitant DMARD.

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AB0438 A STUDY COMPARING EFFICACY OF INTRA-ARTICULAR STEROID (IAS) VS INTRAARTICULAR SCLEROSANT IN PATIENTS WITH PERSISTENT SYNOVITIS OF KNEE IN RHEUMATOID ARTHRITIS

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Background: Chronic persistent synovitis is commonly seen in inflammatory arthritis like RA where despite adequate DMARD therapy, few joints are chronically inflamed. They are the reason for increasing morbidity and poor functional status in these patients. Some patients show persistent synovitis despite intra-articular steroids and hence they is need to identify other drugs like sclerosant which can be of use in improving pain and functional status.
Objectives: To compare the efficacy of Intra-articular steroid versus sclerosant in rheumatoid arthritis (RA) with persistent synovitis despite optimum dose of csDMARDS and to determine, if sclerosant is superior/non-inferior to steroids.
Methods: This is a single blinded-observational pilot study, conducted in Institute of Rheumatology, Madras Medical College for a period of 1 year. 20 patients with persistent synovitis (knees) despite optimum DMARD therapy are recruited as per inclusion and exclusion criteria. Disease and joint related activity and functional status are documented. Ethical committee approved the study. After getting written informed consent patients were randomized into two groups (A and B). Group A received IAS (Triamcinolone Acetonide) and group B received sclerosant (1% Polidocanol). They are assessed at 1, 4, 12 and 24 week and various parameters documented. The results are analysed with SPSS v22 software.**Inclusion Criteria:** 1. RA diagnosis according to ACR/EULAR2010 criteria in the age between 20 and 70years with persistent synovitis of knee. 2.Patients not willing for biological therapy. **Exclusion Criteria:** 1. Age <20->70yrs. 2. Pregnant & Lactating women. 3. Severe co-morbidities, clotting disorders and local infections. 4. Contraindications for intra-articular procedure. 5. Osteoarthritis and other arthritis and CTD. 6 Recent intra-articular injection within 3months.
Results: 40 patients were recruited for the study, with 20 in each group. 45% patients in group A and 65% patients in group B, showed significant improvement in DAS28, CRP, VAS pain and function. VAS scores improved within 1 week and no adverse effects were noted. Both the interventions found to be effective in reducing the pre operative VAS pain and function scores. However, Mean VAS Scores after 1 week of sclerosant injection found to be lesser than that of steroid group and the difference was statistically significant ($p<0.05$).
Conclusion: Intra-articular sclerosant (1%Polidocanol) is non-inferior to steroids in patients with persistent knee synovitis. It could be used as an effective alternative to steroids considering their side effect profile.

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AB0439 YTTRIUM-90 SYNOVIORTHESIS. OUR EXPERIENCE FOR 25 YEARS

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Background: Radioactive synoviorthesis (RS) is the intra-articular injection of a colloidal suspension of particles marked with a radioisotope that selectively irradiates the synovial membrane, respecting bone and cartilage. The radiocolloid is phagocytosed by type 2 synoviocytes of the synovial membrane, causing fibrosis and decreased production of synovial fluid. Intra-articular puncture is ensured by obtaining synovial fluid and then the radiopharmaceutical is instilled followed by 1ml of triamcinolone acetoide (40mg). After the procedure a graphic gamma image is made to assess the adequate distribution of the radionuclide in the joint cavity. With a half-life of 2.5 days, the drug will continue to emit radiation for weeks, with symptomatic improvement which is observed from the second week. The main indication of this technique is refractory chronic synovitis to local and/or systemic treatment.
Objectives: To describe the clinical-demographic characteristics of patients treated with SR in our hospital, and to asses the efficacy and safety of this technique.
Methods: Retrospective observational study that analyze the radiosynoviorthesis practiced in the Nuclear Medicine service of the Doce de Octubre Hospital between January 1994 and December 2018 is analyzed. A total of 113 techniques were analyzed in 89 patients from our center and other hospitals without Nuclear Medicine service, and data of 72 patients could be obtained from their clinical history. The efficacy of the technique was defined as total or partial, considering objective data (swelling and joint function) and subjective data (patient evaluation).
Results: 95 articular instillations were included in 72 patients, 46% women and 54% men; with an average age of 51.4 ± 15 |21-82| years, the knee articulations were injected with Yttrium-90 (5 millicuries). The patients had knee effusions lasting for an average of 18 months (IR 10-60). The temporal distribution was very heterogeneous, decreasing over the years (1994-1998: 23%, 1999-2003: 32%, 2004-2008: 20%, 2009-2013: 16%, 2014-2018: 9%). 93% of RS were indicated by the rheumatology service and 7% by traumatology. In the classification by pathologies, 72.2% had systemic rheumatological disease. The most frequent causes of indication were rheumatoid arthritis (25%), psoriatic arthropathy (24%), spondyloarthropathy (17%) and pigmented villonodular synovitis (11%). Less frequent were juvenile idiopathic arthritis (5%), arthrosis (4%), microcrystalline arthritis (5%) and non-specific chronic synovitis (9%). 79% had been previously infiltrated with steroid, with an average of 2.8 ± 1.8 |1-10| injections/knee. The 79% had maintained treatment with NSAID, the 42% with systemic steroid, the 55% with DMARDs and the 14% with biological therapy; appearing the therapeutic effect in the first 8 weeks in the 80% of the patients. 13 patients needed a reinstill with an average between radiosynoviorthesis of 25 ± 21 |6-80| months. Side effects were scarce (2.8%) and local in nature; 8.3% required a knee prosthesis.
Conclusion: RS has demonstrated acceptable efficacy and safety in cases of refractory synovitis of both mechanical and inflammatory etiology. Despite this, it is a procedure little used nowadays.
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AB0440 CHANGES IN KEY LABORATORY VALUES WITH TOFACITINIB 5 MG BID TREATMENT IN PATIENTS WITH PSORIATIC ARTHRITIS AND RHEUMATOID ARTHRITIS

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Background: Tofacitinib is an oral Janus kinase inhibitor for the treatment of psoriatic arthritis (PsA) and rheumatoid arthritis (RA). In most countries where tofacitinib is approved, 5 mg twice daily (BID) is the recommended dose for PsA and RA. An important component of any product labelling is information on the need for laboratory monitoring.