AB0442 RESPONSE TO BARICITINIB IN PATIENTS WITH RHEUMATOID ARTHRITISWITH FAILURE TO CONVENTIONAL SYNTHETIC DMARD AND/OR BIOLOGICAL DMARD: DATA FROM A LOCAL REGISTRY

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Objectives: To know the characteristics of patients with rheumatoid arthritis (RA), in treatment with baricitinib (BARI), who have failed to conventional synthetic DMARD (DMARDcs) and/or biological DMARDs (DMARD).
Methods: Prospective observational study, in real life, of patients with RA, under treatment with BARI. General data of the patients, (age, gender, comorbidity), RA and treatment were collected (time of evolution, presence of RF and ACPA, efficacy indexes at the beginning of BARI and the last visit: DAS28-VSG and CDAI, previous or concomitant treatment with DMARDcs and/or DMARDb, end of treatment and cause, time in BARI, serious adverse effects during treatment with BARI.
Results: Of 529 patients in follow-up, who have received at least one dose of DMARDb, 224 (42%) are diagnosed with RA, and 58 (26%) of them receive some drug inhibitor of the JAK pathway; 40/224 (18%) of them BARI.
The patients treated with BARI, 77% were women, mean age of 58.95 ± 10.8 years and mean evolution of RA of 9.6 ± 8.8 years. The mean BMI is 28.8 ± 1.8. The FR and ACPA are positive at 86% and 89%, respectively. 94% of patients continued concomitant treatment with some DMARDcs.
BARI is the first drug after failure of DMARDcs (F1) in 24/40 (60%) patients, and in 16/40 (40%), after failure to some DMARDb: second drug after failure to DMARDb (F2) in 2 (6%), third (F3) in 5 (13%) patients, fourth (F4) in 6 patients (17%) and fifth (F5) in 3 (9%) patients. The mean global time in BARI is 9.6 ± 3.2 months, being for F1, F2, F3, F4, F5, of 7, 5.2, 7.7, 6.9 and 11.1 months, respectively. BARI patients, such as F1 versus F2-F5, presented significantly higher BMI (30.83 ± 2.6 vs. 26.95 ± 4.4, p <001), higher percentage of ACPA (100% vs. 74%, P = 0.026), and lower mean time of evolution of RA (5.3 years, range: 0.7-25 vs 14.75 years, range: 2-36 years, p <0.001). In patients F2-F5, patients had failed to some DMARDb before initiating BARI, in F2 to 1 therapeutic target, in F3 to 2 targets and in F4 and F5 to 2 or 3 targets.
Regarding safety, 1 patient presented herpes zoster. The results of clinical efficacy with DAS28-VSG and baseline CDAI and in the last evaluation are shown in the table.
Conclusion: • 1. Baricitinib is effective and safe in real clinical practice.

- 2. It is competent of achieving clinical remission or low activity, in a high percentage of patients, even in those who have failed several biological drugs or several therapeutic targets previously.

	DAS28-ESR		p	CDAI		P
	Baseline	Last visit		Baseline	Last visit	
BARI F1	5.4	2.5	**0.0001**	26.0	5.0	**0.001**
BARI F2-F5	5.6	2.6	**0.0001**	27.8	5.8	**0.001**

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AB0443 GAYET WERNICKE'S ENCEPHALOPATHY SECONDARY TO METHOTREXATE INTOLERANCE: A SERIOUS COMPLICATION OF CHRONIC VOMITING

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Background: Gayet-Wernicke's encephalopathy is a serious complication of thiamine deficiency. Chronic alcoholism is recognized as the most commun cause of Gayet-Wernicke's encephalopathy, but other causes including malnutrition, chronic vomiting, prolonged fasting, and exclusive artificial feeding have been documented.
Objectives: We report a case of Gayet-Wernicke's encephalopathy complicating uncontrollable vomiting secondary to severe Methotrexate intolerance.
Methods: Case report
Results: A 47-year-old women with rheumatoid arthritis. She was put under methotrexate at the dose of 15 mg/week, 1 month prior to admission into our department for the management of an acute febrile polyarthritis associated to severe and uncontrollable gastrointestinal intolerance to Methotrexate. There was no abdominal pain or transit problem. One month later, she experienced temporo-spatial disorientation, somnolence, horizontal nystagmus, and vertigo attacks with visual hallucinations and memory problems. The muscular forces at the four limbs were decreased to 3/5 with abolished osteotendinous reflexes at the two lower limbs. MRI showed hyperintense signals on T2 and FLAIR image in thalamus, periaqueducal area and mamillary bodies. Electroneuromyography (ENMG) showed axonal motor neuropathy in all 4 limbs. The hemogram showed normochromic normocytic anemia. Laboratory testing for Vitamin B12, vitamin D, folate and minerals showed multiple deficiencies. A multivitamin supplementation was introduced with good evolution.
Conclusion: This is the first case of severe digestive intolerance to methotrexate leading to a serious neurological complication. Although digestive intolerance to methotrexate is considered benign, it can be daunting. Thorough knowledge of complications and close monitoring of patients must be imperative. Gayet Wernicke encephalopathy is a rare and serious pathology. We should keep it in mind and prevent it in risky situations.

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AB0444 RISK FACTORS OF JOINT SURGERY IN RHEUMATOID ARTHRITIS TUNISIAN PATIENTS

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory disease characterized by polyarticular synovial inflammation and progressive joint destruction. Orthopedic surgery is an integral part of the treatment of RA and it is mainly reserved for severe and advanced forms where there is a failure of medical treatment.
Objectives: To assess the rate of joint surgery in rheumatoid arthritis (RA) Tunisian patients and to determine the risk factors of surgical treatment
Methods: A retrospective cross sectional study over a period of 15 years including 500 Tunisian patients with RA was conducted. The prevalence of joint surgery indication has been evaluated. Clinical, paraclinical and therapeutic characteristics of RA were compared according to the need of surgical treatment
Results: Mean age was 53.4 years. Female to male ratio was 5. The indication of joint surgery was noted in 59 patients (12%). Factors associated with joint surgery were delayed diagnosis (p = 0.037), long RA duration (p = 0.017), young onset of RA (p <0.001), presence of joint deformities (p = 0.034), presence of osteoporosis (p = 0.029), presence