Conclusion: Overall, non-infectious non-serious AEs were mild/moderate and the majority were self-limiting. Non-serious AE frequency was similar for tofacitinib monotherapy and combination therapy, and for tofacitinib and PBO.

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AB0455

FACTORS ASSOCIATED WITH DAS28 RESPONSE IN BIOLOGIC-NAÏVE PATIENTS WITH RHEUMATOID ARTHRITIS: 10 YEAR FOLLOW-UP

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Background: Access to adequate care is limited in Mexico as biologics or targeted therapies are unavailable for a proportion of patients with rheumatoid arthritis (RA) and only methotrexate and other conventional (c) DMARDs are employed as therapeutic options in many cases.

Objectives: To determine the factors associated to DAS28 response in patients with rheumatoid arthritis followed up to 10 years and who never received biologic or targeted therapy, being treated only with cDMARDs.

Methods: We analyzed a prospective cohort of 543 patients with RA followed for 10 years (March 2006 to February 2016) at the Hospital General de Cuernavaca, in central Mexico. Demographic data, shared epitope (SE; HLA-DR*0101, *0102, *0401, *0404, *0405, *0408, *0410, *1001, *1402) status, date since onset of disease and treatment, clinical and disease activity characteristics as well as treatment data was obtained and followed through time. Patients were seen by a rheumatologist every three months and blood samples obtained on each visit. The DAS28 score was determined on each visit and treatment adjusted accordingly. They were treated with prednisone (PDN; ≤10 mg/day), Methotrexate (MTX; 7.5-25 mg/week), Cloroquine (CLQ; 150-300 mg/day), Sulphasalazine (SSZ; 1-3 gr/day) or a combination of these. Descriptive statistics were used for the analysis of demographic data and parametric correlation tests (Spearman) were employed in the analysis.

Results: Of the 543, 94.3% of patients were women; mean age at baseline was 54.1 years (23-89; SD 12.4), mean time since onset of disease was 6.6 years (0-49; SD 7.9) and mean time since onset of treatment was 3 years (1-9; SD 2.12). HLA was determined in 57 patients and 36.8% of these patients were SE positive (one or two alleles). Most patients received treatment on the baseline visit based mainly on MTX (72.7%) combined with CLQ (63%) and low-dose PDN (76.4%). Less than 5% was under treatment with a non-MTX cDMARD. Baseline mean DAS28 was 4.9 (0.9-8.3; SD 1.41). At 6 months since DMARD-onset mean DAS28 was 3.8 (0.42-8.0; SD 1.46), at 12 months mean DAS28 was 3.6 (0.14-7.6; SD 1.34). At 2 years of follow-up, mean DAS28 remained at 3.6 (1.27-7.43; SD 1.35). Over the course of the next 8

years patients maintained a mean DAS28 between 3.5-3.6, with no significant changes in spite of continuing cDMARD treatment. Apart from being under treatment, which correlated with a better DAS28 score, being female correlated with a poorer DAS28 response ($p<0.05$). The other baseline factor significantly associated to an improved long-term outcome regarding disease activity was time since onset of disease, which correlated with a higher DAS28 score during the first two years of follow up but tapered after two years of follow-up ($p<0.001$). One of the limitations of the study was the significant drop-out rate (>20%) seen during follow up.

Conclusion: DAS28 response occurs mainly in the first 2 years of treatment. After that, cDMARD treatment is associated to a stationary effect over DAS28 in patients with no access to biologics or targeted therapies. This is an important factor to consider when establishing long-term therapeutic strategy from a cost-effective point of view.

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AB0456

PERCEPTIONS OF GLUCOSTEROID SIDE EFFECTS IN RHEUMATOID ARTHRITIS PATIENTS

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Background: Most of the new recommendations proposed for the management of Rheumatoid arthritis (RA) emphasize the involvement of patients in therapeutic decision-making. This should encourage us to evaluate their level of information, fears and beliefs about the different treatments especially corticosteroids.

Objectives: The aim of this study was to evaluate the fears and beliefs of Tunisian patients with RA regarding corticosteroids.

Methods: A prospective study including 35 RA patients according to the ACR/EULAR 2010 criteria was performed. All of them were treated with corticosteroid therapy in addition to DMARDs and their usual long-term treatment. Every patient included in the study completed a questionnaire, containing sociodemographic component and evaluating corticosteroid modality use as well as side effects[1].

Results: The study included 35 patients with female predominance (74, 3%). The mean age was 57 years (29-72). The mean duration of the disease was 8 years (2-13 years). All RA patients were immunopositive for rheumatoid factor and/or for Anti-cyclic citrullinated peptide antibody (anti-CCP). Twenty-six patients were on Methotrexate, 6 on Infliximab, and 3 on Rituximab. Corticosteroid therapy was prescribed at a mean dose of 7.5 mg prednisone (5 to 10 mg). The level of education of our patients was generally low: 17 were illiterate, 10 had received a primary or secondary education, only 8 attended college. None of them was part of a medical or paramedical profession. Twenty patients, of whom eight diabetic, had an idea about the potentially harmful effect of corticosteroids on glycemic equilibrium (14 patients reported hyperglycemia and six patients mentioned hypoglycemia). Forty percent were aware of obesity as an effect correlated with corticotherapy. Moreover, 34.3% of patients talked about the hypertensive peak as a serious complication. Osteoporosis was mentioned in 17.1% of cases. About 10 patients had no idea about the adverse effects of steroids. When asking them about their source of information: they mentioned respectively television and radio programs with medical informative content, environment and medical or paramedical medical staff.

Conclusion: This study highlights the insufficiency of the level of information provided for RA patients regarding corticosteroids side effects. New awareness-raising materials should be reinforced and adapted to make full use of their potential with less likelihood of adverse effects.