

## HPR Patients perspectives, functioning and health (descriptive: qualitative or quantitative)

### AB1391-HPR PASSIVE COPING STRATEGIES BUT NOT PHYSICAL FUNCTION ARE ASSOCIATED WITH WORSE MENTAL HEALTH, IN WOMEN WITH CHRONIC WIDESPREAD PAIN- A MIXED METHOD STUDY

Katarina Aili<sup>1,2,3</sup>, Stefan Bergman<sup>4</sup>, Ann Bremander<sup>6</sup>, Emma Haglund<sup>1,7</sup>, Ingrid Larsson<sup>1,2</sup>, RandD Spenshult, Halmstad, Sweden; <sup>2</sup>Halmstad University, School of Health and Welfare, Halmstad, Sweden; <sup>3</sup>Karolinska Institutet, Institute of Environmental Medicine, Stockholm, Sweden; <sup>4</sup>University of Gothenburg, Institute of Medicine, Gothenburg, Sweden; <sup>5</sup>University of Southern Denmark, Department of Regional Health Research, Odense, Denmark; <sup>6</sup>Lund University, Department of Clinical Sciences, Lund, Sweden; <sup>7</sup>Halmstad University, School of Business, Engineering and Science, Halmstad, Sweden

**Background:** Chronic widespread pain (CWP) is a common condition (approximately 10% prevalence), that affects women twice as often as men. There is a lack of knowledge in how different coping strategies relates to health status during CWP development in a general population. **Objectives:** To explore different ways of coping with CWP and to relate the different coping strategies to health-related factors, before and after developing CWP.

**Methods:** A sequential explorative mixed methods study including 19 women 45-67 of age, who had reported CWP in a survey 2016, but not in 1995. Individual interviews were analysed with a phenomenographic approach, and resulted in four categories of coping strategies. These categories were further explored with regard to four dimensions of health status (physical function, bodily pain, vitality and mental health) as measured by SF-36 (0-100, a lower score indicates more disability) and sleep problems measured both in 1995, and 2016.

**Results:** The qualitative analysis revealed four categories representing different coping strategies, where each woman was labelled by the most dominant category; the mastering woman, the persistent woman, the compliant woman and the conquered woman. The first two categories emerged as being active coping strategies, and the latter two as passive. Women with passive strategies reported significantly lower vitality (median 57.5 vs 75,  $p=0.007$ ) and worse mental health (median 54 vs 93,  $p=0.021$ ) in 1995, before they had developed CWP compared with those with active coping strategies. No differences were seen between the groups on physical function, bodily pain or sleep.

In 2016, there were still a difference between the passive and active group regarding mental health (median 56 vs 80,  $p=0.022$ ), but not for vitality (median 35 vs 40,  $p=0.707$ ). No differences were seen between the groups on physical function or bodily pain. All eight women with passive strategies reported problems with sleep in 2016, as compared to 6 of the 11 women with active strategies ( $p=0.045$ ).

**Conclusion:** Women that reported CWP in 2016, but not in 1995, described both active and passive coping strategies. The qualitative findings were associated with differences in vitality and mental health already in 1995, before they had developed CWP. Further, those with passive coping strategies reported worse health with regard to mental health and sleep problems in 2016. Interestingly, the groups did not differ in bodily pain or physical function neither in 1995 nor in 2016, which implicates the importance for the clinician to take the typical coping strategy into consideration, when meeting these patients in clinical settings.

**Disclosure of Interests:** None declared

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### AB1392-HPR GO-BEYOND: A REAL-WORLD PERSISTENCE STUDY WITH GOLIMUMAB IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS AND RHEUMATOID ARTHRITIS IN TURKEY

Servet Akar<sup>1</sup>, Umut Kalyoncu<sup>2</sup>, Ediz Dalkılıç<sup>3</sup>, Hakan Emmungil<sup>4</sup>, İzzir Katip Celebi University, Rheumatology, İzmir, Turkey; <sup>2</sup>Hacettepe University, Rheumatology, Ankara, Turkey; <sup>3</sup>Uludağ University, Rheumatology, Bursa, Turkey; <sup>4</sup>Trakya University, Rheumatology, Edirne, Turkey

**Background:** Axial spondyloarthritis (ax-SpA) and rheumatoid arthritis (RA) are chronic inflammatory diseases and associated with substantial health and economic burden since these conditions affect individuals in their productive years<sup>1,2</sup>. Adherence to treatment is a major problem for inflammatory rheumatic diseases<sup>3</sup>.

**Objectives:** In the present study, we aimed to evaluate rates of persistence with golimumab (GLM) therapy in ax-SpA and RA patients using real-world data.

**Methods:** This multicenter, non-interventional, retrospective study enrolled 329 patients diagnosed with ax-SpA (n=269) and RA (n=60) who currently receive or have received golimumab therapy for at least 3 months either as first-line treatment (biologic nave group) or as second-line treatment after failure to another anti-TNF or biologic agent (biologic-experienced group). In addition to the patients demographic and clinical characteristics, data on drug continuation and disease activity scores such as ASDAS/BASDAI and DAS-28 scores were retrieved from the patient records. A regression analysis was conducted to determine the factors associated with drug discontinuation including age, gender, smoking status, disease duration, presence of comorbidities, disease activity measures, concomitant csDMARD use.

**Results:** Only 28 (10.4%) axSpA and 7 (11.6%) RA patients were biologic-experienced. The changes in disease activity scores of RA and axSpA patients on therapy during 2-years of follow-up are presented in figure a and b.

Golimumab therapy provided good and long-term improvement in the disease activity scores in both RA and ax-SpA patients. At 6, 12 and 24 months treatment persistence rates were 86.4%, 74.5% and 65.5% for RA and 93.5%, 81.9% and 75.5% for axSpA patients, respectively. Persistence with GLM was similar between biologic-nave and -experienced patients. GLM persistence was also similar in RA and axSpA groups (figure c). Regression analysis revealed that smoking (HR 0.523;  $p=0.006$ ), presence of comorbidity (HR 2.731,  $p<0.001$ ) and disease duration (HR 0.957,  $p=0.036$ ) were significant predictors of drug persistence in GLM treated patients.

**Conclusion:** Our results show that GLM therapy is an effective treatment option with high drug retention rates in both RA and ax-SpA patients independent of previous biologic exposure. Smoking, co-morbidities and disease duration may affect the continuation of golimumab treatment in inflammatory rheumatic diseases.

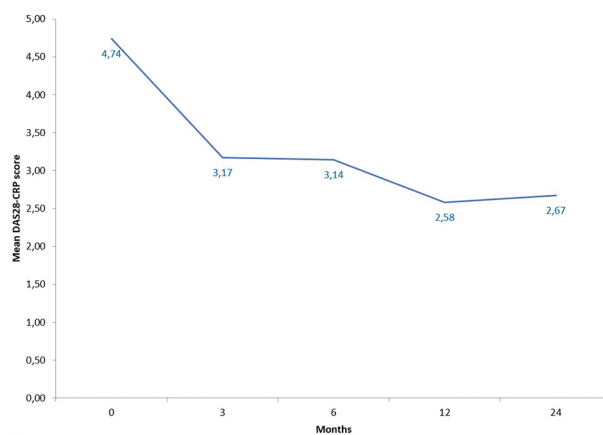


Figure a

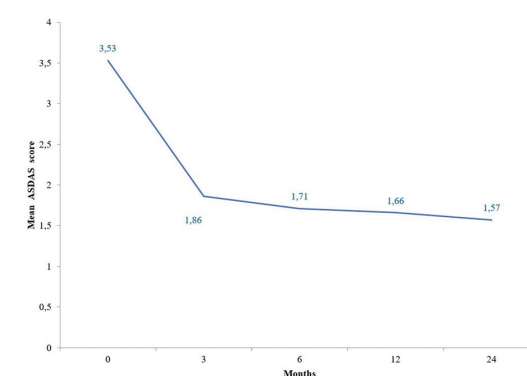


Figure b