Oral Presentations

WEDNESDAY, 12 JUNE 2019

Best practices in spondyloarthritis

OP0001

THE PRESCRIPTION OF NSAIDS FOR PATIENTS WITH INFLAMMATORY ARTHRITIS IS ASSOCIATED WITH PATIENT BUT NOT PHYSICIAN ASSESSED DISEASE ACTIVITY MEASURES AND DECREASES WITH INITIATION OF TNF INHIBITOR THERAPY

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Background: TNF α -inhibitor therapy is effective in controlling several rheumatic diseases and has been shown to reduce pain. Non-steroidal anti-inflammatory drugs (NSAIDs) are commonly used for treatment of pain and stiffness in inflammatory arthritides and are the first treatment line in axial spondyloarthritis.

Objectives: To study the prescriptions of NSAIDs in patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and ankylosing spondylitis (AS) registered in ICEBIO and matched controls, and explore their relationship with disease activity measures. In addition, to explore the impact of initial TNF α -inhibitor therapy on NSAID prescription rates.

Methods: All patients receiving biologic DMARD therapy in Iceland for rheumatic diseases are registered in a nationwide database; ICEBIO. The Icelandic Directorate of Health operates a prescription database that includes over 90% of all drug prescriptions in Iceland. On February 1st 2016 we extracted data for all patients with RA, PsA and AS from ICEBIO along with all filled prescriptions for NSAIDs made two years before and after the initiation of TNF α -inhibitor therapy. We then extracted NSAID prescriptions for five randomly selected individuals matched on age, sex, and calendar time of TNF inhibition for each patient.

Results: Data from 366 patients with RA, 218 with AS, 251 with PsA and 4760 controls was included. Control group was prescribed a mean of 23 defined daily doses (DDD) of NSAIDs per year. In total the ICEBIO patients were prescribed 6.7 times more DDDs of NSAIDs than the controls or a mean of 149 per year. After initiation of TNF α -inhibitor therapy the use of NSAIDs was reduced to a mean of 85 DDD per year, or 3.9 times that of the controls.

Among the patients with RA, consumption was reduced by 43% (mean 148 to 85 DDD/year), 47% in the AS group (154 to 83 DDD/year) and 43% in the PsA group (157 to 90 DDD/year). The 20% of patients who used the largest amounts of NSAIDs over the 4 year period reported worse visual analogue scale (VAS) pain scores (mean $\pm$ SD 65 $\pm$ 20 to 60 $\pm$ 23), VAS global health scores (70 $\pm$ 19 to 65 $\pm$ 23), and HAQ scores (1.19 $\pm$ 0.64 to 1.03 $\pm$ 0.67) when TNF α -inhibitor therapy was initiated compared to the rest of the ICEBIO group ($p < 0.05$ by students t-test), though there was no statistically significant difference in the number of swollen (4.5 $\pm$ 4.7 vs 4.2 $\pm$ 4.4) or tender (5.4 $\pm$ 4.8 vs 5.5 $\pm$ 5.4) joints or in the physician global VAS assessment (56 $\pm$ 17 vs 57 $\pm$ 18).

Conclusion: Patients with inflammatory arthritides requiring TNF α -inhibitor therapy use more NSAIDs than general population controls, but consumption is

significantly reduced following the initiation of the first-line biologic drug. The patients with the highest NSAID use have worse patient reported outcome measures but physician outcome measures are similar, which may suggest a non-inflammatory etiology of the pain.

Disclosure of Interests: Olafur Palsson: None declared, Johan K Wallman Consultant for: Consultant for AbbVie, Celgene, Eli Lilly, Novartis, and UCB Pharma., Thorvardur Jon Love Consultant for: Received reimbursement from Celgene for speaking about guidelines for the treatment of psoriatic arthritis, Meliha C Kapetanovic: None declared, Petur S Gunnarsson: None declared, Björn Gudbjörnsson: None declared

DOI: 10.1136/annrheumdis-2019-eular.4376

OP0002

EARLY INFLAMMATORY BACK PAIN SERVICE – REDUCING TIME TO DIAGNOSIS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS – THE FIRST 8 YEARS

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Background: Specialist axial spondyloarthritis (axial SpA) clinics are advocated to promote early diagnosis and treatment and provide essential support and guidance to patients suffering with axial SpA¹. In 2010, we set up an early inflammatory back pain service (EIBPS) to target early diagnosis and management to prevent the consequences of delayed diagnosis.

Objectives: We established an EIBPS to reduce time to diagnosis and initiation of biologic therapy. This was accompanied by an education campaign (Back on Track) to local GP's, allied health practitioners (AHP's) and secondary care colleagues and to the general public to focus raising awareness of Inflammatory Back Pain (IBP) and axial SpA.

Methods:

- Referred patients with suspected IBP were screened by a specialist physiotherapist.
- Each patient was assessed for IBP (Berlin Criteria) and other SpA features.
- Bloods including HLA-B27 were taken for those with IBP or suspected axial SpA.
- Sacroiliac Joint (SIJ) X-Rays were taken in suspected axial SpA patients and if normal spinal and SIJ MRI's taken.
- An educational campaign was undertaken with formal education on axial SpA for AHP's and doctors, in addition to a suite of promotional and training materials developed and disseminated.

Results: Between 2010-2018, 599 patients had an initial assessment appointment in the EIBPS. 312 (52%) were female, mean age 39.6 years (at data collection). Of the 599 referrals, 413 (69%) had symptoms of IBP and fulfilled the Berlin IBP criteria. These were referred for formal screening. 238 (40%) patients had confirmed axial SpA fulfilling ASAS criteria. Of these 238, 59 (10%) had a pre-existing diagnosis from another hospital. The remaining 179 (30%) patients received a new diagnosis, with 128 patients fulfilling radiographic axial SpA criteria and 51 patients fulfilling non-radiographic ASAS criteria. The time between the onset of back pain and diagnosis of axial SpA was 3.0 (0.3-30 years). Of those patients who fulfilled the criteria for biologic therapy, treatment was initiated within a mean 5.6 months of their initial EIBPS appointment.

Conclusion: Establishing an EIBPS with an awareness campaign has resulted in a significant reduction in time to diagnosis to a median of 3yrs, with biologic initiation within 5.6 months of their initial EIBPS appointment in appropriate patients. The long term advantage of early patient diagnosis and access to biologic therapy on reducing structural damage, and positive benefits in terms of functional, emotional and socioeconomic factors is well known². We advocate the replication of our specialist EIBPS service within the UK.

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- [2] Weiß A, et al. Good correlation between changes in objective and subjective signs of inflammation in patients with short- but not long duration of axial spondyloarthritis treated with tumor necrosis factor-blockers. *Arthritis Res Ther.* 2014;16:R35.

Disclosure of Interests: Rebecca Adshead: None declared, Hasan Tahir: None declared, Philippa Knight Speakers bureau: Educational speaker fees form Novartis, Simon Donnelly: None declared

DOI: 10.1136/annrheumdis-2019-eular.4909