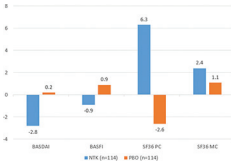


Figure 2. Change in BASDAI, BASFI and QoL at Wk 16 (means)

Disclosure of Interests: Inna Gaydukova Grant/research support from: JSC BIOCAD, Speakers bureau: paiment from Pfizer, Novartis, Abbvie, Biocad, Selgene, MSD, Sanofy does not exceed 10 000 euros, V Mazurov Grant/research support from: JSC BIOCAD, Shandor Erdes Grant/research support from: JSC BIOCAD, Speakers bureau: JSC BIOCAD, Tatiana Dubinina: None declared, Olga Nesmeyanova Grant/research support from: JSC BIOCAD, Elena Ilivanova Grant/research support from: JSC BIOCAD, Alena Kundzer: None declared, Nikolaj Soroka: None declared, Ekaterina Dokukina Employee of: JSC BIOCAD, Anna Eremeeva Grant/research support from: JSC BIOCAD, Ekaterina Chernyaeva Employee of: JSC BIOCAD, Roman Ivanov Employee of: JSC BIOCAD

DOI: 10.1136/annrheumdis-2019-eular.6791

FRI0392 EVIDENCE BASED RECOMMENDATIONS FOR THE MANAGEMENT OF ENTEROPATHIC ARTHRITIS: A RHEUMATOLOGY, GASTROENTEROLOGY COLLABORATIVE INITIATIVE

Gulen Hatemi[1], Servet Akar[2], Hale Akpinar[3], Pamir Atagündüz[4], Goksel Bengi[3], Gerçek Can[5], Aykut Ferhat Celik[6], Sinem Nihal Esatoglu[1], Önay Gerçik[2], Hulya Hamzaoglu[7], Murat Inanc[8], Gokhan Kabacam[9], Ismail Hakkı Kalkan[10], Levent Kılıç[11], Fatos Onen[5], Ahmet Tezel[12], Murat Toruner[13], Sedat Kiraz[11]. *[1]Istanbul University-Cerrahpasa, Cerrahpasa Medical Faculty, Department of Internal Medicine, Division of Rheumatology, Istanbul, Turkey; [2]Izmir Katip Celebi University, Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Izmir, Turkey; [3]Dokuz Eylul University, Faculty of Medicine, Department of Internal Medicine, Division of Gastroenterology, Izmir, Turkey; [4]Marmara University Pendik Research and Educational Hospital, Department of Internal Medicine, Division of Gastroenterology, Istanbul, Turkey; [5]Dokuz Eylul University, Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Izmir, Turkey; [6]Istanbul University-Cerrahpasa, Cerrahpasa Medical Faculty, Department of Internal Medicine, Division of Gastroenterology, Istanbul, Turkey; [7]Acibadem University, Acibadem Fulya Hospital, Department of Gastroenterology, Istanbul, Turkey; [8]Istanbul University, Istanbul Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Istanbul, Turkey; [9]Ankara Guven Hospital, Department of Gastroenterology, Ankara, Turkey; [10]Türkiye Yüksek htisas Training and Research Hospital, Department of Gastroenterology, Ankara, Turkey; [11]Hacettepe University Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Ankara, Turkey; [12]Abant İzzet Baysal University School of Medicine, Department of Gastroenterology, Bolu, Turkey; [13]Ankara University School of Medicin, Department of Gastroenterology, Ankara, Turkey*

Background: Management of enteropathic arthritis may be challenging due to differences in treatment response of inflammatory bowel diseases and arthritis to different therapeutic modalities, which may even cause worsening of some manifestations while improving others. Enteropathic arthritis was not addressed in the management recommendations for spondyloarthritis.
Objectives: The aim of this project was to develop a set of evidence based recommendations for the management of patients with enteropathic arthritis.
Methods: A task force was formed that included ten rheumatologists and 8 gastroenterologists. Research questions were determined using a Delphi approach. A systematic literature search, data extraction, and statistical analyses were performed according to a pre-specified protocol. Studies that assessed the efficacy of an intervention on inflammatory bowel disease related outcomes and/or spondyloarthritis relates outcomes in patients with enteropathic arthritis were included. Risk ratios were calculated for binary outcomes and mean difference for continuous outcomes, whenever possible. Results of the systematic literature review were presented to the experts and recommendations were formulated after thorough discussions and voting.
Results: A total of 4 overarching principles and 10 recommendations were formulated. The recommendations addressed the use of NSAIDs, corticosteroids, sulfasalazine and 5-ASA derivatives, TNF inhibitors, tofacitinib, secukinumab, ustekinumab and vedolizumab among patients with active inflammatory bowel disease, active arthritis, active disease regarding both inflammatory bowel disease and arthritis, and among patients in remission. Final voting showed good agreement among the group on all recommendations.
Conclusion: These recommendations are intended to help rheumatologists, gastroenterologists and other clinicians dealing with enteropathic arthritis and to point out to the shortcomings of the available data on the management of this challenging condition.

Disclosure of Interests: Gulen Hatemi Consultant for: Abbvie, Amgen, BMS, Janssen, MSD, Pfizer, UCB, Speakers bureau: Abbvie, Amgen, BMS, Jansen, MSD, Pfizer, UCB, Servet Akar Grant/research support from: MSD, Abbvie, Roche, UCB, Novartis, Pfizer, Amgen, Consultant for: MSD, Abbvie, Roche, UCB, Novartis, Pfizer, Amgen, Speakers bureau: Pfizer, Hale Akpinar: None declared, Pamir Atagündüz: None declared, Goksel Bengi: None declared, Gerçek Can: None declared, Aykut Ferhat Celik: None declared, Sinem Nihal Esatoglu: None declared, Önay Gerçik: None declared, Hulya Hamzaoglu: None declared, Murat Inanc: None declared, Gokhan Kabacam: None declared, Ismail Hakkı Kalkan: None declared, Levent Kılıç: None declared, Fatos Onen: None declared, Ahmet Tezel: None declared, Murat Toruner: None declared, Sedat Kiraz: None declared

DOI: 10.1136/annrheumdis-2019-eular.7930

FRI0393 PATIENTS' SATISFACTION AND PREFERENCES TOWARDS SUPERVISED GROUP EXERCISE FOR PEOPLE WITH AXIAL SPONDYLOARTHRITIS

Bas Hilberdink[1], Florus van der Giesen[2], Thea Vliet Vlieland[1], Floris A. van Gaalen[2], Salima van Weely[1]. *[1]Leiden University Medical Center, Orthopaedics, Rehabilitation and Physical Therapy, Leiden, Netherlands; [2]Leiden University Medical Center, Rheumatology, Leiden, Netherlands*

Background: Supervised group exercise (SGE) is proven effective in patients with axial spondyloarthritis (axSpA), but its contents and dosage do not always comply with current scientific insights.[1]
In particular vigorous intensity cardiorespiratory exercise is considered to be an important element of exercise programs in axSpA.[2] For successful implementation of any adjustments, axSpA patients' satisfaction and preferences towards SGE needs to be determined.
Objectives: This study aimed to describe axSpA patients' satisfaction with current SGE and perspective on potential, evidence-based SGE enhancements.
Methods: AxSpA patients participating in SGE in four regions in the Netherlands (n=118) completed a survey on their satisfaction with features of current SGE (eight questions, 3-point Likert scale, and one overall grade, 11-point scale) and their perspective on introducing appropriately dosed cardiorespiratory and strengthening exercise, monitoring exercise intensity, periodic (re)assessments, patient education and supervision by physical therapists with specific expertise (four dichotomous questions and one 5-point Likert scale). In addition, sociodemographic and disease characteristics were recorded.
Results: The patients' mean age was 60 years (SD ±12), 64% was male and they participated in SGE for 25 years (SD ±14) on average. The SGE programs in the four regions all took place once weekly between 90 to 135 minutes and all consisted of mobility exercises, sports activities and hydrotherapy. Two regions also focused on strengthening and only one specifically addressed cardiorespiratory exercise.
Most patients were satisfied with the current total intensity (n=84/112, 75%), duration (n=93/111, 84%) and load (n=89/117, 76%) of the program and the proportion of mobility (n=102/114, 90%), strengthening (n=90/115, 78%) and cardiorespiratory exercise (n=82/114, 72%). The median overall grade of the program was a 7 (IQR=7-8). Most patients agreed with the implementation of more frequent (home) exercise (n=73/117, 62%), heartrate monitoring (n=97/117, 83%) and periodic (re)assessments (n=97/118, 82%), whereas 50% agreed with the addition of structured patient education (n=37/74). The majority found supervision by therapists specialized in axSpA highly important (n=105/118, 89%).
Conclusion: The majority of axSpA-specific SGE participants was satisfied with current SGE, but also agreed with enhancements in line with scientific evidence. The high satisfaction levels with the amount of cardiorespiratory exercise, despite only being targeted in one SGE region, suggests a knowledge gap regarding its (health) benefits. Current satisfaction levels indicate that a planned implementation strategy, including education and addressing potential barriers and facilitators for the uptake of enhancements, is warranted.

REFERENCES:
[1] Dagfinrud, et al. Arthritis Care Res. 2011;63(4):597-603.
[2] Niedermann, et al. Arthritis Care Res. 2018. Doi: :10.1002/acr.23705

Acknowledgement: The authors thank the Dutch Arthritis Society for funding this study and for thinking along from the patients' perspective. They also thank all participants, coordinators, boards and guiding therapists from the four included SGE regions.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.3718

FRI0394 MAINTAINED CLINICAL REMISSION IN ANKYLOSING SPONDYLITIS PATIENTS SWITCHED FROM REFERENCE INFLIXIMABTO ITS BIOSIMILAR. AN 18-MONTH COMPARATIVE OPEN-LABEL STUDY

Evripidis Kaltsonoudis[1], Eleftherios Pelechas[2], Paraskevi Voulgari[1], Alexandros Drosos[1], We have no working group for this abstract. *[1]Rheumatology Clinic, University of Ioannina, Ioannina, Greece, Department of Internal Medicine, Medical School, University of Ioannina, Ioannina, Greece*; *[1]Rheumatology Clinic, University of Ioannina, Ioannina, Greece, Department of Internal Medicine, Medical School, University of Ioannina, Ioannina, Greece*

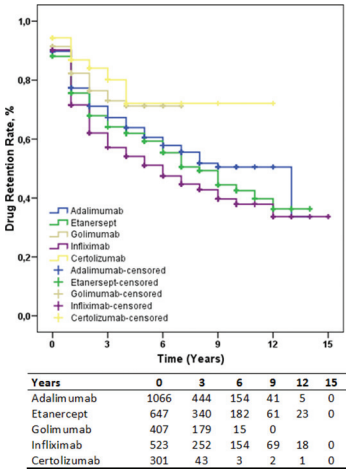
Background: switching from reference infliximab (RI) to biosimilar infliximab (BI) had no detrimental effects on efficacy and safety compared to continuous RI. However, long-term follow-up data is missing.
Objectives: the aim of this study was to evaluate if BI is equivalent to RI to maintain patients with Ankylosing Spondylitis (AS) in clinical remission, in a long-term fashion.
Methods: one hundred and nine consecutive unselected AS patients were investigated. All, followed-up at predefined times receiving RI (5mg/kg/8 weeks) and were naïve to other biologics. Patients who were in clinical remission were asked to switch from RI to BI using the same therapeutic dose. Patients switched to BI were compared with a match control group receiving continuous RI. During follow-up the demographic, clinical, laboratory parameters and comorbidities were all recorded for at least 18 months. Disease activity was measured using the Bath Ankylosing Spondylitis activity index (BASDAI), and the Ankylosing Spondylitis disease activity score (ASDAS), using the C-reactive protein. Remission was defined if patients achieved BASDAI <4 and ASDAS <1.3.
Results: twenty-one patients were excluded, nine because had no clinical remission and twelve because refused to switch. Thus, 88 were evaluated. From those, 45 switched to BI, while 43 continued receiving RI. There were no differences between groups regarding demographic, clinical and laboratory parameters. All patients were in clinical remission (BASDAI <4 and ASDAS <1.3). During follow-up, five patients from the switched group and three from the maintenance group discontinued the study. Four patients receiving BI presented nocebo effects and were switched back to the RI. Three responded well, while the fourth did not. After 18 months of treatment, all patients in both groups remained in clinical remission. No significant adverse events were noted between groups.
Conclusion: BI is equivalent to RI in maintaining AS in clinical remission for at least 18 months.
Acknowledgement: We have no acknowledegement for this abstract
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.4007

FRI0395 SWITCHING RATE OF ANTI-TNF AGENTS IN SPONDYLOARTHRITIS PATIENTS: TREASURE – REAL LIFE DATA

Umut Kalyoncu, Sedat Kiraz, Abdulsamet Erden, Orhan Küçükşahin, Timuçin Kaşifoğlu, Ediz Dalkılıç, Cemal Bes, Nilüfer Alpay Kanıtez, Hakan Emmungil, Pamir Atagündüz, Belkıs Nihan Coşkun, Burcu Yağız, Süleyman Serdar Koca, Muhammet Çınar, Aşkın Ateş, Servet Akar, Onay Gercik, Duygu Ersözlü, Veli Yazısız, Gezmiş Kimyon, Müge Aydın, Rıdvan Mercan, Burak Öz, Nazife Sule Yasar Bilge, Zeynel Abidin Akar, Omer Karadag, Ayse Bahar Kelesoglu Dincer, Sedat Yilmaz, Ufuk İlgen, Yavuz Pehlivan, Ender Terzioğlu, Levent Kılıç, Şükran Erten, Ali İhsan Ertenli. *On Behalf of TReasure biological registry, Ankara, Turkey*

Background: In spondyloarthritis (SpA), biologic DMARDs are important treatment options in resistant patients. Inefficacy or side effects may cause switching between these drugs.
Objectives: This study aimed to determine features of patients switching from one biologic agent to another in SpA treatment and to investigate associated reasons.
Methods: This multicenter, prospective observational cohort study used the TReasure database in which web-based registration of rheumatoid arthritis and SpA patients are being performed in 15 centers across different regions of Turkey. In this study, data of SpA patients switching from one biologic agent to another were analyzed. Demographic and clinical data, follow-up duration, time to switch, and reasons for switching were retrieved from the database. Kaplan-Meier analysis was performed to show drug retention rates and Cox regression analysis was performed to investigate the factors affecting switching.
Results: Of the included 3138 SpA patients, 1165 (37.1%) switched to another biologic agent (switched group) and 1973 (62.9%) continued to receive their current therapies (continued group). The median follow-up duration of all patients was 3.8 years and the median time to switch was 1.0 years (0-13.4 years). According to the distribution of comorbidities, the rates of patients having diabetes mellitus, hyperlipidemia, asthma, gastrointestinal bleeding, and cancer were significantly higher in the switched group than those of in the continued group (8.4% vs. 5.8%, p=0.006; 14.5% vs. 9.2%, p<0.001; 15.6% vs. 6.2%, p<0.001; 3.2% vs. 1.8%, p=0.018; and 1.0% vs. 0.3%, p=0.019; respectively). Features of the patients are presented in Table 1. Cox regression analysis revealed that female gender HR 1.47 (95% CI 1.24-1.75), p<0.001, disease duration HR 1.016 (95%CI 1.00-1.03), p=0.009, and BASDAI score HR 1.095 (95%CI 1.05-1.14), p<0.001 were the significant increasing factors for switching from one biologic agent to another.
In the switched group (n=1165), the main reasons for switching were secondary inefficacy (n=351), primary inefficacy (n=328), and side effects (n=267) followed by primary or secondary unknown inefficacy (n=57), physician's request (n=45), patient's demand (n=36), willing to be pregnant (n=9), other (n=37), and unknown (n=70).

	Adalimumab	Etanersept	Golimumab	Infliximab
Etanersept	0,329			
Golimumab	**0,016**	**0,004**		
Infliximab	**0,003**	0,069	**<0,001**	
Certolizumab	**0,002**	**<0,001**	0,197	**<0,001**



Years	0	3	6	9	12	15
Adalimumab	1066	444	154	41	5	0
Etanercept	647	340	182	61	23	0
Golimumab	407	179	15	0		
Infliximab	523	252	154	69	18	0
Certolizumab	301	43	3	2	1	0

Figure 1. Kaplan-Meier curve for drug retention rates in the switched group

Conclusion: In SpA patients, switching was frequent between anti-TNF agents and the median time to first switch was 1 year. Female gender, short disease duration, and lower BASDAI score were found to be the significant factors affecting switching from the anti-TNF agent used at first. The main reasons for this switching were primary (29.0%) and secondary (31.0%) inefficacy followed by side effects (23.6%). Switching between subcutaneous anti-TNF agents is generally less than switching from infliximab to another biologic agent.
Disclosure of Interests: Umut Kalyoncu Grant/research support from: MSD, Roche, UCB, Novartis and Pfizer, Consultant for: MSD, Abbvie, Roche, UCB, Novartis, Pfizer and Abdi Ibrahim, Speakers bureau: MSD, Abbvie, Roche, UCB, Novartis, Pfizer and Abdi Ibrahim, Sedat Kiraz: None declared, Abdulsamet Erden: None declared, Orhan Küçükşahin: None declared, Timuçin Kaşifoğlu: None declared, Ediz Dalkılıç Grant/research support from: MSD and Abbvie, Consultant for: MSD, Abbvie, Roche, UCB, Pfizer and Novartis, Speakers bureau: MSD, Abbvie,Roche, UCB, Pfizer and Novartis, Cemal Bes: None declared, Nilüfer Alpay Kanıtez: None declared, Hakan Emmungil Grant/research support from: MSD,