the primary endpoint of ACR20 (71.6% vs 31.4%, p < 0.001; Table 1), including mean change in DAS28(CRP), HAQ-DI, and SF-36 PCS, and patients achieving DAS28(CRP) ≤3.2, and 93 episodes of TOFA treatment. The average age was 55.3 ± 12.4 years, women vs PBO, and the level of CRP were treated as objective estimates. The swollen joints count (SJC) and duration of treatment were considered as subjective estimates. The swollen joints count (SJC) and the level of CRP were treated as objective estimates. The estimation of ratios from the division of subjective indicators into objective ones in all combinations is made. Taking into account the observational nature of the study, we searched for confounders for each of these ratios. Comparison of the calculated indices during the treatment with various targeted DMARDs (DMARDs) was made with an adjustment for the detected confounders.

**Results:** the analysis included 944 treatment episodes in 832 patients, including 93 episodes of TOFA treatment. The average age was 55.3 ± 12.4 years, women - 698 (63.9%), seropositive for RF - 672 (80.8%). The analysis of the adjusted values showed that the ratios of the TJC, HAQ-DI and SAPRD3 to the SJC during the treatment with TOFA was significantly lower than with tDMARDs on average. There were no significant differences in the ratios of objective indicators to the CRP level (Table). **Conclusion:** the severity of subjective feelings and functional disorders in RA patients receiving TOFA may be less with the same level of objective signs of arthritis compared with bDMARDs.

Disclosure of Interests: Evgeniya Zhitlyanova Speakers bureau: Novartis, UC, Biocad, Abbvie, MSD, Roche, Galina Lukina Speakers bureau: Novartis, Pfizer, UC, Abbvie, Biocad, MSD, Roche, Ekaterina Koltsova: None declared, Evgeniya Shmidt Speakers bureau: MSD, Novartis, Pfizer, Karine Lytkina Speakers bureau: Novartis, Eli Lilly, Pfizer, UC, Abbvie, Biocad, MSD, Jonsson&Jonsson

DOI: 10.1136/annrheumdis-2020-eular.4587

**SLE, Sjögren’s and APS - treatment**

**Withdrawing low-dose steroids in Systemic Lupus Erythematosus in Remission: Predictors of Flares and Difference in Outcomes in Serologically Active Clinically Quiescent Patients**

S. Fasano1, L. Pierro1, M.A. Coscia1, L. Bucco1, S. Scriffignano1, A. Riccardi1, F. Ciccia1, University of Campania Luigi Vanvitelli, Rheumatology, Naples, Italy

**Background:** According to the recent recommendations for Systemic Lupus Erythematosus (SLE), a progressive tapering until withdrawal of glucocorticoids (GC) is considered one of the main goals of SLE management (1). However, patient may be a candidate for safe GC withdrawal has not been determined yet and a proportion of patients are kept on long-term low-dose prednisone despite clinical remission.

**Objectives:** to evaluate the rate of low-dose GC withdrawal in SLE patients in remission and to identify predictors of flares.

**Methods:** Eligible patients were SLE patients according to the ACR criteria (2) who were in prolonged clinical remission defined by a cSLEDAI=0 for at least 2 years and on a stable SLE treatment (immunosuppressive drugs and/