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EFFECTS OF GOLIMUMAB ON WORK PRODUCTIVITY AMONG WORK-ACTIVE ANKYLOSING SPONDYLITIS, NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS PATIENTS IN GREECE: THE 'GO-UP' STUDY

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Background: Golimumab is a tumor necrosis inhibitor (TNFi) approved for the treatment of axial SpA (axSpA) and psoriatic arthritis (PsA), both falling under the Spondyloarthritis (SpA) domain. Real-world data regarding its effect on work productivity (WP) and activity impairment (AI) are limited

Objectives: To assess the impact of golimumab on WP and AI over 12 months of treatment in patients with SpA, overall, and in the axSpA and PsA subpopulations

Methods: A 12-month non-interventional, multicenter, prospective study performed in the routine clinical care. Data were collected at baseline (BL: prior to treatment onset), 3, 6 and 12 months. Adult work-active consented patients with axSpA [ankylosing spondylitis (AS) or non-radiographic axSpA (nr-axSpA)] or PsA, newly initiated on golimumab as per approved label, were consecutively enrolled by 20 sites. Patients prior in >1 biologic agent, or switched from another TNFi due to primary non-response or safety were excluded. WP and AI was assessed with the Work Productivity and Activity Impairment: Specific Health Problem (WPAI:SHP) instrument

Results: Between Apr-2017 and May-2018, 121 (51: PsA, 70: axSpA) eligible patients (mean age: 45.4 years; 49.6% males; 69.0% overweight/obese; median disease duration: 11.3 months), (Figure 1), were enrolled. Median study duration participation: 11.9 months. Overall, 60.3% of the patients had previously received disease-modifying antirheumatic drugs and 16.5% biologics. At BL, the mean (standard deviation: SD) DAS28-ESR of the SpA population and PsA and axSpA subpopulations was 4.0 (1.3), 4.5 (1.2), and 3.6 (1.2), while the mean (SD) BASDAI score of patients with axSpA was 5.6 (1.9). At BL 94.1 and 96.7% of the SpA population reported WP loss and AI due to their SpA respectively, and at 3 months 87.3, and 88.0% respectively. In SpA population, the median BL WP loss and AI were 70.0% and 65.0% and decreased by a median of 31.4% and 40.0% at 3 months, by 44.2% and 40.0% at 6 months and by 50.0% and 50.0% at 12 months, respectively (Table 1). Improvements in WP loss and AI were noted in patients with PsA, axSpA, AS and nr-axSpA (Table 1). 12-month golimumab retention rate: 91.7%. No new safety signals emerged

Table 1. Decreases from BL at 3, 6 and at 12 months in WP loss and overall AI with the WPAI:SHP instrument

	WP loss (%)			AI (%)		
	Decrease from BL, median (n)			Decrease from BL, median (n)		
	3 months	6 months	12 months	3 months	6 months	12 months
Overall SpA population^a	31.4 ^a (n=102)	44.2 ^a (n=94)	50.0 ^a (n=87)	40.0 ^a (n=107)	40.0 ^a (n=101)	50.0 ^a (n=92)
PsA	31.4 ^b (n=46)	51.4 ^a (n=42)	53.6 ^a (n=40)	40.0 ^a (n=47)	50.0 ^a (n=44)	60.0 ^a (n=40)
axSpA	33.0 ^b (n=56)	30.4 ^b (n=52)	45.5 ^b (n=47)	40.0 ^a (n=60)	40.0 ^b (n=57)	40.0 ^b (n=52)
AS^c	25.1 (n=35)	29.9 (n=32)	39.8 (n=29)	20.0 (n=39)	30.0 (n=37)	30.0 (n=34)
nr-axSpA^c	47.4 (n=21)	55.4 (n=20)	53.2 (n=18)	50.0 (n=21)	55.0 (n=20)	50.0 (n=18)

^aSignificant decreases (p<0.001; Wilcoxon signed-ranked test)

^bSignificant decreases (p<0.001; t-test)

^cStatistical significance of the change from baseline was not examined due to the small observations' number

Conclusion: Patients in the SpA population and axSpA and PsA subpopulations treated with golimumab in a routine care setting experienced significant improvements in work productivity and daily activities at 3, 6 and 12 months after treatment initiation

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Figure 1. Study flow-chart and patient disposition per spondyloarthritis indication

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WHEN CAN I STOP MY STEROIDS? THE PATIENT PERSPECTIVE ON GLUCOCORTICOID USAGE IN ADULT INFLAMMATORY MYOPATHY

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Background: Glucocorticoids (GC) are long established as a first line treatment in patients with idiopathic inflammatory myopathy (IIM), in which high dose, long duration treatment is often required. GC usage is associated with a wide range of adverse effects (AEs). The patient perspective on the risks and benefits of GCs is not well studied and no prior studies assesses this issue in IIM patients (1).

Objectives: To describe the perspective of IIM patients on GC treatment.

Methods: We deployed an online survey distributed using the Myositis UK page on Healthunlocked.com, an online social network for health, with approximately 450 patients registered. Patients with diagnosed IIM were invited to take part on an anonymised basis. Respondents were asked to grade the severity on a Likert scale (1 to 5) of all AEs experienced in relation to GC. Additionally, respondents were asked to write about their concerns and to rate their overall experience with GC treatment.

Results: In total, 122 completed surveys were received. Forty five percent (55/122) of respondents had dermatomyositis, 27% (33/122) polymyositis, 10% (12/122) anti-synthetase syndrome, 18% (22/122) other inflammatory myopathies. Seventy-nine percent (96/122) of respondents were female and the mean age overall was 50 years (SD [standard deviation] 14).