**AB0276**

**DIFFERENCES BETWEEN IMPACT OF BIOLOGICAL TREATMENT AND IMPACT OF CONVENTIONAL TREATMENT ON PRODUCTIVITY AND QUALITY OF LIFE IN PATIENTS WITH RHEUMATOID ARTHRITIS**

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**Background:** Number of patients with rheumatoid arthritis in Montenegro amounts around 3,000, while 8% of them are on biological therapy. This percent is similar, or even higher in comparison to countries that are highly comparable to Montenegro. However, the percentage is still lower than in European countries.

**Objectives:** Objective of the study was to identify the differences between impact of biological and conventional therapy on quality of life of RA patients, their work ability and productivity, mental health, emotional state and social inclusion.

**Methods:** The analysis was based on data gathered from the questionnaires filled by RA patients in Montenegro: 92 patients treated with biological therapy and 78 treated with conventional therapy. More insights and information from examined patients were gathered on two focus groups.

**Results:** The analysis was based on data gathered from the questionnaires filled by RA patients in Montenegro: 92 patients treated with biological therapy and 78 treated with conventional therapy. More insights and information from examined patients were gathered on two focus groups. Following indicators were used in the study: two indicators that measure work ability and productivity; one monetized – Work Productivity and Activity Impairment Questionnaire General Health V2.0 (WPAI-GH) and one non-monetized – RA Work Instability Scale (RA WIS), and two indicators that measure quality of life – Health Assessment Questionnaire (HAQ-DI) and RAND 36-Item Health Survey (SF-36).

**Discussion:** Our study evaluated all patients included in the Tunisian registry BINAR (Biologic National Registry) since 2018 who had RA (ACR/EULAR 2010) or SpA (ASAS criteria) aged with more than eighteen years old and receiving their first bDMARDs during the two past years. The analysis was based on data gathered from the questionnaires filled by RA patients in Montenegro: 92 patients treated with biological therapy and 78 treated with conventional therapy. More insights and information from examined patients were gathered on two focus groups.

**Conclusions:**
- Health condition, emotional state and life quality are better among the patients treated with biological therapy. Also, their productivity is higher compared to patients treated with conventional therapy.
- The impact on the immune system, leading to a risk of serious infection. Reactivation of hepatitis B (HBV) and C (HCV) virus is one of the most redoubtable complications of these immunosuppressive agents.
- The aims of this study were to determine the screening rate for hepatitis B and C before starting a biological treatment and to examine the prevalence of their markers in patients with RA or SpA. The analysis was based on data gathered from the questionnaires filled by RA patients in Montenegro: 92 patients treated with biological therapy and 78 treated with conventional therapy. More insights and information from examined patients were gathered on two focus groups. Following indicators were used in the study: two indicators that measure work ability and productivity; one monetized – Work Productivity and Activity Impairment Questionnaire General Health V2.0 (WPAI-GH) and one non-monetized – RA Work Instability Scale (RA WIS), and two indicators that measure quality of life – Health Assessment Questionnaire (HAQ-DI) and RAND 36-Item Health Survey (SF-36).

**Results:**

- Differences were identified between patients treated with biological therapy and those treated with conventional therapy: patients treated with biological therapy feel that their health condition has improved, their emotional state has aggravated, or stayed unchanged.
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**Results:**

- A total of 298 patients was included, 111 men and 178 women, with a mean age of 49.2 ± 14.1 years old [18-79]. Among them, 58.7% were treated with biological therapy and 41.3% with conventional therapy. More insights and information from examined patients were gathered on two focus groups. Following indicators were used in the study: two indicators that measure work ability and productivity; one monetized – Work Productivity and Activity Impairment Questionnaire General Health V2.0 (WPAI-GH) and one non-monetized – RA Work Instability Scale (RA WIS), and two indicators that measure quality of life – Health Assessment Questionnaire (HAQ-DI) and RAND 36-Item Health Survey (SF-36).

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REAL LIFE EXPERIENCE OF DISEASE ACTIVITY AND QUALITY OF LIFE IN PATIENTS TREATED WITH BIOLOGICAL DMARDS VERSUS TOFACITINIB.

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Background: Assessment of disease activity and quality of life are one of the main indicators for determining the effectiveness of treatment with disease-modifying antirheumatic drugs. In recent years, a new group has entered the market - target synthetic DMARDS, which prove their effectiveness in treating RA comparable to that of biological products.

Objectives: The aim of this study is to evaluate the disease activity and quality of life of patients with rheumatoid arthritis (RA) treated with biological agents in comparison with Tofacitinib (real life data from Bulgarian population) and determine whether or not the benefits of different therapies were sustained over a follow up period of 1 year.

Methods: 164 patients were selected with a mean age 55.34 ± 16SD years, meeting the 1987 ACR and/or ACR/EULAR (2010) classification criteria for Rheumatoid arthritis (RA). Patients were arranged according to treatment regimens: Tocilizumab (TCL) 30 patients, Certolizumab (CZP) 16, Golimumab (GOL) 22, Etanercept (ETN) 20, Adalimumab (ADA) 20, Rituximab (RTX) 16, Infliximab (IFN) 20, Tofacitinib (TOF) 20. Disease activity and quality of life was monitored for 12 months and compared to the baseline period.

Results: Significant clinical improvement and statistically significant reduction in disease activity were observed in patients treated with bDMARDS and tsDMARDS within 6 months (p < 0.005) of treatment and after 12 months of follow-up (p < 0.039). The mean value of DAS28-CRP after one year follow up showed a non-inferior effect of Tofacitinib (3.04± 0.81) in comparison to biological treatment in a 6-month period (3.07± 0.73; CZP: 3.06 ± 0.65; GOL: 2.49 ± 0.76; ETN: 2.85 ± 0.55; ADA: 3.15 ± 0.82; RTX: 2.90 ± 0.70; INF: 3.14; ± 0.61; TOF: 3.04± 0.81). An improvement was also observed for the 6 to 12 months of follow-up as we did not detect a significant difference in the activity of the disease assessed by CDAI among the different drug groups.

The mean values showing the change of the CDAI over the study period also outline comparable profiles. All of the treatment groups achieved a rapid reduction in disease activity that continued to decrease through the 6 and 12 months period, respectively, as supported by changes in SDAI. The quality of life evaluated with EQ-5D revealed significant improvement on the 6th month of follow up as well as after 12th month (p<0.005) without significant difference between the observed groups.

Conclusion: Real-life data show that patients on biological treatment as well as those on Tofacitinib therapy achieve a significant decrease in disease activity after one year of follow-up. This gives us reason to accept the importance of non-inferior effect of jak-inhibitors and their place in treatment of Rheumatoid arthritis.

Disclosure of Interests: None declared, Nikolay Stoilov: None declared, Ekaterina Kurteva: None declared, Rumen Stoilov Grant/research support from: R-Pharm DOI: 10.1136/annrheumdis-2020-eular.1083