The Wilcoxon signed ranks test was applied for the changes from baseline of DAS28-ESR and CRP.

Results: 39 patients were included, 87.2% women, median age 62.9 (49.9-74.4) years. 9/39 patients (23.1%) were naïve to bDMARD, 6 (15.4%) had received 1, 18 (46.1%) 2, and 6 (15.4%) ≥3 previous bDMARD. Demographic, clinical and effectiveness characteristics are shown by drug in the Table:

	Baricitinib (n=30)	Tofacitinib (n=9)	p value
Sex (women, n, %)	26 (86.7)	8 (88.9)	0,676
Age [med (IQR)]	63,3 (49,7-74,8)	59,7 (49,8-68,6)	0,857
Rheumatoid Factor + (n, %)	23 (76.7)	9 (100)	0,132
ACPA + (n, %)	21 (70.0)	7 (77.8)	0,501
Erosive disease (n, %)	16 (53.3)	6 (66.7)	0,377
Concomitant csDMARD (n, %)	26 (86.7)	8 (88.9)	0,676
bDMARD-naïve (n, %)	7 (23.3)	2 (22.2)	0,419
Treatment duration (months) [med (IQR)]	8,4 (6,5-20,3)	13,2 (3,9-20,7)	0,909
Baseline CRP (mg/dl) [med (IQR)]	2,2 (0,3-1,0)	1,4 (0,3-1,0)	0,806
Final CRP (mg/dl) [med (IQR)]	0,9 (0,1-0,3)	1,0 (0,1-0,4)	-
Baseline DAS28-ESR [med (IQR)]	5,5 (3,6-4,3)	6,1 (3,8-5,3)	0,315
Final DAS28-ESR [med (IQR)]	3,9 (2,2-2,8)	5,5 (2,6-3,6)	-
DAS28-ESR Remission (n, %)	10 (33.3)	3 (33.3)	0,663
DAS28-ESR LDA (n, %)	8 (26.7)	1 (11.1)	0,316

Regarding BAR, 17 patients (56.6%) continue on treatment and 3 (10%) changed to TOF. The change in DAS28VSG was statistically significant ($p = 0.000$), as well as difference in CRP ($p = 0.008$). The total cost per analysed period was € 357,806.40, with 18/30 patients (60%) achieving remission or LDA. The C-E was € 19,878.13. As for TOF, 6 patients (66.6%) remain on drug, with no switch to BAR. Neither the difference from baseline in DAS28VSG nor the CRP changes reached statistical significance ($p = 0.08$ and $p = 0.735$, respectively). The total cost per analysed period was € 90,201.72, with 4/9 patients (44.4%) achieving remission or LDA. The C-E was € 22,573.0

Conclusion: In our daily practice, JAK inhibitors are mainly used in combination with csDMARD and commonly after failure to ≥ 1 bDMARD. In this real setting, BAR proves to be cost-effective, while TOF renders less effectiveness. However, results should be addressed with caution because of the smaller sample size of TOF population. Additional studies with greater follow-up and sample size are needed to confirm these findings.

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AB0335 PATIENTS IN REMISSION FREE OF DIRECTED BIOLOGICAL / SYNTHETIC DRUG. ANALYSIS OF A COHORT OF PATIENTS TREATED BY OBJECTIVES IN OPTIMIZATION FOR 6 YEARS

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Background: The goal of treatment with biological DMARDs (bDMARDs) should be the use for a limited period of time, during the called "therapeutic window of opportunity" to induce disease remission, followed by the maintenance of low activity with conventional DMARDs. We study if we achieve this goal in a cohort of patients treated by objectives in the last 6 years.

Objectives: To assess the frequency and characteristics of patients with rheumatoid arthritis (RA), spondyloarthropathies (SA) and psoriatic arthritis (PsA) treated with FB / SD who achieve remission without FB / SD.

Methods: Observational and prospective study, which included a cohort of patients with RA, SA and PsA treated by objectives with FB / SD and optimized from January 2014 to December 2019. Optimization, defined as the reduction or prolongation of the interval of at least one dose, it was indicated when patients had received > 6 months of treatment and were in clinical remission / low activity defined as DAS28 <3.2 for RA and PsA, and BASDAI <4 for SpA. All patients who managed to maintain remission without receiving FB / SD were also collected.

Results: A total of 260 patients (115 RA, 69 SA and 76 PsA) were included in the study. Of the total of these patients, 32.7% received at least two treatments ("switch"). Of all the patients, 53% were optimized and according to the diagnosis: 60.9% had RA, 52.2% SA and 39.4% PsA.

5.3% of the patients were free of FB / SD: 5 patients with RA (4.34%), 8 patients with SA (11.6%) and 1 patient with PsA (1.3%). Among patients who entered clinical remission without FB / SD, 57% had received only one treatment with FB / SD while 43% of the patients had received two or more FB / SD. Only 3 of the patients with RA and 1 patient with PsA managed to be free of treatment without FB / SD or conventional DMARD.

Conclusion: Remission without FB / SD treatment was rare, being higher in SA than in RA and in PsA, maintaining the same severity and frequency patterns in achieving optimization according to different pathologies (EspA> AR> APs). Except in the APs, more than 50% of the patients with RA and SA entered into optimization. Clinical remission without FB / SD was less frequent in the PsA probably because the MDA is more demanding than the other outcome measures and because it is a more complex and heterogeneous disease with domains controlled by various cytokines. Patients with disease-free RA or APs without FB / SD or conventional DMARD were the exception.

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AB0336 IMPACT OF SUBJECTIVE INTOLERANCE TO METHOTREXATE ON THE QUALITY OF LIFE OF PATIENTS WITH RHEUMATOID ARTHRITIS: SIDE EFFECTS AND AVOIDANCE COPING STRATEGIES THROUGH SELF-ADMINISTRATION IN THE EVENING OR DURING THE WEEKEND

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Background: Methotrexate (MTX) represents the *anchor drug* for the treatment of rheumatoid arthritis (RA), as well as other rheumatological diseases such as psoriatic arthritis (PsA) and spondyloarthritides (SpA). Despite consolidated clinical efficacy, the use of MTX suffers from relevant limitations. Common issues include subjective intolerance, nausea, malaise, and fatigue, which negatively impact on quality of life and work/social participation.

Objectives: In this study, we evaluated the frequency with which patients on MTX therapy opt for self-administration over the weekend or in the evening hours, in order to minimize interference with daily activities, work productivity, and social participation.

Methods: A cross-sectional, prospective study was performed in two tertiary referral Rheumatology clinics, which included consecutive patients with RA, PsA, or SpA on MTX therapy. Enrolled patients had not previously received instructions by their healthcare provider as to when during the week or day MTX ought to be administered, and were free to choose or change the weekday and time for self-administration. Data on the route and timing of MTX self-administration was collected using dedicated questionnaires, which included queries on the dose and route of administration, day of the week and time of self-administration, reasons for the patient's choice, use of folic acid supplementation, and concomitant therapies. Statistical analyses were conducted using a chi-square test; a p-value <0.05 was considered significant.

Results: A total of 275 consecutive patients treated with MTX were included, mostly with RA (86%). Patients had an average age of 59.8 years (SD 14.0) and an average disease duration of 134.5 months (SD 127.3). The average MTX dose was 15 mg/wk (SD 4.4); MTX was administered subcutaneously in 68.2% of cases, orally in 17.8%, and intramuscularly in 5%. Regarding the timing of MTX self-administration, 157 patients (57.1%) took MTX in the evening and 119 patients (44.3%) took it during the weekend; even among patients taking MTX in the evening, weekend administration was preferred (93/157, 59.2%, $p < 0.001$). The most frequent reasons leading to MTX self-administration during the evening or weekend were gastrointestinal side effects/nausea (85% of cases), fatigue (63%), interference with work activities (36%) and interference with social activities (29%). Patients who opted for MTX self-administration in the evening or over the weekend were significantly younger ($p < 0.001$), with no significant gender differences or disease duration.

Conclusion: The majority of patients with inflammatory arthritis opt for self-administration of MTX in the evening (absolute majority) or during the weekend (relative majority). This choice is dictated by the need to avoid side effects and detrimental repercussions on the individual's social or working life. The adoption of these strategies for minimizing the adverse effects of MTX is more frequent among younger patients, and provides an