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AB0343

BETTER QUALITY OF LIFE AND ADHERENCE WITH LESS ADVERSE EVENTS WHEN SWITCHING FROM ORAL TO SUBCUTANEOUS METHOTREXATE: RESULTS OF THE SIX-MONTH OBSERVATIONAL PROSPECTIVE STUDY IN CROATIA

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Background: It has been demonstrated that bioavailability of oral (P.O.) MTX reaches plateau at doses ≥ 15 mg QW, and that subcutaneous (S.C.) form has a better efficacy. Alongside with less side-effects this might translate into improvement in quality of life (QoL) and better adherence.

Objectives: An academic-induced observational longitudinal study of patients with RA and peripheral form of PsA on csDMARDs who were switched from oral (P.O.) to subcutaneous (S.C.) MTX was conducted. Previously we reported on the better efficacy of S.C. compared to P.O. MTX. The objective of this part of the study we are presenting was to evaluate the 6-month changes in quality of life (QoL), adverse events and adherence in these patients.

Methods: Forty-eight consecutive patients (79.2% women) with established diagnosis of RA (77.1%) and peripheral PsA were enrolled from the outpatient clinics in six centres in Croatia. Median age was 61 (39-79) years, and the median of disease duration was 120 (3-528) months. Data were collected at baseline (T0) (on P.O. MTX), at day 90 (± 10 days) (T1) and at day 180 (± 10 days) (T2), during S.C. MTX treatment. Median dose of MTX remained stable during the study (15mg QW). At each visit QoL was measured using EuroQoL-5D (EQ-5D), adverse events related to MTX use were recorded, and adherence by the number of missed dose.

Results: EQ-5D global health assessment showed significant improvement in quality of life of patients on S.C. MTX during the 6 month follow-up (change from T0 to T2 8.6; 95%CI 4.00, 13.3), and the same trend was observed in each of its five component. Number of patients who experienced adverse events related to MTX use has decrease after switching from P.O. to S.C.MTX – from 52.1% during the last 3 months on P.O. MTX to 33.3% during the first 3 months and 18.2% during the last 3 months of S.C. MTX use. During the follow-up adherence to MTX therapy improved, with 25% of patients who missed dose during the last 3 months on P.O. MTX use, to 6.3% and 2.3% with missed dose in the first and the last 3 months on S.C. MTX, respectively.

Conclusion: In our group of patients with RA and peripheral PsA who switched from P.O. to S.C. MTX there was a consistent improvement in QoL, less adverse-events and better adherence.

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Roche, MSD, Eli Lilly, Pfizer, Mylan, Amgen, Fresenius Kabi, Frane Grubisic Speakers bureau: Abbvie., Roche, MSD, Eli Lilly, Pfizer, Mylan, Amgen, Marija Glasnović Speakers bureau: Abbvie., Roche, Pfizer, Ana Gudelj Gračanin Speakers bureau: Abbvie. Roche, MSD, Eli Lilly, Pfizer, Željka Kolak: None declared, Helena Kolar Mitrović: None declared, Jadranka Morovic-Vergles Speakers bureau: Abbvie., Roche, MSD, Eli Lilly, Pfizer, Mylan, Amgen, Fresenius Kabi, Porin Perić: None declared, Petra Šimac: None declared, Iva Žagar Speakers bureau: Abbvie. Roche, MSD, Eli Lilly, Pfizer, Ines Doko Speakers bureau: Abbvie. Roche, Vladimir Trkulja: None declared

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AB0344

FACTORS WHICH CONTRIBUTE PERSISTENCY AND OPTIMAL USE OF TOFACITINIB; LESSONS FROM LONG TERM DAILY CLINICAL USE OF TOFACITINIB

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Background: Recently, tofacitinib treatment in rheumatoid arthritis (RA) is thought to be not inferior to other biologic disease-modifying antirheumatic drugs (bDMARDs) such as TNF-inhibitor. However, approval of tofacitinib for treatment with RA is relatively recent as compared to other bDMARDs, therefore until now, little knowledge about long term efficacy and safety of tofacitinib in real-world settings or about which patients should be initiated tofacitinib are available. Thus, we need evidence from real-world setting for optimal use of tofacitinib.

Objectives: To investigate the efficacy and safety of tofacitinib and to identify factors which contribute persistency and efficacy of tofacitinib treatment during 2 years.

Methods: 148 patients, for whom tofacitinib was initiated until January 2018 were enrolled. All patients received 5 mg of tofacitinib twice daily and were followed for 2 years. Clinical disease activity indicated by disease activity score (DAS)28-ESR as well as adverse events (AEs) were evaluated. Statistical analysis was performed to determine which baseline variables influenced the persistency and efficacy of tofacitinib.

Results: 92 patients (62.2 %) continued tofacitinib for 2 years. Clinical disease activity rapidly and significantly decreased, and this efficacy continued throughout the 2 years: i.e., DAS28-ESR decreased from 5.13 ± 1.42 at baseline to 4.02 ± 1.11 at 4 weeks and 3.91 ± 1.32 at 2 years ($P < 0.0001$, vs. baseline). 55 AEs including 22 herpes zoster infection occurred during tofacitinib treatment. 27 patients discontinued tofacitinib due to lack of efficacy. Multivariable logistic analysis showed that the number of bDMARDs previously used and age were associated with discontinuation of tofacitinib treatment due to lack of efficacy (table 1). Another set of multivariable logistic analysis revealed that lower disease activity at baseline contributed the achievement of DAS-low disease activity (odds ratio= 1.56, 95% confidence interval: 0.48-0.85). In the concomitant use of MTX or without MTX, the Δ values of DAS28-ESR from baseline to 24 months were -1.62, -1.13, respectively ($P=0.12$). And, the efficacy of patients after switching from tocilizumab(TCZ), which also inhibit IL-6 as same as JAK inhibitor, were not inferior as compared to non-switching from TCZ (Δ DAS28-ESR; -1.07, -1.61, respectively $P=0.10$).

Table 1.

Univariate Model	Multivariate Model			
	OR(95% CI)	P-value	OR(95% CI)	P-value
Age	0.92(0.88-0.95)	<0.001*	0.91(0.87-0.95)	<0.001*
(per 1-year increase)				
Disease duration	0.97(0.97-1.02)	0.21		
(per 1-year increase)				
Concomitant MTX use (yes/no)	0.95(0.39-2.31)	0.91		
Concomitant oral steroid use (yes/no)	1.84(0.76-4.42)	0.16	1.61(0.60-4.34)	0.349
Number of previous use of bDMARDs (per drug)	1.26(0.99-1.62)	0.05	1.39(1.05-1.84)	0.02*
DAS-ESR at baseline	1.02(0.76-1.36)	0.92		
(per 1 increase)				
LDA achievement at 1 year (yes/no)	0.56(0.76-1.49)	0.23		
RF positive (yes/no)	0.91(0.32-2.56)	0.85		
ACPA positive (yes/no)	0.76(0.27-2.18)	0.62		

OR odds ratio, 95% CI 95% confidence interval, MTX methotrexate, bDMARDs biologic disease-modifying antirheumatic drugs, ACPA anti-citrullinated protein antibodies, RF rheumatoid factor * $P < 0.05$