Conclusion: In this study, we demonstrated the short-term effectiveness and safety profiles of baricitinib after insufficient response to bDMARDs or tsDMARDs in patients with RA in the ‘real-world’ setting. Baricitinib improved disease activity after failure of the previous agent, even after IF to another tsDMARD. With respect to safety, the profile is almost tolerable, although careful observation is necessary for possible complications and AEs including herpes zoster.


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Table 1

<table>
<thead>
<tr>
<th>Groups</th>
<th>Cases: n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNFI group</td>
<td>32 (43.2)</td>
</tr>
<tr>
<td>IL-6R group</td>
<td>21 (28.4)</td>
</tr>
<tr>
<td>ABT group</td>
<td>11 (14.9)</td>
</tr>
<tr>
<td>Tofa group</td>
<td>9 (12.2)</td>
</tr>
<tr>
<td>The other</td>
<td>1 (1.4)</td>
</tr>
</tbody>
</table>

Conclusion: Tofacitinib is effective ts-DMARDs for active rheumatoid arthritis on the Russian population. It shows better efficacy in combination with methotrexate, than in combination with another DMARDs (leflunomide and other) or in mono-therapy.

Disclosure of Interests: None declared

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AB0350 EFFICACY OF ADDING IGURATIMOD THERAPY IN RHEUMATOID ARTHRITIS PATIENTS WHO HAD INADEQUATE RESPONSE TO BIOLOGIC DMARDS

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Background: Iguratimod (IGU) was newly approved in Japan in June 2012 and recommended by JCR guideline 2014 in the treatment of rheumatoid arthritis (RA). Although there have been efficacy of monotherapy and concomitant MTX in clinical trials, however, there have been no reports of concomitant biologic DMARDs (Bio).

Objectives: We investigated efficacy of concomitant IGU therapy in RA patients who had inadequate response to Bio at the author’s institution.

Methods: Subjects were 107 patients adding IGU who had inadequate response to Bio from January 2014 to October 2018. Previous treatment Bio. was ADA. And baseline mean concomitant MTX was 12.3mg/week. And baseline characteristics were Mean age 53.8 years, mean duration of illness 5.5 years, corticosteroid use 9.3%(mean 3.1mg/day).

Results: The course of DAS28, SDAI, CDAI was significantly decreased from the initiation of IGU at treatment 24 weeks (3.1→2.3, 7.1→2.6, 6.5→2.4), at 52 weeks (2.1, 2.4, 2.0). Remission rates of DAS28-ESR, SDAI, CDAI were 69.2%, 70.1% at 24 weeks, 74.8%, 78.5%, 79.4% at 52 weeks. There were no side-effect that must be stopped after adding IGU.

Conclusion: IGU might be a new RA treatment option for aiming remission in patients who had inadequate response to Bio.

References:

Disclosure of Interests: None declared

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AB0351 EFFICACY OF IGURATIMOD FOR RHEUMATOID ARTHRITIS IN ELDERLY PATIENTS

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Background: Iguratimod (IGU) was started development as new non-steroidal anti-inflammatory drugs (NSAIDs), but it was changed for development as disease modifying anti-rheumatic drugs (DMARDs) because it showed suppression of inflammatory cytokine and inflammatory parameter which was not to be found in existing NSAIDs in the early stage of pharmacological study of drug efficacy. Although the clinical efficacy and the safety of IGU were already reported, the efficacy for elderly cases was not sufficiently analyzed.
**Objectives:** In this study, we compared the efficacy of IGU in elderly group with the non-elderly group.

**Methods:** 190 patients who were able to continuously administer IGU more than three months was included. Cases were divided into two groups, Group A (75 years or older) includes 57 patients, and Group B (younger than 75 years) includes 133 patients. The patients background, the use of methotrexate (MTX) and glucocorticoid, the change of serum CRP, and the DAS28-ESR (before, 6, 12, and 24 months) as an evaluation of the disease activity were compared between two groups. The study protocol was approved by our institutional review board. All the patients were required to give written informed consent.

**Results:** The average age at the beginning of IGU was 79.9±4.1 years old in Group A, and 59.9±10.6 years old in Group B. The average disease duration was 14.8±16.5 year in Group A and 8.5±10.6 year in Group B (p<0.01). Although the rate of concomitant use of MTX was significantly lower in Group A (Group A: 28.1%, Group B: 56.4%), the averaged dose of MTX did not show difference between groups (7.0 and 8.4 mg/day, respectively). Similarly, the rate of concomitant use of NSAIDs did not have a difference in two groups. Group A showed significantly higher serum CRP at the beginning of the IGU (Group A: 2.0 mg/dl, Group B: 12.8 mg/dl), but there was no difference after six months. In both groups, serum CRP was significantly decreased when compared at the beginning of IGU. After six months of IGU administration, both groups showed good clinical performance with DAS28-ESR, more than 60% of the cases showed remission or low disease activity. No difference of DAS28-ESR scores between two groups was observed after six months.

**Conclusion:** From the results of this study, the efficacy of IGU for elderly patients was confirmed and did not show differences with non-elderly people. IGU is an inexpensive drug with enough efficacy and thought to be possible substitute for other DMARDs.

**References:**
