therapy, 22% with NSAIDs and 96% with biologic therapy. The average year/patient cost with NSAIDs alone would be EUR 381, with DMARDs only EUR 9,318 and, if only biological therapy was used, EUR 423. Within the total number of patients, the average annual cost, including the possibility of combining these drugs, amounted to EUR 5,403

Conclusion: Including biological therapy in the care of patients with spondyloarthritis can increase up to 24 times the annual cost per patient. This increase is not only due to higher market value, it also relates to the need for more medical procedures and diagnostic follow-up tests.

References:

- [1] Strömbeck, et al. Cost of Illness from the Public Payers' Perspective in Patients with Ankylosing Spondylitis in Rheumatological Care. *J Rheumatol* 2010;37:2348-2355.

Table 1

Distribution by therapy		Cost monotherapy treatments (EUR)	
NSAIDs	66%	Patient with NSAIDs	\$381
Biological Therapy	57%	Patient with biological therapy	\$9,318
DMARDs	33%	Patient with DMARDs	\$423

Average patient cost year \$5,403 EUR

Table 2

Distribution of average annual cost per patient	
Analgesic	0,72%
Biological	94,2%
Procedures	1,32%
Diagnosis	3,12%
For osteoporosis	0,64%

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AB0635

HOW ARE NON STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID) PRESCRIBED IN AXIAL SPONDYLOARTHRITIS?

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Background: For decades, NSAID have been used as the first-line drugs to treat axial spondyloarthritis (ax-SpA). However, the NSAID prescription strategy is not clearly detailed and it varies from one clinician to another.

Objectives: The aim of this study was to assess the NSAID prescription modalities adopted in ax-SpA and the differences between these modalities.

Methods: This is a descriptive study including 200 cases of ax-SpA fulfilling the ASAS 2009 criteria and diagnosed between January 2000 and October 2019. The demographic and clinical features of the ax-SpA were collected and the modalities of prescription of NSAID were retrospectively assessed.

Results: Our population consists of 138 men and 62 women with a mean age of 43,3 ± 11,2 years. The HLA B-27 antigen was present in 50,8% of cases. The ax-SpA was a pure axial form in 67% of patients, associated with peripheral arthritis, enthesitis and dactylitis in 19%, 21,5% and 1,5% respectively. One hundred eighty patients (90%) had been treated with NSAIDs. The NSAIDs used were: the Diclofenac (57,5%), Indomethacin (37,5%), Piroxicam (36%), celecoxib (34%), Naproxen (29,5%) and ketoprofen (13%). Seventy-three patients (36,5%) had used at least 3 NSAIDs.

Among the 180 patients treated with NSAID, 88 patients (48,8%) were treated with conventional synthetic DMARDs (csDMARDs) in association with NSAID: Salazopyrine (43,3%) and Methotrexate (13,3%). Seventy-one patients (39,4%) had necessitated the use of anti-TNF alpha.

NSAIDs were used continuously in 115 patients (63,8%) and the maximum dose of NSAIDs was used in 78 patients (43,3%). By comparing patients who used maximum doses of NSAIDs and those who used NSAID continuously with other patients, we noticed that the use of biological treatments was more frequent in those groups ($p = 0,01$ and $p = 0,004$ respectively).

In addition, while comparing the group of patients co-treated with csDMARDs with other patients treated with NSAID on monotherapy, we noted that this group of patients had more arthritis ($p < 0,0001$), enthesitis ($p = 0,02$), psoriasis ($p = 0,04$) and necessitated more biological treatments ($p = 0,01$).

Conclusion: Our results suggest that maximal doses and/or continuous prescription of NSAID were mainly used if there was no response to that treatment. The csDMARDs were more prescribed if there were peripheral manifestations

or psoriatic arthritis and those forms were also more candidates to biological treatments.

References:

- [1] Wang R, et al. *Arthritis Rheumatol* Hoboken NJ. 2019;

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AB0636

MODALITIES OF PRESCRIPTION OF ANTI-TNF ALPHA IN AXIAL SPONDYLOARTHRITIS: ON MONOTHERAPY OR COMBINED WITH CONVENTIONAL SYNTHETIC DMARDs

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Background: The advent of biologics targeting tumor necrosis factor-alpha (anti-TNF alpha) has revolutionized the treatment of spondyloarthritis (SpA). Their association with conventional synthetic disease-modifying antirheumatic drugs (cs-DMARD), although effective and used in clinical practice for the treatment of peripheral rheumatic diseases, is not clearly assessed in axial spondyloarthritis (ax-SpA).

Objectives: The aim of this study was to assess the strategy of prescription of anti-TNF alpha in a population of ax-SpA and to compare patients treated with anti-TNF alpha on monotherapy with those who had combined therapy with cs-DMARDs.

Methods: This is a retrospective descriptive study including 85 cases of ax-SpA diagnosed between January 2000 and October 2019 and treated with anti-TNF alpha.

The clinical features, the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP), Bath ankylosing spondylitis disease activity index (BASDAI) and Bath ankylosing spondylitis functional index (BASFI) were compared between groups of anti-TNF alpha on monotherapy or combined therapy with csDMARDs.

Results: Of 85 ax-SpA, 67 were males (78,8%) and the mean age was 44,4 ± 10,9 years. The mean period of evolution was 12,3 ± 9,1 years and 52,2% of patients were HLA-B27 positive. The ax-SpA was a pure axial form in 74,1% of patients, associated with peripheral arthritis, enthesitis and dactylitis in 17,6%, 17,6% and 1,2% respectively.

The anti-TNFs were administrated with a mean delay of 78 ± 70,8 months. The anti-TNFs used were: Infliximab (41,1%), Etanercept (32,9%), Adalimumab (23,5%) and Golimumab (2,3%). Fifty-nine patients (69,4%) were treated with anti-TNF alpha on monotherapy and 26 patients (30,6%) had combined therapy. The csDMARDs prescribed were the Salazopyrine (22,4%) and the Methotrexate (7,1%).

While comparing the groups of anti-TNFs combined therapy and monotherapy, we noticed that the arthritis were present in 30,7% of patients from the group of combined therapy versus 11,8% of patients from the group of monotherapy ($p = 0,03$). The psoriasis also was more present in the group of combined therapy (11,5% vs 1,6%; $p = 0,04$).

There was no statically significant difference between the two groups in the following parameters: age, gender, HLA B27, enthesitis, dactylitis, uveitis, inflammatory bowel diseases, ESR, CRP, BASDAI and BASFI.

Conclusion: Our results suggest that the concomitant use of csDMARDs with anti-TNFs is frequent in clinical practice in ax-SpA, but mainly justified by the presence of arthritis or psoriasis.

References:

- [1] Engel-Nitz NM, et al. *Rheumatol Ther*. 2015;2(2):127–39.

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AB0637

EFFICACY OF COMEDICATION OF CONVENTIONAL SYNTHETIC DMARDs WITH TNF BLOCKERS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

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Background: Tumour necrosis factor blockers (anti-TNFs) are typically used in axial spondyloarthritis (ax-SpA) when the disease has not responded adequately to conventional therapy. However, the effects of the comedication conventional synthetic disease modifying antirheumatic drugs (csDMARDs) with anti-TNFs are inconclusive.