Conclusion: Therapeutic decision-making based on validated disease activity scales has allowed the BT optimization in approximately 53% of patients with RD. BT optimization allowed a pharmaceutical saving of € 173,559.40 per year being higher in the SA (€ 850.40) followed by the RA (€ 707,563) and finally the Psa (€ 493,21).

The BT optimization allows to reduce costs maintaining the effectiveness and safety.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.5354

AB1151

COMPLIANCE/CONCORDANCE WITH MYCOPHENOLATE MOFETIL IN PATIENTS WITH CONNECTIVE TISSUE DISORDERS IN COVENTRY.

A. Chauhan1, N. Lovell1, S. Dubey1, Coventry and Warwickshire, Rheumatology, Coventry, United Kingdom

Background: Connective tissue disorders like Systemic lupus erythematosus (SLE) are multi-organ systemic conditions characterised by disordered immune function. Mycophenolate Mofetil (MMF) is commonly used for treatment of SLE1 and other connective tissue disorders like Sjogren’s syndrome, myositis and Scleroderma. Compliance with drugs remains a significant issue in management of these conditions and varying reports from across the world2,3 continue to show significant lack of concordance resulting in increased disease activity and damage.

Objectives: The aim of this study was to investigate the compliance/concordance specifically with MMF treatment among patients attending clinics at University Hospitals Coventry and Warwickshire NHS Trust (UHCW)with SLE and other connective tissue disorders.

Methods: Ethical approval was obtained through research and development department within the Trust. This is a retrospective study collating non-identifiable hospital pharmacy data in patients who requested the prescription for MMF drug between January 2015 and December2018. Since MMF was required to be prescribed from the hospital (i.e. General practitioners within the region were unable to prescribe it), we have records for all prescriptions for these patients. We extracted information on sample size, frequency of prescription requested and length of follow up. Clinical data were obtained from paper and electronic notes of the patients. Data were analysed using the data analysis tool pack for linear regression, on Microsoft Excel package version 16.29.1.

Results: We recruited 144 patients into this study, (74%) of these are females. Age range for this group was 2-89 years, median age was 45 (±11.2) years with a mean (±SD) age of 35.6 (±11.2) years and a disease duration of 8.8 (±6.2) years. 73.1% were White British, the remaining included 8.3% Indian, 5.5% Pakistani, 2.7% Black British, 2% Caucasian, 2.1% Chinese, and 6.3% other. Overall, we had 54 patients with SLE and 90 Patients with other connective tissue disorders. Good compliance (81-100%) with MMF therapy was seen in 49 patients, (34%). Poor compliance (0-20%) was seen in 13 patients, (9%). We found a significant correlation between lack of compliance and risk of flares (r = 0.25, p < 0.002), displayed in Figure 1. We also found a significant difference in compliance patters depending on diagnosis and also on age. SLE patients were 34% less compliant with MMF in comparison to other connective tissue disorders. Demographics suggested the degree of compliance increased with age. Patients between 40-69 years of age were 65% more compliant in comparison to the age 20-39 years (p < 0.002).

Conclusion: SLE and connective tissue disorder patients within Coventry continue to have issues relating to compliance/concordance with MMF treatment and this appears to be worse in patients with SLE and in the 20-39 years of age. These patients also appear to be getting flares hence, this remains a major problem in the management of these conditions.

References: