Table 1. IFX & ADL DL, TABT and FABT results by category as defined in service guidance (AU/ml = Arbitrary Units/ml)]

		INFLIXIMAB	ADALIMUMAB	
FABT by category	Positive (>10 AU/ml)	668 (45.8%)	353 (28.1%)	Positive (>10 AU/ml)
	Negative (< 5AU/ml)	376 (82.8%)	176 (77.6%)	Negative (<10 AU/ml)
	Positive (> 5 AU/ml)	78 (17.2%)	51 (22.4%)	Positive (>10 AU/ml)

Conclusion: TDM has been enthusiastically embraced. It is estimated that > 50% of individuals treated with IFX or ADL have been tested at least once in the first year. DL results were found to be similar to previously published data, as were rates of antibody positivity. The large volume of data generated by the service may provide additional evidence regarding the utility of TDM in predicting clinical response. Next steps are to conduct a comparative effectiveness analysis where proactive vs reactive TDM testing strategies will be compared, with the primary outcome measure being the proportions of patients with secondary loss of response.

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AB1187 TREATMENT ADHERENCE: WHAT ABOUT THE RHEUMATOLOGIST?

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Background: Adherence to medications among patients with rheumatic diseases is often suboptimal.¹ Adherence to treatment has been described to be affected by several factors.² The rheumatologist plays a crucial role in influencing adherence behavior by addressing perceptions about medication, providing information, and establishing trust in the treatment plan.³ There is no record of attitudes and thoughts of Mexico's rheumatologists about adherence to medication. **Objectives:** To know the rheumatologist's attitudes regarding treatment adherence in follow up consultation.

Methods: Descriptive, cross sectional study. Rheumatologists from across the country were invited to respond an electronic survey created with Google Forms, link was sent by Whatsapp @ message, responses were anonymous. The survey was constructed taking into account the main barriers of adherence related to the doctor. Seven questions were created, from one to six were multiple selections and the seven were open question 1. Where do you practice medicine? 2. Do you ask all your patients about adherence medication? 3. If your answer was positive, do you ask individually for each drug? 4. How long do you spend on explaining: side effects, benefits, and mechanisms of action of drugs? 5. Do you discuss available treatment options with your patients to decide one? 6. What's the definition of adherence? 7. Which activities can the doctor do to improve adherence to their patients?

Results: Data were collected from 158 rheumatologists who completed the survey. Regarding the question where they practice medicine, 19.5% answered they work in public medical institutions, 31.8% do private practice and 48.7% work in both of them, 88.3% answered correctly adherence definition, 93% of rheumatologists ask for adherence to medication in the follow up consultation and only 86.1% do it individually for each medication, 97.4% discuss therapeutic options with their patients. The time used to explain treatment is presented in Figure 1. The interventions considered by rheumatologists to increase adherence are reported in Table 1.

Table 1 Interventions considered by rheumatologists to increase adherence

Patient education (in follow up consultation, conferences, pamphlets)
Develop rapport with patient. ("be accessible", "answer questions" "make the patient part of" don't be paternalistic or authoritarian")
Adherence measure (Use the available method, questionnaires, self-report, drug levels, electronic pillbox, pill count, etc. "Don't matter which one, measure it!")
Interventions for no adherence reasons (phone calls, text messages, telephone alarms) fixed schedules for each medication, cognitive-behavioral therapy, access to medications)
 Family support network
 Presented in order to frequencies and grouped by topic

Figure 1 Time used by rheumatologists to explain treatment in follow up consultation

Conclusion: Rheumatologists ask for adherence medication but more than half use a limited amount of time to explain about medication, nevertheless, they think that patient education is the best intervention to increase adherence.

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AB1188 INFLUENZA VACCINATION TREND IN THE LAST DECADE AND FACTORS INFLUENCING THE RATE OF INFLUENZA VACCINATION IN CHRONIC INFLAMMATORY ARTHRITIS IN THE ITALIAN REGION OF FRIULI VENEZIA GIULIA (2006-2018)

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Background: vaccination is one of the most important medical intervention to prevent infectious complications in population at risk. EULAR recommendations for vaccination of patients suffering from autoimmune inflammatory rheumatic diseases (AIIRD) have been recently updated (1).

Objectives: to verify the level of coverage of the influenza vaccination in a local population of patients suffering from rheumatoid arthritis (RA), psoriatic arthritis (PsA) or ankylosing spondylitis (AS).

Methods: integration of the information coming from many administrative databases were used to this end. The Regional Health Information System of Friuli Venezia Giulia was used as the source of information for this retrospective cohort study. Patients were residents in Friuli Venezia Giulia and they had to carry the exemption code for RA, or PsA, or AS and at least one prescription of a