Conclusion: Most patients (85.5%) with recent gout flare und increased SUA reached the target SUA after 12 months. A good treatment result was predicted in patients with increasing age, less frequent alcohol use, when patients believed they could cope with symptoms and when they did not believe that drugs are generally overused.

Disclosure of Interests: Tili Ulhig Consultant of: Lilly, Pfizer, Speakers bureau: Grünenthal, Novartis, Lars Fridtfold Karolinska: None declared, Tore K. Kiven Grant/research support from: Received grants from Abbvie, Hospira/Pfizer, MSD and Roche (not relevant for this abstract), Consultant of: Have received personal fees from Abbvie, Biogen, BMS, Celltrion, Eli Lilly, Hospira/Pfizer, MSD, Novartis, Orion Pharma, Roche, Sandoz, UC, Sanofi and Mylan (not relevant for this abstract), Paid instructor for: Have received personal fees from Abbvie, Biogen, BMS, Celltrion, Eli Lilly, Hospira/Pfizer, MSD, Novartis, Orion Pharma, Roche, Sandoz, UC, Sanofi and Mylan (not relevant for this abstract), Consultant of: Till Ulhig Consultant of: Lilly, Pfizer, Speakers bureau: Abbvie, Eli-Lilly, MSD, Novartis, Pfizer, Consultant of: Abbvie, BMS, Janssen-Cilag, Eli-Lilly, MSD, Novartis, Pfizer, Sanofi, Tigenox, Roche, UCB, Paid instructor for: Eli-Lilly, Pfizer, Roche, Speakers bureau: Abbvie, BMS, Janssen-Cilag, Eli-Lilly, Gedeon Richter, MSD, Novartis, Pfizer, Sanofi, Tigenox, Roche, UCB, Juan Carlos Nieto Speakers bureau: Pfizer, Abbvie, MSD, Novartis, Janssen, Lilly, Nordic Pharma, BMS, Geibro, FAES Farma, Roche, Sanofi

DOI: 10.1136/annrheumdis-2020-eular.5571

THU0446 SUCCESSFUL TREATMENT OF GOUT IS FREQUENT IN CLINICAL PRACTICE WHEN APPLYING A TREAT-TO-TARGET STRATEGY: RESULTS FROM THE NOR-GOUT STUDY

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Background: International EULAR and ACR recommendations support lifestyle changes, diet and urate lowering therapy (ULT) in gout. Treat-to-target ULT is often not performed, resulting in insufficient treatment of gout. We studied how many patients achieved the recommended treatment target of <360 µmol/l for serum urate (SUA) when a treat-to-target approach was applied in clinical practice, and which factors predicted reaching this target.

Objectives: We studied how many patients achieved the recommended treatment target of <360 µmol/l for serum urate (SUA) when a treat-to-target approach was applied in clinical practice, and which factors predicted reaching this target.

Methods: 211 patients with crystal proven gout were included into the prospective, observational NOR-Gout study if they recently had a gout flare as well as insufficiently treated serum urate SUA >360 µmol/l.

The intervention consisted of individual verbal information on lifestyle, including factors related to physical activity, diet and the importance of drug adherence. ULT (mainly allopurinol) was initiated and escalated monthly according to EULAR recommendations. Patients were during the first year seen by physician and nurse every three months with additional visits after month 1 and month 2, with further visits monthly as necessary until the treatment target of SUA <360 µmol/l (<300 if tophi) was met.

Baseline age was 53.6 (SD 12.2) years, disease duration 78 years (SD 76), BMI 28.8 (SD 4.5) kg/m², 95.3% were males. Baseline SUA was 500 (77) µmol/l and 16.6% had subcutaneous tophi. Assessments included questions on frequency of alcohol use, and application of the self-efficacy scales for symptoms (SES, scale 10-100) as well as the beliefs in medicines questionnaires (BMO), which included a scale for general overuse of medicines (range 4-16).

186/211 (88.2%) patients completed the visit for the primary SUA endpoint at 12 months.

Results: SUA continuously declined over 12 months and the frequency of responders increased (table 1).

Table 1. Responders and SUA levels during the treat-to-target intervention

<table>
<thead>
<tr>
<th>Month</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>6</th>
<th>9</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>% responders</td>
<td>0</td>
<td>213</td>
<td>43</td>
<td>202</td>
<td>48.7</td>
<td>69.3</td>
<td>86.7</td>
</tr>
<tr>
<td>SUA&lt;360</td>
<td>0/211</td>
<td>94/193</td>
<td>131/189</td>
<td>151/187</td>
<td>136/166</td>
<td>159/186</td>
<td></td>
</tr>
<tr>
<td>SUA µmol/l (mean, SD)</td>
<td>500 (78)</td>
<td>413 (77)</td>
<td>371 (64)</td>
<td>361 (61)</td>
<td>327 (59)</td>
<td>316 (56)</td>
<td>311 (49)</td>
</tr>
</tbody>
</table>

Almost 100% of patients with recently diagnosed gout without ULT, less frequent alcohol use, when patients believed they could cope with symptoms and when they did not believe that drugs are generally overused.

Disclosure of Interests: Tili Ulhig Consultant of: Lilly, Pfizer, Speakers bureau: Grünenthal, Novartis, Lars Fridtfold Karolinska: None declared, Tore K. Kiven Grant/research support from: Received grants from Abbvie, Hospira/Pfizer, MSD and Roche (not relevant for this abstract), Consultant of: Have received personal fees from Abbvie, Biogen, BMS, Celltrion, Eli Lilly, Hospira/Pfizer, MSD, Novartis, Orion Pharma, Roche, Sandoz, UC, Sanofi and Mylan (not relevant for this abstract), Paid instructor for: Have received personal fees from Abbvie, Biogen, BMS, Celltrion, Eli Lilly, Hospira/Pfizer, MSD, Novartis, Orion Pharma, Roche, Sandoz, UC, Sanofi and Mylan (not relevant for this abstract), Consultant of: Till Ulhig Consultant of: Lilly, Pfizer, Speakers bureau: Abbvie, Eli-Lilly, MSD, Novartis, Pfizer, Consultant of: Abbvie, BMS, Janssen-Cilag, Eli-Lilly, MSD, Novartis, Pfizer, Sanofi, Tigenox, Roche, UCB, Paid instructor for: Eli-Lilly, Pfizer, Roche, Speakers bureau: Abbvie, BMS, Janssen-Cilag, Eli-Lilly, Gedeon Richter, MSD, Novartis, Pfizer, Sanofi, Tigenox, Roche, UCB, Juan Carlos Nieto Speakers bureau: Pfizer, Abbvie, MSD, Novartis, Janssen, Lilly, Nordic Pharma, BMS, Geibro, FAES Farma, Roche, Sanofi

DOI: 10.1136/annrheumdis-2020-eular.5571

THU0447 HOME-MONITORING GOUT FLARES WITH A SMARTPHONE APP – RESULTS OF A FEASIBILITY STUDY

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Background: Gout flares are considered a key clinical and research outcome in gout. Early treatment of gout flares increases patient well-being and warrants timely notification of the treating clinician.

Objectives: To test the feasibility of a smartphone app to home-monitor gout flares real-time for both patients with a suspicion of and established gout.

Methods: Thirty patients were recruited during their visit at the outpatient rheumatology clinic. Inclusion criteria were age ≥ 18 years, smartphone possession, established gout (crystal proven) or a clinical suspicion of gout and at least one flare reported in the last three months. A straight-forward query app was used to incorporate an adapted version of the 2017 four-criteria gout flare definition. [1] For 90 consecutive days the app asked patients to report their current pain score on an 11-points scale as screening question. Scoring pain below 4 terminated the query, otherwise the app posed the remaining criteria: does the patient experience warm and/or swollen joints and are symptoms regarded as a gout flare. Responses were transmitted in real-time to the dashboard and the clinician was alerted via email if predefined conditions were met. End of study evaluation consisted of the number of generated alerts, duration of (possible) flares and actions taken. Patient feasibility was assessed by measuring app attrition and using a questionnaire based on the Technology Acceptance Model. [2] All constructs were analysed using descriptive statistics.

Results: All 30 recruited patients finished the trial. Three minor, resolvable technical issues were reported. Seventeen participants never missed a question. In total 110 responses (4.1%) were missed with three participants responsible for