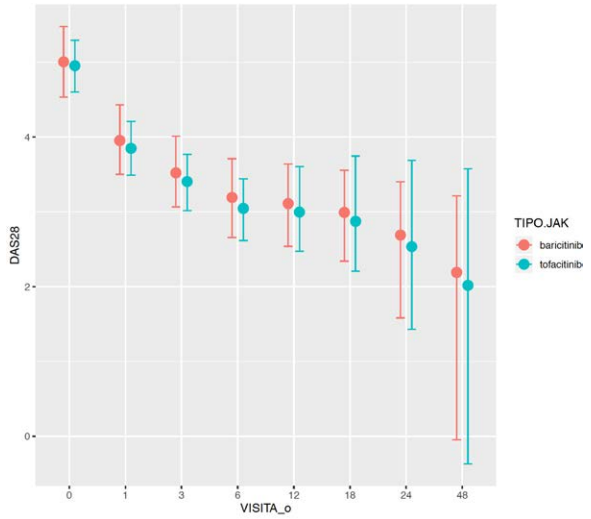
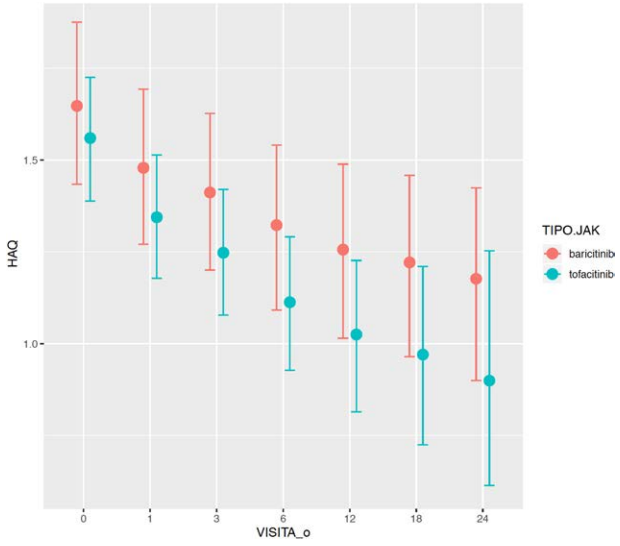
Conclusion: Baricitinib and Tofacitinib are both comparable in terms of efficacy and safety in real world conditions.



Graphic 2. Evolution of HAQ

Graphic 1. Evolution of DAS28



Graphic 2. Evolution of HAQ

Disclosure of Interests: None declared
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FRI0125

IMPACT OF RAMADAN DIURNAL INTERMITTENT FASTING ON CHRONIC MEDICATIONS INTAKE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Fasting during Ramadan, the ninth month of Islamic calendar, requires the abstinence from food and drink from sunrise to sunset [1]. Muslims are allowed to consume two major meals per day, one shortly before dawn (Suhoor) and the other immediately after sunset (Iftar). Although some previous investigations have reported a beneficent impact of fasting on rheumatic diseases' activity [1,2], very few studies have dealt with the possible impact of intermittent fasting on chronic medications intake.
Objectives: The objective of this study was to assess the impact of Ramadan intermittent fasting on adherence and tolerance of Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in patients with rheumatoid arthritis (RA).
Methods: This is a prospective monocentric study including patients with rheumatoid arthritis (RA) who fasted Ramadan 2019. Each patient was evaluated during 2 visits: 6 months before starting Ramadan fasting and after fasting at least 7 days. The following parameters were assessed: compliance with treatments, tolerability and timing of intake (Iftar meal, evening, Suhoor meal).
Results: Thirty-six patients were enrolled: 7 men and 29 women. The average age of patients was 57.5 years ± 10.9 [39-79] and the mean disease duration was 6.7 years ± 3.3 [1-13]. Biological agents, methotrexate (MTX), Salazopyrin (SLZ) and Leflunomide (LFN) were respectively prescribed in 8, 22, 4 and 4 patients.
Ramadan fasting did not affect either compliance with biological agents or tolerance. No additional side effects have been reported during this period.
The compliance to MTX was comparable before and during fasting in 68.4% of cases. It was impaired by fasting in the rest with a full stop in 26.3% of patients. MTX was taken away from meals (as recommended) by 42.8% of patients. The timing of drug intake was the Iftar meal in 21.4% of patients, the Suhoor meal in 14.3% of patients and the evening in 64.3% of patients.
Except 1 patient, adherence to SLZ was adequate during Ramadan fasting. It was taken with the 2 major meals in 50% of cases and during the evening in 50% of cases.
Patients under LFN did not report any discontinuation.
The reported reasons of discontinuations of Conventional Synthetic Disease-Modifying Anti-Rheumatic Drugs (csDMARDs) were: objective adverse effects (25%), apprehension of gastrointestinal adverse effects (25%) and lack of time between the two major meals (50%) (since they were advised to take MTX away from meals).
Regarding the tolerance, gastrointestinal side effects of MTX were reported to be more frequent during Ramadan by 20% of patients, fewer by 13.3% of patients and unchanged by the rest of the patients. The gastrointestinal tolerance of SLZ and LFN was similar before and during Ramadan fasting.
Conclusion: Even if the tolerability of chronic medications was not impaired by Ramadan fasting in the majority of patients, adherence to conventional DMARDs was reported to be reduced by more than a quarter of patients, mainly because of a lack of time between the two major meals. Physicians should be aware of the impact of Ramadan fasting on chronic drugs intake because they have a crucial role in helping patients with RA adjust medications safely.
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FRI0126

POOR ADHERENCE TO METHOTREXATE IS ASSOCIATED WITH PERSISTENT DISEASE ACTIVITY DURING FOLLOW-UP FOR RHEUMATOID ARTHRITIS

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Objectives: Although methotrexate (MTX) is the cornerstone therapy in patients with rheumatoid arthritis (RA), adherence to MTX in these patients is typically suboptimal. Thus, we investigated the proportion of RA patients who were adherent to MTX and whether non-adherence to MTX affected the clinical outcome in these patients during follow-up.
Methods: We enrolled 331 RA patients from a single tertiary center. Data were collected at the time of enrollment and then annually for 4 consecutive years. Adherence was defined by the proportion of days covered at 1 year. Patients were divided into two groups: patients who took more than 80% of MTX and those who did not. Univariate and multivariate analyses were performed to identify the association between drug compliance and clinical outcome.
Results: Of the 331 RA patients, 8.7% had taken less than 80% of MTX during the follow-up period. Non-adherent patients had lower EuroQol-5D scores (P=0.013) and higher RAPID3 scores (P=0.004) at baseline than adherent patients. Leflunomide was more commonly prescribed to adherent patients than non-adherent patients (P=0.012). Non-adherent patients had a higher mean Disease Activity Score 28 (DAS28)-erythrocyte sedimentation rate score (P=0.001), higher mean DAS28-C-reactive protein (CRP) score (P=0.001), and higher mean rate of tender and swollen joints (P=0.003 and P=0.002, respectively) than adherent patients. In the multivariate analysis, poor MTX adherence was significantly associated with a higher mean DAS28-CRP score (odds ratio, 0.270; 95% confidence interval, 0.165–0.444; P<0.001).