lower than in the G-3, whereas no significant difference of these parameters after Baseline demonstrated between in the G-2 and G-3. TJC, SJC, PGA, and EGA demonstrated significant less level in the G-1 than in the other two groups. The mean SDAI score at the time of first achievement of Boolean remission in the G-1 and G-2 were 1.08 and 2.57, respectively. The mean value of SDAI score after remission in the G-1 and G-2 were 3.35 and 6.44, respectively. These values and PS-VAS including change of the SDAI score demonstrated significant difference between the two groups (p<0.01), whereas HAQ-DI in the two groups demonstrated no significant difference.

Conclusion: These results suggested that setting PGA as no more than 10mm should be reasonable for the evaluation of clinical remission with the Boolean criteria.

Disclosure of Interests: None declared

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AB0102

EVALUATOR'S GLOBAL ASSESSMENT REFLECTS DISEASE ACTIVITY BUT NOT LINEARLY CORRELATES WITH DAILY ACTIVITY OR QUALITY OF LIFE COMPARED TO PATIENT GLOBAL ASSESSMENT

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Background: Evaluator's global assessment (EGA) is the one component of indexed disease activity evaluation assessed by the rheumatologist for treatment of rheumatoid arthritis (RA). It does not included in the Boolean remission criteria nor 28 joints disease activity score (DAS28), however it is widely recognized among rheumatologist as an only comprehensive and objective assessment parameter.

Objectives: The aim of this study is to evaluate how EGA correlates with other components and the influence of EGA on disease activity and daily activity, and quality of life.

Methods: A total of 24,075 times of monitoring out of 683 RA patients who were followed up for more than three consecutive years was performed. Contents of monitoring included tender joint count (TJC), swollen joint count (SJC), patient's global assessment (PGA), EGA, C-reactive protein (CRP), and calculated values of DAS28, SDAI, composite index of Boolean evaluation, pain score with visual analog scale (PS-VAS), Health Assessment Questionnaire Disability Index (HAQ-DI), and quality of life score (QOLS) calculated from Euro-Qol questionnaire with 5th dimensions. Each measurement was classified with the PGA score divided ten times from zero to ten. Mean values of DAS28, CDAI, SDAI, remission rate of these indices and remission rate, and mean values of PS-VAS, HAQ-DI, and QOLS were statistically evaluated.

Results: were compared to the results that was analyzed in according to the PGA score substituted with the EGA score. Moreover, EGA at the time of Boolean remission of the patients who achieved Boolean remission at least once during treating were picked up. Patients were classified according to the EGA level with 0.5 increment from zero. Mean value of TJC, SJC, PGA, EGA, SDAI, Boolean remission rate, HAQ-DI, and PS-VAS after attaining Boolean remission were compared statistically.

Results: Number of measures counted 15424, 2001, 3688, 1731, 664, 293, 144, 88, 29, 2, and 11 for each level of EGA. The EGA score tended to concentrate more in zero to two in comparing to the PGA score. Mean DAS28, CDAI, and SDAI demonstrated significant increase as the EGA level increased, and remission rate of the all indices including Boolean demonstrated significant decrease as the EGA level increases (p<0.01%). CDAI, SDAI, Boolean remission rate demonstrated zero percent from two. Mean value of PS-VAS and HAQ-DI score demonstrated also significant decrease as the EGA level increases, and QOLS demonstrated significant decrease as the EGA level increases (p<0.01%). However, these tendency showed more irregular compared to that analyzed with the PGA score. Correlation coefficients with regarding to the EGA score was always less than that with regarding to the PGA score.

In the patients who achieved Boolean remission, PGA levels were divided with 294 with zero (G-0) and 118 with 0.5 (G-0.5), whereas 71 could not achieve Boolean remission; Average TJC (p<0.05), SJC (p<0.001), PGA (p<0.001), CRP (p<0.05), and SDAI (p<0.01) level in the G-0 group demonstrated significant less than in the G-5 group, whereas PGA, Boolean remission rate, HAQ-DI, and PS-VAS demonstrated no significant difference in between the two groups.

Conclusion: It is more reliable to estimate daily activity and quality of life from the PGA score than to estimate from the EGA score. EGA correlates with SJC and CRP more strongly than with TJC and CRP. EGA does not reflect HAQ-DI and QOLS.