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, SJJC, 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 monitoring time span from first visit to first Boolean remission, and the mean values of these parameters after remission. The comparison between the G ≤ 6 and the G > 6 groups revealed that the EGA level increases, and remission rate of the all indices including Boolean demonstrated significant decrease as the EGA level increases (p<0.01%).

Conclusion: Attaining Boolean remission ≤ 6 months for RA has significant benefit for more stable disease control, that leads good maintenance of ADL.

Disclosure of Interests: None declared

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AB0103 THE ACCURACY OF ADMINISTRATIVE HEALTH DATA FOR IDENTIFYING PATIENTS WITH RHEUMATOID ARTHRITIS: A VALIDATION STUDY USING MEDICAL RECORDS IN WESTERN AUSTRALIA

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Background: The use of large administrative health datasets is increasingly important in Rheumatology for disease trends and outcome research (1). We established the West Australian Rheumatic Disease Epidemiological Registry