Conclusion: There was no difference in the US findings improvement between patients with TNF inhibitor and non-TNF inhibitor at first biologics in patients with RA.

REFERENCES:

- [1] Grassi W, Okano T, Di Geso L, Filippucci E. Imaging in rheumatoid arthritis: options, uses and optimization. *Expert Rev Clin Immunol*. 2015;11:1131-46.
- [2] Nishino A, Kawashiri SY, Koga T, et al. Ultrasonographic Efficacy of Biologic and Targeted Synthetic Disease-Modifying Antirheumatic Drug Therapy in Rheumatoid Arthritis From a Multicenter Rheumatoid Arthritis Ultrasound Prospective Cohort in Japan. *Arthritis Care Res (Hoboken)*. 2018;70:1719-26.

Acknowledgements: We wish to thank Atsuko Kamiyama, Tomoko Nakatsuka for clinical assistant, Setsuko Takeda, Emi Yamashita, Yuko Yoshida, Rika Morinaka, Hatsue Ueda and Tomomi Iwahashi for their special efforts as a sonographer and collecting data.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.1377

AB0116

THE EFFECTS OF DISEASE MODIFYING ANTI-RHEUMATIC DRUGS ON PATIENT REPORTED OUTCOMES; PRELIMINARY RESULTS OF A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS

M. Van den Dikkenberg, Msc¹, N. Luurssen-Masurel², M. Kuijper¹, M. R. Kok¹, P. De Jong², J. Hazes², D. Lopes Barreto¹, A. Weel^{1,3}. ¹Maasstad Hospital, Rheumatology, Rotterdam, Netherlands; ²Erasmus MC, Rheumatology, Rotterdam, Netherlands; ³Erasmus School of Health Policy & Management, Health Technology Assessment, Rotterdam, Netherlands

Background: The need to involve patient reported outcomes (PROs) in the management of rheumatoid arthritis (RA) increases, since PROs quantify patient relevant outcomes. Although PROs have been incorporated in the core-outcome sets in clinical trials, knowledge about the treatment effects on these PROs is scarce. Therefore, we performed a systematic review on the effects of disease modifying anti-rheumatic drugs (DMARDs), of any type, on relevant PRO domains mentioned in the ICHOM standard set. This might support rheumatologists and RA patients during treatment decisions.

Objectives: To get insight in the treatment effects of DMARDs of any type on three PRO domains that matter to patients (pain, activity limitations and fatigue).

Methods: A systematic review was performed in Embase, Medline, Web of Science, Cochrane and Google Scholar. Included were all studies that were published before August 2019 and showed DMARD treatment effects in RA on PROs that are part of the ICHOM standard set. Three Bayesian network meta-analyses were performed for the PRO domains pain, activity limitations and fatigue. Preliminary results of DMARDs (in)directly compared to placebo were visualized by forest plots using R.

Results: The search strategy yielded n=5974 articles. After selection was performed by 2 independent researchers, n=70 individual articles representing n=53 studies were extracted, over the three PRO domains; pain (n=31), activity limitations (n=41) and fatigue (n=21). In all RCTs, PROs were only reported as secondary or tertiary endpoints. In figure 1, we show the effects on PROs for any type of DMARD investigated compared to placebo. Overall, DMARDs show a greater reduction in pain (standardized mean difference (SMD); -0.97 – -0.22) and most of them in activity limitations (SMD; -0.81 – 0.56). In fatigue, this clear direction is lacking (SMD; -0.86 – 3.5). csDMARDs and anti-TNF seem to perform slightly, but not significantly, worse than other bDMARDs and tsDMARDs in the first two domains.

Conclusion: Within this systematic review we report a reduction for DMARDs of any type on the domains of pain and activity limitations compared to placebo.

Figure 1.

However, results are still preliminary and should be interpreted with care. A more comprehensive network analysis might give a more definitive answer which DMARD performs best.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.1578

AB0117

CARDIOVASCULAR MORBIMORTALITY IN RHEUMATOID ARTHRITIS: A 5 YEAR FOLLOW-UP STUDY

A. B. Rodriguez-Romero¹, D. Á. Galarza-Delgado¹, I. J. Colunga-Pedraza¹, J. R. Azpiri-López², N. Guajardo-Jauregui¹, S. Lugo-Perez², A. Cárdenas¹. ¹Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Rheumatology Service, Monterrey, Mexico; ²Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Cardiology Service, Monterrey, Mexico

Background: Rheumatoid arthritis (RA) is characterized by elevated cardiovascular morbimortality. RA patients have a higher risk to develop cardiovascular comorbidities when compared to the general population, being the main cause of mortality in these patients. Cardiovascular risk factors (CVRF) are well known, but their management is not optimal, increasing the risk of having a major heart disease (1).

Objectives: To assess the prevalence of the main causes of morbimortality and development of CVRF in RA patients during a five-year follow-up period.

Methods: A longitudinal and prospective study of a RA cohort from 2014-2019 was performed in a Cardio Rheumatology outpatient clinic at the University Hospital "Dr. Jose E. Gonzalez", UANL. Patients aged 40-75 years with RA according to ACR/EULAR 2010 criteria were recruited. At both visits, demographic, clinical variables, and lipid profile were recorded. Outcomes included the development of cardiovascular comorbidity: hypertension, diabetes mellitus (DM), dyslipidemia, myocardial infarction, stroke. Survival probabilities and outcomes cumulative frequencies were calculated according to the Kaplan-Meier lifetime analysis method. Descriptive analysis: frequencies (%), mean (SD), or median (q25-q75). Comparisons with McNemar and Student's t test.

Results: A follow-up was done in a total of 92 patients. During the follow-up, 9 patients (9.8%) died, 3 died of cardiovascular death (one myocardial infarction and two strokes). The mean age of death was 67.2 ± 10.5 years. CVRF at baseline (T0) and after five years (T5) are shown in table 1. Of the remain 83 patients, 11 patients (13.3%) developed hypertension (p=0.001), 8 (9.6%) patients developed DM (p=0.031). The number of patients with dyslipidemia decreased significantly to 14 (16.9%) (p=0.031), 4 (4.8%) developed a stroke. A survival probability of 95.7% was found at the five-year follow-up from the time of entry into the cardio rheumatology clinic (Figure 1 next page) and a 30.1% probability of developing cardiovascular comorbidity.

Conclusion: This long-term study provides updated information on RA morbimortality characteristics in our population. Patients with RA still develop significant cardiovascular comorbidities despite current treatment. In this cohort, hypertension and DM became more prevalent, and a 96% cardiovascular death-free survival was found. Is imperative to increase the effort in determining optimal markers and therapeutic measures to continue with the prevention of these comorbidities.

REFERENCES:

- [1] Semb AG, Ik Dahl E, Wibetoe G, et al. Atherosclerotic cardiovascular disease prevention in rheumatoid arthritis. *Nat Rev Rheumatol* 2020;16(7):361-79. doi: 10.1038/s41584-020-0428-y.