BACKGROUND: The persistence with methotrexate (MTX) at 1 year or 5 years in rheumatoid arthritis (RA) is very variable and intolerance remains the main cause of discontinuation of treatment. Changes in treatment with the strategy of adding “add-on” to a targeted therapy when the conventional DMARD becomes insufficient to optimally control the disease may decrease the maintenance MTX therapy rates, particularly for biologics with a Marketing Authorization as monotherapy.

OBJECTIVES: The main objective of this study was to determine the rate of maintenance at 1 year of the combination therapy with different biologics, to compare the evaluation scores in patients receiving treatment as monotherapy (biological only) versus combination therapy with methotrexate and to analyze predictive factors for MTX maintenance therapy.

METHODS: We performed a descriptive study of 56 patients with RA meeting the criteria of the ACR 2010. Statistical analysis SPSS20 Software.

RESULTS: These were 56 patients: 93% women and 7% men, mean age 46.74 years with an average duration of the disease of 14.74 years. 71.42% of patients were under corticosteroids taken for a period of 13 years with an average dose of 5.04 mg / day. BMI was high 23.80% of patients, 30.95% had at least one associated comorbidity. The RF was positive in 61.90% and ACPA positive in 78.57% of cases. 47.62% were under MTX taken for 6.55 years with a dose of 13.03 mg / week on average: 68.75% by oral intake and 31.25% by subcutaneous intake with an average duration of setting before the switch of 8 years. 28 patients were on rituximab, 19 patients on tocilizumab and 9 patients on TNFi. 88.09% did not havenot received from bDMARD before. The mean ESR was 36.57 mm H1 and CRP was 8.56 mg / L. DAS28 at baseline was 6.81 and the current DAS 28 was 2.95 and the HAQ was 1.11. The rate of MTX maintenance therapy at 1 year was 36.84%, with rituximab, 64.28% with tocilizumab and 88% with TNFi. The comparison between the combination therapy with MTX and monotherapy groups showed a significant difference for the number of tender joints NTJ (3.5 vs 2.61), however, no significant difference concerning DAS28 value (2.98 vs 3.06), number of swollen joints NSJ (0.29 vs 0.22) and HAQ (1.09 vs 1.15). Regarding predictive factors of MTX maintenance therapy: Significant correlation was found with a high DAS 28 at baseline, however no correlation concerning the positivity of ACPA, duration of the disease, NTJ, NSJ, ESR, HAQ and the high dose of MTX. Reduction in persistence has found a significant correlation with non-narrow RA of ≥ 1 bDMARD, disease activity score, type of biotherapy (antiTNF / rituximab / tocilizumab), young age, however no influence was found with a high BMI, HAQ, the presence of comorbidities or the withdrawal of corticosteroids. The increase in the persistence of combination therapy was associated with male gender and RF seropositivity only.

CONCLUSION: Drug persistence is an important aspect of treatment effectiveness. For rheumatologists, knowledge of the factors that predict whether to maintain the combination therapy with methotrexate, increase or reduce the persistence is of great interest when choosing a new treatment to initiate in patients with RA.

REFERENCES:

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