function were more controversial and available data did not argue for a direct vascular effect of MTX in RA.

In psoriatic arthritis, evidences were more scarce. A meta-analysis showed that methotrexate was associated with a reduction of cardiovascular events in patients with psoriatic arthritis. In psoriatic arthritis, methotrexate did not improve the endothelial function.

In plaque psoriasis, available data were rare. The use of methotrexate in this condition was not associated with a reduction of cardiovascular events. Nevertheless, a decrease in circulating VCAM-1 and in E selectin levels was described within use of methotrexate. In HIV infection, a model of pro-inflammatory state, the use of methotrexate did not change the endothelial function and thus the cardiovascular events.

Finally, in general population, the use of methotrexate did not decrease the occurrence of cardiovascular events after a myocardial infarction. The cardiovascular effects of methotrexate are poorly understood, but it seems possible that the essential effect of methotrexate lies in the reduction of the inflammatory syndrome without a direct vascular impact.

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**AB0267**

HOW EFFECTIVE IS PAIN MANAGEMENT IN THE PATIENTS’ OPINION? DATA FROM THE COMPAS STUDY

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**Objectives:** to evaluate the effectiveness and satisfaction of pain management in patients with rheumatic diseases (RD) according to a survey in the COMPARS (Quality of Pain Management according to Patients with Arthritis and Back pain) study.

**Methods:** the survey included 1040 patients with RD (rheumatoid arthritis-40.6%, osteoarthritis-32.1%, spondyloarthritides-10.6%, connective tissue diseases-8.6% of patients). 78.8% were women, the mean age was 55.8±14.0 years. 35.7% of patients continued to work in their specialty, 31.6% had various degrees of disability. The effectiveness of pain therapy was evaluated by the patient in the last month preceding the survey on a 5-point scale, where 1 - no effect and 5 - excellent effect. Patients satisfaction with treatment, possible reasons for the lack of effectiveness of pain therapy and the use of additional treatment tools were also evaluated.

**Results:** as therapy for the underlying disease, 40% of patients received conventional disease modifying anti-rheumatic drugs, 33.1% - glucocorticoids, 7.2% - biological agents and 15.2% - symptomatic slow-acting drugs in osteoarthritis. At the same time, 68% of patients needed additional analgesic therapy with nonsteroidal anti-inflammatory drugs (NSAIDs). Slightly less than half of the surveyed patients (46.9%) noted a moderate effect of analgesic therapy, 22.7% - a low effect and 5% - no effect. 23.7% rated the effectiveness of therapy as good and only 1.7% - as excellent. At the same time, only 15.6% of patients were completely satisfied with the result of NSAIDs, 64% were partially satisfied with the treatment and 20.4% were completely dissatisfied. As the reason of insufficient effectiveness of NSAIDs, most often (34.3%) patients named fear of adverse reactions associated with taking drugs, 19.4% - weak drugs, 15.3% - insufficient attention of doctors to complaints, 6.6% - poor diagnosis of the causes of pain. Others found it difficult to answer or were completely satisfied with the treatment. 40% of patients used additional methods, mostly of patients used additional methods, most often chiropractic (12.3%), acupuncture (4.8%), physiotherapy (12.7%) and folk remedies (7.4%).

**Conclusion:** A significant proportion of patients with RD don't have adequate pain control. Only 25.4% of patients rate the result of treatment as good and excellent, and even fewer patients (15.6%) are completely satisfied with the results of therapy. Thus, a personalized approach to analgesic therapy is necessary, taking into account the expectations of patients regarding the results of treatment.

**Disclosure of Interests:** None declared

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**AB0269**

ARE INTERFERON- GAMMA RELEASE ASSAYS RELIABLE TO DETECT TUBERCULOSIS INFECTION IN PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH JANUS KINASE INHIBITORS?

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**Background:** The therapeutic armamentarium for patients with rheumatoid arthritis (RA) has significantly evolved in the last years, mostly with the introduction of Janus Kinase (JAK) inhibitors. Recent regulatory guidelines recommend an increase in the use of these agents in RA treatment. To ensure appropriate preventive management of latent tuberculosis infection (LTBI) in patients treated with JAK inhibitors, accurate diagnostic tests for LTBI are required.

**Objectives:** To assess the performance of interferon gamma release assays (IGRAs) in detecting LTBI in RA patients treated with JAK inhibitors.

**Methods:** A retrospective study was conducted in the Rheumatology Clinic of Sapienza University of Rome, Italy. We evaluated 38 rheumatoid arthritis patients treated with JAK inhibitors and had a negative IGRA result at baseline. RT-PCR for Mycobacterium tuberculosis was performed in all patients and IGRAs were performed after a mean of 19.7 months of JAK inhibitor treatment.

**Results:** 31 patients (81.6%) were negative by RT-PCR and IGRAs at baseline. Of these patients, 12 (37.1%) were negative by RT-PCR and IGRAs after 19.7 months of JAK inhibitor treatment. No difference was found in the baseline and follow-up RT-PCR and IGRAs results. The sensitivity and specificity of IGRAs were 100%.

**Conclusion:** IGRAs are reliable and accurate tests to detect LTBI in RA patients treated with JAK inhibitors.

**Disclosure of Interests:** None declared

**DOIs:**
AB0270 EFFECTIVENESS OF A SWITCH FROM TOFACITINIB TO BARICITINIB IN RHEUMATOID ARTHRITIS: A RETROSPECTIVE ANALYSIS OF REAL-WORLD DATA IN SWITZERLAND

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Background: Janus Kinase Inhibitors (JAKs) have recently been approved for the treatment of rheumatoid arthritis (RA) over the last years. JAKi differ in their specificity for the different JAK family members (JAK1, JAK2, JAK3 and TYK2). All three JAKIs that are currently approved in Switzerland seem to have comparable efficacy on (different disease stages of RA. Whether a JAKi can be effective after discontinuation of another JAKi is one of the open questions of interest according to the EULAR RA guidelines [1].

Objectives: To study the effectiveness of baricitinib in patients with RA after discontinuation of tofacitinib.

Methods: Longitudinal, retrospective chart review conducted between October 2019 and December 2020 of patients with RA at two Swiss centers (Kantonsspital Aarau and Inselspital Bern). Disease activity was assessed by DAS 28.

Results: 12 patients (1 male, 11 female) were treated with 4mg baricitinib/d after tofacitinib was discontinued. Mean age of the patients was 61 years, disease duration 140 months. Patients were previously treated with at least two conventional synthetic DMARDs and 75% with at least one biological DMARD. 58% of patients were positive for ACPA, 42% for rheumatoid factor. 50% of the patients suffered from erosive disease. Tofacitinib was stopped in 92% of the patients because of an insufficient response after a mean of 25.8 months. Moderate EULAR response was achieved in 83.3% of the patients after an average of 8 months treatment with baricitinib, and good EULAR response in 58.3% after an average of 10 months. There were no serious adverse events, neoplasms, opportunistic or serious infections during follow-up.

Conclusion: The first retrospective analysis of real-world data of baricitinib following tofacitinib shows that there is a good clinical response in 70% of cases. Although limited by the number of patients this study therefore supports the notion that baricitinib after discontinuation of tofacitinib in RA patients may be an effective therapeutic option.

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Disclosure of Interests: Simon Kellerhals: None declared, Jennifer Amsler: None declared, Hendrik Schulze-Koops: None declared, Thomas Hügge Consultant of: GSK, Abbvie, Pfizer, Jansen, Novartis, Eli Lilly, Michael J. Nissen Consultant of: Abbvie, Celgene, Eli Lilly, Janssen, Novartis and Pfizer., Hasler paul Consultant of: Abbvie, Lilly, Diego Kyburz Consultant of: Abbvie, Gilead, Lilly, Novartis and Pfizer, outside of the submitted work, Rudiger Muller Consultant of: Abbvie, Novartis, Grant/research support from: Bebro Pharma

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