CAN NONSTEROIDAL ANTI-INFLAMMATORY DRUGS CONTROL THE SYMPTOMS OF MODERATE RHEUMATOID ARTHRITIS?

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Objectives: to evaluate the efficacy of long-term pain therapy with nonsteroidal anti-inflammatory drugs (NSAIDs) in patients with rheumatoid arthritis (RA) with an index of moderate disease activity (DAS 28 > 5.1).

Methods: the study included 404 RA patients, disease duration was more than 1 year, mean DAS 28 3.7±1.6, mean age 56.8±10.0 years, 69% women, 76.7% RF- (+), 81.5% ACPR-91.2% of the patients received conventional DMARDs (methotrexate), 8.8% - biological agents. All patients received NSAIDs (acetylsalicylic acid) to control their symptoms. The follow-up period was 6 months. We evaluated the dynamics of the DAS 28 index, the level of pain and patient global health on a 100-mm visual analog scale (VAS).

Results: the level of pain (VAS) decreased from 63.1±15.4 to 46.3±8.3 (p<0.001) by 3 months of follow-up and up to 39.5±11.2 (p<0.001) by 6 months of follow-up. The patient global health (VAS) also improved from 58.2±13.4 at baseline to 40.3±11.2 (p<0.001) at 3 months and to 35.5±9.7 (p<0.001) at 6 months of follow-up. The mean DAS 28 remained within the moderate disease activity and decreased from 3.7±1.5 to 3.4±1.1 (p<0.01) after 3 months, and to 3.1±0.9 (p<0.01) after 6 months.

Conclusion: long-term NSAID therapy allows to control the disease activity in patients with moderate RA. This should be taken into account when planning therapy, including deciding whether to "switch" DMARDs and prescribing biological agents.

Disclosure of Interests: None declared

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AB0271

COMPARISON OF DOSE REDUCTION METHODS BETWEEN RAPIDLY AND GRADUALLY DE-ESCALATION IN RHEUMATOID ARTHRITIS TREATED WITH BARICITINIB OVER 15 MONTHS

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Background: However tsDMARDs and treatment strategies have improved the outcomes of rheumatoid arthritis (RA), it is unknown who can taper or stop tsDMARDs and strategies for de-escalation.

Objectives: We analyze predictors of de-escalation in RA patients treated with baricitinib over 15 months in each group who start baricitinib with 4mg/day and 2mg/day.

This study will assess and compare (1) characteristic of patients who achieve remission (REM) or low disease activity (LDA) as who can taper baricitinib and (2) two de-escalation methods, rapidly and gradually de-escalation in patients who respond first-line therapy.

Methods: Cases were recruited to Shin-Yokohama Arthritis REGister (SHARE) between 2015 and 2020 (n=3,961). Patients were diagnosed according to ACR/EULAR 2010 classification criteria and treated with baricitinib started with 4mg/day(=42) or 2mg/day(=108) over 15 months. 45 cases fulfilled EULAR definition for difficult-to-treat RA (D2T-RA). In 150 (Male25, Female125 cases, RA duration 12.5±5.9years) cases, Clinical Disease Activity Index (CDAI), Health Assessment Questionnaire-Disability Index (HAQ-DI), anti-CCP2 and clinical parameters were analyzed. Two de-escalation methods were compared in this study. In rapidly de-escalation methods, baricitinib were stopped in patients with stable REM/LDA with no swollen joint over 12 weeks. In gradually de-escalation methods, baricitinib were decreased to 50%, 42%, 28%, 14% in order with stable REM/LDA with no swollen joint over 12 weeks.

Results: (1) Detect predictors who can achieve REM/LDA with no swollen joint as starting de-escalation baricitinib. In patients started with baricitinib 4mg/day group, 17 patients achieved REM/LDA with no swollen joint(40.5%), there were no differences in duration of RA, onset age of RA, biologics and/or JAK inhibitors naive, anti-CCP2 titer and CDAI at the start baricitinib between REM/LDA and non-achieved cases. In patients started with baricitinib 2mg/day group, 59 patients achieved REM/LDA with no swollen joint(54.6%). In 2mg/day group, biologics and/or JAK inhibitors naive was predictor for achieving REM/LDA with no swollen joint. In 2mg/day group, D2T-RA patients was negative predictor. (2) Comparison of sustained REM and/or LDA rate between rapidly and gradually de-escalation of baricitinib in rheumatoid arthritis. In whole patients, 15 patients were tapered baricitinib with rapidly de-escalation methods and 61 patients were with gradually de-escalation. Gradually de-escalation methods showed less relapse rate compared with rapidly de-escalation after tapered baricitinib (33.3% vs. 93.8%, p<0.0001). Particularly in 2mg/day group, 12 patients were tapered baricitinib with rapidly de-escalation methods and 47 patients were with gradually de-escalation. Gradually de-escalation methods showed less relapse rate compared with rapidly de-escalation after tapered baricitinib for 32.7 months (33.3% vs. 80.9%, p<0.0001). However 2cases in 4mg/day group and 8cases in 2mg/day showed increase of CDAI, all these cases regain LDA after increasing baricitinib.

Conclusion: Tapering baricitinib using gradually de-escalation methods may help to succeed de-escalation of baricitinib in RA patients with sustained clinical REM and/or LDA with no swollen joint in each group who start baricitinib with 4mg/day and 2mg/day.

REFERENCES: