AB0271
COMPARISON OF DOSE REDUCTION METHODS BETWEEN RAPIDLY AND GRADUALLY DE-ESCALATION IN RHEUMATOID ARTHRITIS TREATED WITH BARICITINIB OVER 15 MONTHS

M. Yamaseki1, Shin-Yokohama Arthritis and Rheumatology Clinic, Yokohama, Japan

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.

Methods: Cases were recruited to Shin-yokohama Arthritis Regist (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(n=42) or 2mg/day(n=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 naïve, 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 naïve 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 (2%) were achieved REM/LDA with no swollen joint over 12 weeks. In 2mg/day group, 17 patients achieved REM/LDA with no swollen joint (40.5%), there were differences in duration of RA, onset age of RA, biologics and/or JAK inhib-itors naïve, 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 naïve was predictor for achieving REM/LDA with no swollen joint.

Conclusion: Tapering baricitinib using gradually de-escalation methods may help to succeed deduction 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.

Disclosure of Interests: None declared

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AB0273
HYPERSENSITIVITY REACTIONS TO NON STEROIDAL ANTI-INFLAMMATORY DRUGS: A BOUT 87 CASES

K. Ksouda1, R. Sahounn1, R. Atheymen1, I. Bouaziz2, A. Hanène1, S. Hammami1, L. Chtourou1, Z. Khaled1, 1Medecine School of Sfax, Pharmacovigilance Department, Sfax, Tunisia; 2Hedi Chaker Hospital, Gastroentrology Department, Sfax, Tunisia

Background: Non-steroidal anti-inflammatory drugs (NSAIDs) are one of the leading causes of hypersensitivity reactions to drugs. The pathogenesis may be immunological mechanisms (allergic reactions) or non specific immunological reactions often in crocrated in reactivity independently of chemical structure of these molecules. Understanding of the underlying mechanism is necessary for prevention and choice of safe alternatives [1, 2].

Objectives: Analyze all cases of non-steroidal anti-inflammatory drugs cutaneous eruption reported to sfax pharmacovigilance service since January 2015 to December 2020 and evaluate the possibility of re-examinations between different molecules in this class.

Methods: We conducted a retrospective study of all cases reported to sfax pharmacovigilance department. An enquiry of pharmacovigilance was performed in patients who presented side effects to AINS. The imputability study was carried out by the French method of Imputability. Medical history specifies if there is a re-administration to assess tolerance and cross-reactivity.

Results: Our study included 87 patients whose average age was 45, 8 years. The sex ratio (F/M) was 1.18. Among them, 64 (72.9%) patients were treated with baricitinib 4mg/day and 23 (26.6%) with 2mg/day.

Conclusion: The diagnostic approach is often based on the controlled administration of the drug to assess tolerance and to identify safe alternatives. In cases of intolerance to COX 1 inhibitors, cross-reactions to selective cox 2 inhibitors are very rare [3].

REFERENCES:

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AB0274
METHOTREXATE INTOLERANCE IN MOROCCAN RHEUMATOID ARTHRITIS PATIENTS

M. Mahroug1, H. Azzouzi1, H. Boutaib1, O. Lamkhanat1, I. Linda1, M. Mahmoudi, H. Azzouzi1, H. Boutaib1, O. Lamkhanat1, I. Linda1, 1Mohammed VI University Hospital, Mohammed I University, Faculty of Medicine, Rheumatology, Oujda, Morocco

Background: Methotrexate intolerance is a principal reason for treatment discontinuation, hence the interest in a more in-depth study.

Objectives: We aimed to study the prevalence of methotrexate gastrointestinal intolerance and determine its associated factors in rheumatoid arthritis (RA) patients.

Methods: We designed a cross-sectional study on our RA patients recruited in January 2021 at our rheumatology department. Methotrexate Intolerance Severity Score (MIS) [1], previously validated in juvenile idiopathic arthritis

Disclosure of Interests: None declared

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