Table 1. Effectiveness of golimumab at 3 months in the GO-BEYOND-Italy study

Rheumatoid arthritis (n=38)		Psoriatic arthritis (n=91)		Axial spondyloarthritis (n=64)	
DAS28-CRP, mean (SD)	n=27	DAS28-CRP, mean (SD)	n=47	ASDAS-CRP, mean (SD)	n=44
V0 / V1	4.05 (0.8) / 3.10* (1.0)	V0 / V1	3.66 (1.0) / 2.79* (1.2)	V0 / V1	2.86 (1.0) / 2.33* (1.0)
V1: DAS28-CRP disease activity, n (%)	n=27	V1: EULAR response, n (%)	n=33	V1: ASDAS-CRP disease activity, n (%)	n=46
Remission	8 (29.6)	Good	16 (48.5)	Inactive disease	7 (15.2)
Low disease activity	6 (22.2)	Moderate	10 (30.3)	Low disease activity	12 (26.1)
Moderate disease activity	13 (48.1)	No response	7 (21.2)	High disease activity	22 (47.8)
				Very high disease activity	5 (10.9)
V1: EULAR response, n (%)	n=23	V1: MDA, n (%)	n=75		
Good	7 (30.4)	Yes	21 (28.0)	BASDAI, mean (SD)	n=50
Moderate	8 (34.8)			V0 / V1	5.99 (2.1) / 4.92 (2.3)*
No response	8 (34.8)			V1: BASDAI50, n (%)	7 (14.0)
				ASAS-HI, mean (SD)	n=48
				V0 / V1	10.67 (3.8) / 9.68 (4.6) ^Δ

*p value for the difference from V0 <0.01. ^Δp for the difference from V0=0.032. Abbreviations: ASDAS: Ankylosing Spondylitis Disease Activity Score; ASAS-HI: Assessment of SpondyloArthritis international society Health Index; BASDAI: Bath Ankylosing Spondylitis Disease Activity Index; CRP: C-reactive protein; DAS: disease activity score; EULAR: European League Against Rheumatism; MDA: Minimal Disease Activity; SD: standard deviation; V0: baseline; V1: 3 months evaluation.

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AB0468 IS THE USE OF INTERLEUKIN 17 INHIBITORS IN SPONDYLOARTHRITIS RELATED TO THE CLINICAL MANIFESTATIONS? 12-MONTH EXPERIENCE OF ONE RHEUMATOLOGY CENTER

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Background: Therapy with interleukin 17 (iIL17) inhibitors in Russia is indicated for patients with ankylosing spondylitis (AS) or psoriatic arthritis (PSA). If standard therapy is ineffective in these diseases, both tumor necrosis factor inhibitors (iTNF) and iIL17 can be prescribed as the first biologics.

Objectives: To study the clinical features of patients with spondyloarthritis (SPA) who were first prescribed iIL17 in a rheumatology center for 12 months.

Methods: During the period from January to December 2019, iIL17 was initiated to 43 SPA patients. To compare the clinical picture, the study additionally included 40 SPA patients who were prescribed iTNF during the same period. The diagnosis of AS was based on the mNY criteria, and psoriatic arthritis was based on the CASPAR criteria. In the combined group of 83 patients, AS was in 52 (62.7%), and PSA – in 31; the age of patients was 39.3±10.8 years, and the duration of the disease was 15.1±8.2 years; men were 47 (56.6%).

Results: In the iIL17 group, AS had 23 (53.5%) patients, and PSA – 20 (46.5%), while in the iTNF group, respectively, 29 (72.5%) and 11 (27.5%; $\chi^2=3.2$, $p=0.76$). Among the patients who were prescribed iIL17, men were 29 (67%), and in the iTNF group – 18 (45%; $\chi^2=4.2$, $p=0.04$). In terms of activity indicators (ESR, CRP, BASDAI ASDAS-CRP), patients who were prescribed iIL17 or iTNF did not differ significantly from each other. Peripheral arthritis, dactylitis, and entesitis were observed with almost the same frequency in both groups. In the iIL17 group, there were almost 2 times more patients with psoriasis (53.5% and 25.0%; $p<0.05$) than in group iTNF and among them, significantly more frequent the patients had previous experience of iTNF treatment (41.9% and 17.5%; $p<0.05$). Disease-modifying antirheumatic drugs often received patients in iTNF group (80.0% and 48.8%; $p<0.05$).

Conclusion: Thus, in clinical practice iIL17 often prescribed for SPA male patients with psoriasis and previous treatment experience by iTNF. The activity of the disease and the presence of non-axial manifestations practically do not affect the choice of biological therapy.

Disclosure of Interests: None declared.

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AB0469 PROTON PUMP INHIBITORS MAY IMPAIR RESPONSE TO TNF-INHIBITORS IN SPONDYLOARTHRITIS PATIENTS

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Background: Considering the potential role of the gut microbiota in the pathophysiology of spondyloarthritis (SpA) as in the therapeutic response to biologics (1), we evaluated the hypothesis that co-medications known to interfere with the gut microbiota could impair the therapeutic response to TNF-inhibitors (TNF-i) in SpA patients. This was first suggested by the results of a retrospective cohort showing that a co-medication with proton pump inhibitors (PPIs), non-steroidal anti-inflammatory drugs (NSAIDs) or antibiotics was significantly associated with a decreased chance to respond to a first TNF-i, independently of each other (2).

Objectives: To validate in a replication cohort the potential negative association between therapeutic response to TNF-i and co-medication with commonly used drugs.

Methods: Demographic information and disease characteristics were retrospectively collected. Patients were classified as responder (R) or non-responder (NR) according to the BASDAI (< 40/100) value at month 6 or to the clinician judgment (when BASDAI was not available). We collected all drugs known to interfere with the gut microbiota that were administered 1 month before and during the first 3 months of the TNF-i treatment. We only considered drugs given to more than 5% of patients. Univariate and multivariate analyses were performed to evaluate the relationship between co-medications, predictors of response known from literature and TNF-i response. All analyses were computed on STATA 13.1 with a statistically significant threshold of 0.05.

Results: We included from 4 different centres 185 patients having axial SpA with radiographic or magnetic sacroiliitis in 75% and 73% of cases, respectively. One third of them had peripheral involvement. 73% were B27 positive. TNF-i administrated were infliximab (8%), etanercept (22%), adalimumab (44%) golimumab (19%), certolizumab (7%). 127 patients (69%) were considered as R. 59.4% of patients who received NSAIDs were R, compared to 81% not treated with NSAIDs ($p<0.0001$). 43.3% of patients receiving PPIs were R compared to 83% of patients PPI free ($p<0.0001$). Differences were not significant for antibiotics, methotrexate (MTX), psychotic drugs and corticosteroids. Considering known predictors of response, a magnetic sacroiliitis and the age at TNF-i initiation were significantly associated with a higher proportion of R patients ($p=0.048$ and 0.018 respectively). In multivariate analysis, PPIs intake remained associated with a poorer response to a first TNF-i ($p<0.001$), even though 88% of patients exposed to PPIs received also NSAIDs.