Objectives: To study the clinical features of patients with spondyloarthritis (SPA) who were first prescribed IL17 in a rheumatology center for 12 months.

Methods: During the period from January to December 2019, IL17 was initiated in 43 SPA patients. To compare our patients with those included in previous studies, we included 40 SPA patients who were prescribed TNF inhibitors during the same period. The diagnosis of IL17 was based on the mMNS criteria, and psoriatic arthritis was included in the CASPAR criteria. In the combined group of 83 patients, 42 (52.7%) were AS, 31 (38.1%) had psoriatic arthritis, and 10 (13.6%) had SpondyloArthritis international society Health Index (ASAS-HI). All patients were treated with the following biologics: TNF inhibitors, IL17 inhibitors, and others.

Results: In the IL17 group, AS had 23 (53.5%) patients, and psoriasis – 20 (46.5%); while in the TNF group, respectively, 29 (72.5%) and 11 (27.5%); χ²=3.2, p=0.07. Among the patients who were prescribed IL17, men were 29 (67%), and in the TNF group – 18 (45%); χ²=2.4, p=0.05. In terms of activity indicators (ESR, CRP, BASDAI ASDAS-CRP), patients who were prescribed IL17 or TNF did not differ significantly from each other. Peripheral arthritis, dactylitis, and entesitis were observed with almost the same frequency in both groups. In the IL17 group, there was almost 2 times more patients with psoriasis (53.5% and 25.0%; p<0.05) than in group IL17 and among them, significantly more frequent were the patients with previous experience of ILT17 treatment (41.9% and 175%; p<0.05).

Conclusion: IL17 is often prescribed for SPA patients with psoriasis and previous treatment experience by ILT17. 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 administered were infliximab (8%), etanercept (22%), adalimumab (44%) golimumab (19%), certolizumab (7%). 127 patients (89%) 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), psychotropic 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.

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References

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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 (IL17) 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 (TNF-i) and IL17 can be prescribed as the first biologics.

Methods: During the period from January to December 2019, IL17 was initiated in 43 SPA patients. We compared our patients with those included in previous studies, we included 40 SPA patients who were prescribed TNF inhibitors during the same period. The diagnosis of IL17 was based on the mMNS criteria, and psoriatic arthritis was included in the CASPAR criteria. In the combined group of 83 patients, 42 (52.7%) were AS, 31 (38.1%) had psoriatic arthritis, and 10 (13.6%) had SpondyloArthritis international society Health Index (ASAS-HI). All patients were treated with the following biologics: TNF inhibitors, IL17 inhibitors, and others.

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Conclusion: IL17 is often prescribed for SPA patients with psoriasis and previous treatment experience by ILT17. 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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Table 1. Effectiveness of golimumab at 3 months in the GO-BEYOND-Italy study

<table>
<thead>
<tr>
<th>Rheumatoid arthritis (n=38)</th>
<th>Psoriatic arthritis (n=91)</th>
<th>Axial spondyloarthritis (n=64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V0 / V1</td>
<td>V1: DAS28-CRP, mean (SD)</td>
<td>V0 / V1</td>
</tr>
<tr>
<td>4.05 (0.8) / 3.10 (1.0)</td>
<td>V1: EULAR response, n (%)</td>
<td>V1: BASDAI50, n (%)</td>
</tr>
<tr>
<td>2.86 (1.0) / 2.72 (1.0)</td>
<td>V1: EULAR response, n (%)</td>
<td>V1: BASDAI50, n (%)</td>
</tr>
<tr>
<td>V0 / V1</td>
<td>V1: DAS28-CRP, mean (SD)</td>
<td>V0 / V1</td>
</tr>
<tr>
<td>2.33 (1.0) / 4.05 (1.0)</td>
<td>V1: EULAR response, n (%)</td>
<td>V1: BASDAI50, n (%)</td>
</tr>
</tbody>
</table>