Ildariya Khairullovna Valeeva: None declared., Jana Shevnina: None declared., Diana Abdulganieva: None declared.

DOI: 10.1136/annrheumdis-2021-eular.4006

AB0485

DOES THE REASON OF DISCONTINUATION OF THE FIRST TNF INHIBITOR INFLUENCE THE RESPONSE TO THE SECOND TNF INHIBITOR IN SPONDYLOARTHRITIS? PILOT STUDY FROM THE MOROCCAN RBSMR REGISTRY

T. Fatima Zahrae¹, T. Latifa², H. Rkain², I. Hmamouchi², L. Achemlal², I. El Bouchti³, A. Elmaghraoui², I. Ghoulani⁴, H. Hassikou⁵, T. Harzy⁶, L. Ichchou⁷, O. Mkini⁸, R. Niamane⁹, R. Bahiri², F. Allali². ¹Faculty of Medicine and Pharmacy of Tangier, Adelmalek Essaadi University, Rheumatology, Tangier, Morocco; ²Faculty of Medicine and Pharmacy of Rabat, Mohammed V University, Rheumatology, Rabat, Morocco; ³Arazi University Hospital, Rheumatology, Marrakech, Morocco; ⁴University Hospital of Agadir, Rheumatology, Agadir, Morocco; ⁵Military Hospital Moulay Ismail, Hassan II University Hospital, Rheumatology, Meknes, Morocco; ⁶Hassan II University Hospital, Rheumatology, Fez, Morocco; ⁷Mohammed VI University Hospital, Rheumatology, Oujda, Morocco; ⁸Ibn Rochd University Hospital, Rheumatology, Casablanca, Morocco; ⁹Military Hospital Avicenne, Mohammed VI University Hospital, Rheumatology, Marrakech, Morocco

Background: In rheumatoid arthritis, studies have shown that the response to a second TNF inhibitor is better if the first TNF inhibitor was stopped for a secondary failure or adverse event compared to a primary failure [1,2]. However, few studies have provided evidence regarding the response to a second TNF inhibitor based on the reason for discontinuation of the first TNF inhibitor in patients with a diagnostic of spondyloarthritis (SpA).

Objectives: To evaluate the efficacy of the 2nd TNF inhibitor in real life from a cohort of patients with SpA from the Moroccan registry of biological therapies in rheumatic diseases (RBSMR Registry), according to the reason for discontinuation of the 1st TNF inhibitor.

Methods: We have included from the RBSMR Registry any patient with a diagnosis of SpA starting a 2nd TNF inhibitor on inclusion in the registry or during the 1st year of follow-up. A descriptive study was conducted by measuring the therapeutic maintenance of the 2nd TNF inhibitor as well as the disease activity in different groups of patients according to the reason for stopping the first TNF inhibitor: stopping for ineffectiveness, side effect or non-availability of the drug.

Results: Of the total 194 patients with SpA included in the RBSMR registry, 40 patients were on their 2nd TNF inhibitor at one year follow-up. The mean age of the patients was 43.6 ± 15.1 with a male predominance (57.5%) and a mean of disease duration of 13.75±6.95 years. At 1 year, treatment was maintained in 72.5% of all patients: 100% after ineffectiveness, 82% after discontinuation for side effects and 52.9% for unavailability of the first TNF inhibitor. Moderate disease activity as defined by an Ankylosing Spondylitis Disease Activity Score using ASDAS-CRP <2.1 was achieved at 1 year in 75%, 64.7% and 52.9% respectively in patients who stopped their first TNF inhibitor for side effects, ineffectiveness or unavailability of treatment.

Conclusion: This pilot study gives us a small insight into the fate and efficacy of the 2nd TNF inhibitor based on the reason for discontinuation of the first. The follow-up data at 2 and 3 years will allow us to include more patients and thus be able to do a real statistical study with a comparison between the different groups.

REFERENCES:

- [1] Remy A, Avouac J, Gossec L, Combe B. Clinical relevance of switching to a second tumour necrosis factor- α inhibitor after discontinuation of a first tumour necrosis factor- α inhibitor in rheumatoid arthritis: a systematic literature review and meta-analysis. *Clin Exp Rheumatol*. 2011;29:96–103.
- [2] Chatzidionysiou K, Askling J, Eriksson J, Kristensen LE, van Vollenhoven R, ARTIS group. Effectiveness of TNF inhibitor switch in RA: results from the national Swedish register. *Ann Rheum Dis*. 2015;74:890–6.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.4104

AB0486

ONE-YEAR DIRECT COSTS OF BIOLOGICAL THERAPY IN ANKYLOSING SPONDYLITIS AND ITS PREDICTIVE FACTORS: DATA FROM THE MOROCCAN RBSMR REGISTRY

S. Bahloul¹, H. Rkain², S. Fellous², S. Ahid³, R. Abouqal⁴, T. Latifa², I. Hmamouchi⁵, L. Achemlal⁶, I. El Bouchti⁷, A. EL Maghraoui⁸, I. Ghoulani⁹, H. Hassikou⁹, T. Harzy¹⁰, I. Linda¹¹, O. Mkini¹², R. Niamane¹³, R. Bahiri², F. Allali². ¹El Ayachi Hospital, Rheumatology, Salé, Morocco; ²El Ayachi Hospital, Rheumatology, salé, Morocco; ³Mohamed 5 university, Pharmacoeconomic - pharmaco epidemiology Laboratory, RABAT, Morocco; ⁴Mohamed 5 university, laboratory of biostatistical clinical and epidemiological research,

RABAT, Morocco; ⁵Provincial hospital of temara, Rheumatology, Temara, Morocco; ⁶military hospital Mohamed 5, Rheumatology, RABAT, Morocco; ⁷Razi university Hospital, Rheumatology, Marrakech, Morocco; ⁸university hospital, Rheumatology, agadir, Morocco; ⁹military hospital moulay ismail, Rheumatology, Meknes, Morocco; ¹⁰Hassan II university hospital, Rheumatology, Fes, Morocco; ¹¹Mohamed 5 university, Rheumatology, OUJDA, Morocco; ¹²Ibn Rochd university Hospital, Rheumatology, Casablanca, Morocco; ¹³military hospital avicenne, Rheumatology, Marrakech, Morocco

Background: NA

Objectives: To estimate the annual direct costs of biological therapies in Spondyloarthropathies (SpA) and to establish possible factors associated with those costs.

Methods: The main data source was the Moroccan registry of biological therapies in rheumatic diseases (RBSMR). We included SpA patients with available 1-year data. Variables related to socioeconomic status, disease and biological therapy were collected. Differences in costs across groups were tested by Mann–Whitney and Kruskal–Wallis tests. Correlations analysis was performed in search of factors associated with high costs.

Results: We included 89 SpA patients. The mean age was 40.6± 13.6 years, with male predominance 68.9 %. Patients received one of the following therapies: TNF-blockers (n =79), Biosimilar of TNF-blockers (n =8) and IL17-blockers (n =2). Median one-year biologic costs per patient were 9 569, 39 €. The total annual of biotherapies in AS patients was 851 675, 98 €.

Figure 1 Annual mean drug costs per treated patient (€: Euro)

The costs are presented in Euro using an exchange rate of (1 Moroccan Dirham = 0.091Euro).

TNF-blockers constituted 95 % of the total annual budget. Biosimilar of TNF-blockers and IL17-blockers represented 3 % and 2 % of this overall budget, respectively. Although the costs were not significantly different in terms of gender or level of study, the insurance type significantly affected the cost estimation.

No correlation was found between the annual direct costs of biotherapies and body mass index nor with BASFI or BASDAI.

Conclusion: In Morocco, a developing country, the annual direct costs of biological therapies are high in AS patients. Our results may contribute to the development of strategies for better governance of these costs.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.4117

Spondyloarthritis - clinical aspects (other than treatment)

AB0487

HEPSIDINE LEVEL IN PATIENTS WITH ANKYLOSING SPONDYLITIS, RELATIONSHIP WITH HEMOPOESIS AND FERROKINETICS

O. Zviaghina¹, S. Shevchuk¹. ¹National Pirogov Memorial Medical University, Vinnytsya, Internal Medicine Chair # 2, Vinnytsya, Ukraine

Background: Hypofermia, as a manifestation of systemic inflammation, is quite common in patients with ankylosing spondylitis (AS). Anemic syndrome can be represented by anemia of chronic disease (ACD), iron deficiency anemia (IDA) and their combination. Its frequency of occurrences ranges from 18.5 to 45.8 %. The discovery of the hormone hepcidin in 2001 changed the perception of iron metabolism disorders and demonstrated its association with the inflammatory component. Over the last decade, scientific databases have accumulated a lot