PHYSICAL ACTIVITY AND OBESITY IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Ankylosing Spondylitis (AS) is associated with an increased cardiovascular risk. Obesity and limited activity in patients with AS may contribute to this cardiovascular risk.

Objectives: We aimed to evaluate physical Activity and obesity in patients with AS.

Methods: We conducted a cross-sectional observational study of 40 patients with AS, over a period of 3 months. We evaluated the level of physical activity using the IPAQ (International Physical Activity Questionnaire). We also measured body mass index (BMI), body fat percentage, waist circumference, hip circumference and their ratio in all patients.

Results: The mean age of our population was 44±10 years. A male predominance was noted with a sex ratio =11.1. The mean ASDAS-CRP and C-reactive protein (CRP) levels were 3.8±2.7 and 0.9±0.8, respectively. The mean body mass index (BMI) was 28±5 kg/m². Thirty-one percent of patients were obese. The mean waist circumference was 95±13 cm and the mean hip circumference was 104±9 cm. The mean body fat percentage was 25% with a median of 23.7% and extremes of 8-46%. Forty-five percent of the patients had a high fat mass. The mean waist circumference was 95±13 cm, hip circumference 104±9 cm. The mean waist to hip ratio was 0.9±0.07. Thirty-seven percent of patients had a high waist to hip ratio. BMI and body fat percentage were negatively correlated with HDL level; (r=-0.365, p=0.024) and (r=-0.393, p=0.015) respectively.

Conclusion: The majority of our patients have moderate or low levels of physical activity. The increase in BMI and fat mass appear to be associated with disturbance of the lipid balance, with low HDL values.

Disclosure of Interests: None declared.

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Pсориатический артрит – лечение

AB0521 EARLY REAL-WORLD EXPERIENCE OF TOFACITINIB FOR PSORIATIC ARTHRITIS: DATA FROM A UNITED STATES HEALTHCARE CLAIMS DATABASE

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Background: Tofacitinib is an oral Janus kinase inhibitor for the treatment of psoriatic arthritis (PsA). It was approved in the United States (US) in December 2017 for use in combination with non-biologic disease-modifying antirheumatic drugs (DMARDs).

Objectives: This analysis of real-world data assessed demographic and baseline clinical characteristics, as well as treatment persistence/adherence, in patients (pts) with PsA who had newly initiated tofacitinib treatment.

Methods: This retrospective cohort study included pts aged ≥18 years in the Truven MarketScan™ US Commercial and Medicare Supplemental Claims and Encounters database with ≥1 tofacitinib claim (first = index) between 14 December 2017–30 April 2019, and PsA diagnoses (≥1 inpatient or ≥2 outpatient claims within 12 months pre-index) and tofacitinib treatment within 90 days post-index. Pts were continuously enrolled for 12 months pre-index and 6 months post-index, with a pre-index claims for tofacitinib. Pt demographic and clinical characteristics on the day of index, history of advanced therapy treatment (≥1 claim for biologic DMARDs or apremilast within 12 months pre-index) and tofacitinib treatment regimen (monotherapy or combination therapy [≥1 claim for conventional synthetic DMARDs or apremilast on or within 90 days post-index]) were recorded.

Results: Outcomes at 6 months post-index included tofacitinib persistence (<60-day gap without tofacitinib treatment) and adherence (proportion of days covered ≥80% and medication possession ratio [data not shown]). A sensitivity check was performed by analysing a sub-cohort that excluded pts with a diagnosis of rheumatoid arthritis (RA) on or within 12 months pre-index and within 6 months post-index.

Results: Of 17 321 pts receiving tofacitinib, 440 pts met the inclusion criteria for the overall cohort, with 315 pts included in the sub-cohort. In the overall cohort, pts were mostly female, with a mean age of 52.3 years and a mean PsA duration of 738 days (data not shown). Most pts were exposed to ≥1 advanced therapy within 12 months pre-index (mean = 1.1; range = 0–4); most commonly secukinumab (Table 1). Overall, 60.7% of pts received mono-therapy and 39.3% of pts received tofacitinib combination therapy post-index; most commonly methotrexate (data not shown). At 6 months post-index, persistence was similar in pts receiving tofacitinib monotherapy vs combination therapy; adherence was slightly lower in pts receiving tofacitinib monotherapy vs combination therapy (Figure 1). Results were similar in the sub-cohort (Table 1, Figure 1).