**REFERENCES:**


**Acknowledgements:** We thank all contributors to the SOLAR clinical trial

Disclosures of Interests: V Mazurov: None declared, Maxim Korolev: None declared, Alena Kunzner: None declared, Nikolaj Soroka: None declared, Aleksander Kastanayan: None declared, Tatjana Povarova: None declared, Tatjana Plakaeva: None declared, Olga Antipova: None declared, Diana Kretchikova: None declared, Svetlana Smakotina: None declared, Oksana Tcupa: None declared, Tatiana Rasina: None declared, Tatiana Kropotina: None declared, Olga Nesmyanova: None declared, Tatiana Popova: None declared, Ekaterina Dokukina Employee of: JSC BIOCAD, Aleksandria Plotnikova Employee of: JSC BIOCAD, Antun Luktski Employee of: JSC BIOCAD, Arina Zirkinha-Orhan Employee of: JSC BIOCAD

**DOI:** 10.1136/annrheumdis-2021-eular.2443

**POS0025**

ASSOCIATIONS OF REMISSION AND PERSISTENCE OF BIOLOGICS AT 1 AND 12 YEARS

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**Background:** Biologic therapies have greatly improved outcomes in rheumatoid arthritis (RA) and psoriatic arthritis (PsA). Yet, our ability to predict long-term remission and persistence or continuation of therapy remains limited.

**Objectives:** To compare RA and PsA outcomes at 1 and 12 years after commencing biologic DMARDs and to identify predictors of remission and persistence of therapy.

**Methods:** RA and PsA patients were prospectively recruited from a biologic clinic. Outcomes on commencing therapy, at 1 year and 12 years were reviewed. Demographics, medications, morning stiffness, patient global health score, tender and swollen joint counts, antibody status, CRP and HAQ were collected. Outcomes at 1 and 12 years are reported and predictors of EULAR-defined remission (DAS28-CRP < 2.6) and biologic persistence are examined with univariate and multivariate analysis.

**Results:** A total of 403 patients (274 RA and 129 PsA) were analysed. PsA patients were more likely to be male, in full-time employment and have completed higher education. PsA had higher remission rates than RA at both 1 year (60.3% versus 34.5%, p < 0.001) and 12 years (91.3% versus 60.6%, p < 0.001). This difference persisted when patients were matched for baseline disease activity (p < 0.001). Biologic continuation rates were high for RA and PsA at 1 year (49.6% versus 58.9%) and 12 years (38.2% versus 52.3%). In PsA, patients starting on etanercept had lower CRP at 12 years (p = 0.041). Multivariate analysis showed 1-year continuation [OR 4.28 (1.28-14.38)] and 1-year low-disease activity [OR 3.90 (95% CI 1.05-14.53)] was predictive of a 12-year persistence. Persistence with initial biologic at 12 years [OR 4.98 (95% CI 1.83-13.58)] and male gender [OR 4.48 (95% CI 1.25-16.01)] were also predictive of 12-year remission.

**Conclusion:** This is the first real world data to show better response to biologic therapy in PsA compared to RA at 12 years. Long-term persistence with initial biologic agent was high and predicted by biologic persistence and low-disease activity at 1 year. Interestingly, PsA patients had higher levels of employment, educational attainment, and long-term remission rates compared to RA patients.

**Disclosure of Interests:** Kieran Murray Grant/research support from: Bresnihan Molloy and Newman Fellowships, Matthew Turk: None declared, Yousef Alammarzi: None declared, Ursula Fearon: None declared, Douglas Veale: None declared

**DOI:** 10.1136/annrheumdis-2021-eular.2443

**POS0027**

SHORT-TERM EFFECT OF ANTI-IL-6 THERAPY ON ADIPONECTIN SERUM LEVELS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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**Background:** Adiponectin is an adipokine with anti-inflammatory, anti-atherosclerotic and cardioprotective effects that also contributes to the pathogenesis of metabolic syndrome (MetS) [1]. MetS is frequently observed in patients with rheumatoid arthritis (RA), increasing the risk of cardiovascular (CV) morbidity and mortality in these patients [1-3]. A recent study of our group disclosed a short-term effect of anti-IL-6 therapy on serum levels of leptin (another adipokine with pro-inflammatory functions, related with MetS and CV disease) in RA patients [4]. Accordingly, it is plausible to think that such treatment may also have an effect on adipokine levels.

**Objectives:** To determine the short-term effect of the anti-IL-6 receptor tocolizumab (TCZ) administration on circulating adiponectin serum levels in patients with RA, as well as the potential association of adiponectin with demographic and clinical features of these patients.