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**OP0119** SHOULD WE USE BIOMARKERS IN FIRST INTENTION IN EARLY RHEUMATOID ARTHRITIS?: RESULTS AT 5 YEARS FROM THE ERA LOUVAIN BRUSSELS COHORT

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**Background:** Early effective treatment has led to major improvements in patients with rheumatoid arthritis (ERA). Low disease activity and remission are achieved earlier and in higher frequency when the initial treatment in rheumatoid arthritis includes a combination of methotrexate (MTX) with a bDMARD compared to MTX alone.

**Objectives:** The aim of this study is to retrospectively analyse and compare the benefit of a treatment with methotrexate (MTX) alone or combined with a bDMARD as an induction therapy during 5 years of follow-up in early rheumatoid arthritis (ERA) patients.

**Methods:** We included ERA patients from the UCLouvain Brussels cohort who met the ACR/EULAR 2010 classification criteria and were naïve to DMARDs. Treatments were initiated based on the decision of a senior rheumatologist.

**Results:** Data from 475 eligible ERA patients were collected. The average age of the population is 48.9 years; 70.5% of the patients are women; 27.3% are smokers and 68.8% are positive for anti-citrullinated protein antibody (ACPA).

**Conclusion:** In patients with sustained SDAI remission on ETN+MTX, mental and physical health as measured by SF-36 was comparable to that of the non-RA population. Withdrawal of ETN (MTX monotherapy) resulted in a greater worsening of PGa and PJP compared to withdrawal of MTX (MTX monotherapy), and patients on ETN monotherapy restored these scores close to baseline towards the end of the treatment period. These findings demonstrate that ETN monotherapy has a greater effect on maintaining overall patient assessment of disease and joint pain compared with MTX monotherapy.