

greater contributing factors to gout than to RA (all $p < 0.01$). Similarly, change in diet, increased exercise, and weight loss were perceived as more beneficial for managing gout than RA (all $p < 0.01$), and biological treatments were perceived as more effective for managing RA than gout ($p < 0.01$).

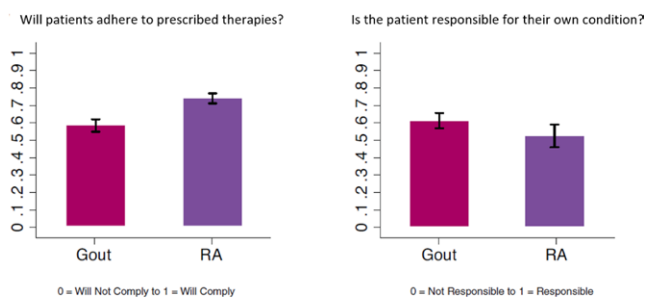


Figure. Rheumatologist's mean-level perceptions of patient treatment compliance (left) and responsibility for their condition (right). Error bars represent 95% confidence interval.

Conclusion: Despite good intentions when treating gout patients, rheumatologists appear to have causal beliefs and illness perceptions that reflect negative gout-related stereotypes. Compared to RA patients, gout patients were perceived as being more responsible for their condition and were expected to be less compliant with medications and less likely to benefit from biological therapies. Interestingly, there were no differences in rheumatologists' judgments between patients with controlled and uncontrolled gout, suggesting that their beliefs may refer to gout itself rather than the degree of control or management. Educating physicians, particularly rheumatologists, on the myths surrounding gout may improve clinical care and, therefore, patient outcomes.

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Acknowledgements: Medical writing support was provided by Lissa Padnick-Silver, PhD, an employee of and stockholder in Horizon.

Disclosure of Interests: N. Lawrence Edwards Consultant of: Horizon Therapeutics, Astra Zeneca, and Selecta Biosciences, Brian LaMoreaux Shareholder of: Horizon Therapeutics, Employee of: Horizon Therapeutics, Adam Magerman: None declared, Jeffrey Hunger: None declared, Joseph Vitriol: None declared

DOI: 10.1136/annrheumdis-2022-eular.1352

POS0284

CHANGES OF ESTIMATED GLOMERULAR FILTRATION RATE AFTER LONG-TERM FEBUXOSTAT OR ALLOPURINOL TREATMENT IN GOUT PATIENTS

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Background: Under the hypothesis that hyperuricemia is a potentially modifiable risk factor for progression of CKD, there has been numerous small, single-center studies that have shown that use of urate-lowering therapy (ULT) delayed CKD progression in patients with hyperuricemia or CKD. However, recent three multicenter, randomized controlled trials have not shown beneficial effect of ULT on the progression of CKD among CKD patients without gout and in DM patients with albuminuria.

Objectives: We investigated whether ULT may have a beneficial effect on the progression of CKD in gout patients.

Methods: Gout patients who took the study medication for more than 1 year were identified from the Cardiovascular Safety of Febuxostat or Allopurinol in Patients with Gout (CARES) trial, which is a large, multicenter, randomized controlled trial. We analyzed the estimated glomerular filtration rate (eGFR) slope (mL/min/1.73 m² per year) using the CKD-EPI equation. Using logistic regression, we investigated risk factors for CKD progression, defined as eGFR slope of lower than 0 mL/min/1.73 m² per year.

Results: During the study period [median (interquartile range, IQR) 3.1 (2.0-4.8) year], 4,144 patients performed median (IQR) 12 (9-15) creatinine tests, the GFR slope was analyzed as median (IQR) 0.5 (-0.8-1.6). The median (IQR) values of the GFR slope were -1.2 (-2.3--0.5) in the CKD progression group (n=1,590) and 1.3 (0.7-2.2) in the CKD progression delayed group (n=2,554). After adjusting well known factors associated with CKD progression, average level of serum uric acid ≥ 6 mg/dL during study period was significantly associated with CKD progression (adjusted odds ratio 1.73; 95% confidence interval 1.49-2.01, $p < 0.0001$).

Conclusion: This study showed that eGFR did not decrease in more than half of gout patients after long term febuxostat or allopurinol administration. ULT may have a beneficial effect on slowing the progression of CKD in gout patients.

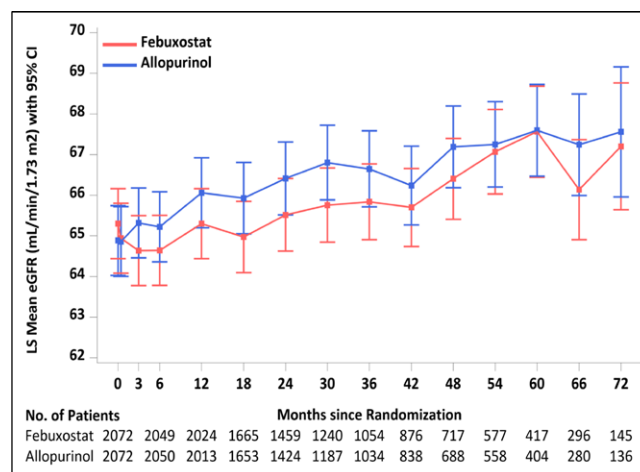


Figure 1. Changes of estimated glomerular filtration rate during febuxostat or allopurinol administration.

Acknowledgements: We were able to access the CARES trial data through the Vivli company, and re-analyzed data of the CARES trial without financial support from any company.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2022-eular.1690

POS0285

SUB-STANDARD CARE FOR PATIENTS WITH GOUT, DESPITE UPDATED GUIDELINES: A UK-WIDE, POPULATION-BASED COHORT STUDY

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Background: Treat-to-target urate-lowering therapy (ULT) is highly effective at preventing flares and improving quality of life for patients with gout.¹ However, in 2012, only 27% of patients with gout in UK primary care received prescriptions for ULT within 12 months of diagnosis.² Since then, EULAR and BSR gout management guidelines have been updated, to recommend that all patients with gout should have ULT discussed and offered to them, with uptitration of dosing until target urate levels are achieved. We investigated whether gout management has improved in recent years.

Objectives: To assess temporal trends in the initiation of ULT and attainment of serum urate targets following new gout diagnoses in UK primary care from 2004 to 2020.

Methods: The Clinical Practice Research Datalink (CPRD) Gold database was used to assess the management of patients with index diagnostic codes for gout in UK primary care between January 2004 and October 2020. We analysed the proportion of patients with the following outcomes within 12 months of diagnosis: i) initiation of ULT (allopurinol, febuxostat, benzbromarone, probenecid or sulfapyrazone); ii) serum urate ≤ 360 $\mu\text{mol/L}$; iii) serum urate ≤ 300 $\mu\text{mol/L}$; iv) treat-to-target urate monitoring (defined as two or more serum urate levels performed within 12 months of diagnosis and/or one or more urate ≤ 300 $\mu\text{mol/L}$). Interrupted time-series analyses (ITSA) were used to estimate the impact of updated EULAR and BSR gout management guidelines on these outcomes. Multivariate logistic regression was used to analyse predictors of ULT prescription and target attainment following new gout diagnoses.

Results: 129,972 patients had index gout diagnoses between January 2004 and October 2020, of whom only 37,529 (28.9%) had ULT initiated within 12 months of diagnosis. ULT initiation improved modestly over the study period, from 26.8% for those diagnosed in 2004 to 36.6% in 2019, decreasing to 34.7% in 2020 (Figure 1). Of patients diagnosed in 2020 who had a serum urate performed within 12 months of diagnosis, 36.0% attained a urate ≤ 360 $\mu\text{mol/L}$, while 17.1% attained a urate ≤ 300 $\mu\text{mol/L}$. Of all participants, 18.9% received treat-to-target urate monitoring. In ITSA models, no statistically significant improvements in ULT prescription or urate target attainment were observed after publication of updated