

The suspension rate due to toxicity decreased ($p<0.05$), while the clinical remission rate improved ($p<0.01$).

Abstract AB0223 – Table 1

	Global	1980–1990	1991–2000	2001–2010	2011–2015	Valour p
Diagnosis age (years), mean (SD)	49,6 (13,2)	39,4 (11,6)	44,0 (11,0)	52,6 (13,5)	51,6 (11,9)	<0,01
Diagnostic delay (months) mean (SD)	17,2 (27,1)	21,7 (29,8)	21,0 (34,6)	15,7 (26,0)	15,3 (19,2)	NS
Diagnostic-treatment interval (months), mean (SD)	24,0 (38,9)	34,5 (66,8)	11,7 (25,2)	2,7 (7,7)	1,4 (3,2)	<0,01
Extra-articular involvement , n(%)	71 ^(23,6)	12 ^(52,2)	25 ^(99,1)	27 ^(18,2)	7 (10,6)	<0,01
Baseline DAS28-RCP , mean (SD)	4,5 (0,8)	5,2 (0,8)	4,6 (0,8)	4,3 (0,8)	4,3 (0,8)	<0,01
Baseline RCP (mg/l), mean (SD)	17,8 (21,3)	27,8 (28,9)	18,4 (17,8)	18,9 (23,3)	10,9 (13,7)	<0,01
Erosions , n(%)	163 ^(55,6)	20 ^(80,9)	48 ^(77,4)	77 ^(53,8)	18 ^(27,3)	<0,01
MTX weekly (mg), mean (SD)	16,5 (3,7)	16,5 (4,2)	16,6 (3,6)	16,5 (3,7)	16,2 (3,6)	NS
MTX SC way , n(%)	177 ^(58,8)	12 ^(52,2)	37 ^(27,8)	87 ^(58,8)	41 ^(62,1)	NS
Withdrawn by AE , n(%)	52 ^(17,3)	6 (27,3)	18 ^(27,7)	20 ^(13,5)	8 (12,1)	<0,05
Remission , n(%)	100 ^(33,2)	2 (8,7)	14 ^(21,9)	56 ^(37,8)	28 ^(42,4)	<0,01

Conclusions: In our cohort, the severity of RA has decreased during the last four decades, the time to start MTX has been reduced and better remission rates with MTX monotherapy have been achieved.

REFERENCE:

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AB0224 CERVICAL PROPRIOCEPTIVE IMPAIRMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is autoimmune disease that usually involves cervical part of the vertebral column which can cause cervical proprioceptive deficit.

Objectives: Assessment of cervical proprioception and its relation with radiographic, clinical and functional characteristics of patients with RA

Methods: Rheumatoid arthritis patients who diagnosed according to ACR 2010 criteria and control group with healthy volunteers were recruited in the study. Demographic and clinical parameters were noted. Cervical proprioception was evaluated by Cervical Joint Position Error Test (CJPET). Functional assessment scales that used in this study were Multidimensional Assessment of Fatigue (MAF), Beck Depression Inventory, Health Assessment Questionnaire (HAQ), Euroqol 5D (EQ-5D) and Berg Balance Scale. Cervical subluxations were noted according to cervical radiographic image. The difference in mean scores of CJPET between RA patients and healthy volunteers were analysed with Mann-Whitney U test. Spearman correlation coefficient (rho) was used for correlations between functional parameters. Regression analysis was used for grading factors which had relations with cervical proprioception.

Results: One hundred six rheumatoid arthritis patients and one hundred six healthy volunteers were enrolled in this study. Mean age of patients and healthy volunteers were 51,0 (Sd:11,1) and 48,9 (Sd:9,2), respectively. Scores of CJPET are statistically significantly higher in rheumatoid arthritis group than healthy volunteers ($p=0,001$) (table 1). CJPET scores are negatively correlated with Berg Balance Scale results in all directions ($\rho = -0,421, -0,473, -0,448, -0,515$). Scores of CJPET in patients with atlantoaxial subluxations (AAS) were statistically significantly higher than those without AAS ($p=0,002-0,045$). Regression analysis results showed that AAS is related with worse cervical proprioception on right and left rotations. There were no correlation between CJPET scores and functional parameters. Weak correlation were found in scores of CJPET with age and educational status.

Abstract AB0224 – Table 1. Comparison of cervical joint position error test scores between rheumatoid arthritis patients and healthy volunteers

	Patients		Healthy Volunteers	P
	Min-Max	Mean±SD	Mean±SD	
CJPET- Right Rotation ¹⁻⁶	1,66–6,00	4,55±1,30	3,03±0,81	0001
CJPET- Left Rotation ¹⁻⁶	1,50–6,00	4,52±1,37	3,07±0,95	0001
CJPET- Flexion ¹⁻⁶	1,00–6,00	4,52±1,36	2,98±0,89	0001
CJPET- Extension ¹⁻⁶	1,50–6,00	4,57±1,29	3,00±0,93	0001

CJPET: Cervical Joint Position Error Test, SD: Standard Deviation, $p<0,05$ is significant

Conclusions: Cervical proprioception is impaired in rheumatoid arthritis patients. This impairment is increased with the existence of atlantoaxial subluxations and balance problems.

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AB0225 CLINICAL OUTCOMES OF TREATMENT WITH GOLIMUMAB IN SEROPOSITIVE AND SERONEGATIVE RHEUMATOID ARTHRITIS PATIENTS IN REAL-LIFE SETTINGS. DATA FROM ITALIAN REGISTER GISEA

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Background: There is evidence that autoimmunity, namely RF and ACPA antibodies, may influence disease activities and impact the clinical outcomes in RA.

Objectives: There is evidence that autoimmunity, namely RF and ACPA antibodies, may influence disease activities and impact the clinical outcomes in RA.

Methods: We analysed longitudinal data of consecutive RA patients from the Italian registry GISEA, starting a treatment with golimumab (GOL) and tested for rheumatoid factor (RF) and anti-citrullinated protein antibodies (ACPA). Demographic and disease related characteristics were collected at baseline, 6 months, 12, and 24 months or at last observation visit. Primary endpoint was the persistence on GOL in RF/ACPA +ve and RF/ACPA patients. Secondary endpoint was the search of baseline predictors of drug survival and clinical outcomes in the two RA subsets. Drug survival was evaluated by Kaplan-Meier life table analysis. Estimates hazard ratios (HRs, 95% confidence intervals (CI)) of drug discontinuation or achievement of low-disease adjusted for patient's demographics, disease characteristics and prior biologic treatments were computed by Cox-regression stepwise backward models.

Results: 345 patients had data on RA and ACP testing and were included in this analysis. No significant difference in terms of age, BMI, disease activity, co-therapy with glucocorticoids or methotrexate (MTX) was detected between RF/ACPA+ve and RF/ACPA-ve patients, but the former had significantly higher disease duration (10.6±vs 8.2±6 years) and frequencies of comorbidities (60.6% vs 44.2%). The 2 years global drug retention was 64.5%, and it was almost identical in RF/ACPA+ve 64.2% and in RF/ACPA-ve 65% RA patients. Drug survival was not influenced by the gender or cause of discontinuation (adverse or inefficacy). To note, in 31% of the patients GOL was not associated to MTX.

The only predictor of drug discontinuation was the lack of MTX at baseline (HR 1.62, 95 CI 1.07–2.46, $p=0,02$), and the GOL-naïve status (HR 0.62, 95 CI 0.39–0.99, $p=0,04$). At two years, 44.4% achieved the state of low-disease activity (DAS28 <3.2) with no difference between RF/ACPA+ve (45.4%) and RF/ACPA-ve (42.0%) patients, and none baseline factor correlating with low disease activity. No safety issues were raised during the study.