AB0436 **ADHERENCE TO DISEASE-MODIFYING ANTIRHEUMATIC DRUGS IN RHEUMATIC DISEASES**

Rita Angélica Pineda Sic [1],Iván de Jesús Hernández-Galarza[2], Marielva Castro-González[2], Dionicio Ángel Galarza-Delgado[2], Miguel Angel Villarreal-Alarcón[2], Rodolfo Allan Uriarte Botello[2], Octavio Ilizaliturri Guerra[2]. *[1]Universidad Autónoma de Nuevo Léon, Nuevo León, Mexico; [2]Universidad Autónoma de Nuevo León, Nuevo León, Mexico*

Background: There has been seen a low adherence to treatment in patients with rheumatic diseases, which can have important consequences in disease prognosis. Although literature in Latin-American population is scarce, a previous study evaluating medication adherence in this population reported a 16.4% prevalence of adherence in Rheumatoid Arthritis (RA) and 45.9% in Systemic Lupus Erythematosus (SLE) patients (1). It has been demonstrated better outcomes in patients with rheumatic conditions who have good adherence to treatment therapies (2).
Objectives: To describe the adherence to synthetic Disease-Modifying Antirheumatic Drugs (DMARDs) in patients with rheumatic diseases from a Mexican outpatient rheumatology clinic.
Methods: This study was conducted in the outpatient rheumatology clinic of University Hospital in Monterrey, México, cross-sectional, descriptive, self-report adherence study. Consecutive patients with RA, SLE, Inflammatory Myopathies, Psoriatic arthritis (PsA), Systemic Sclerosis (SSc) were approached during their normal routine rheumatology appointments, in the March 2018 to December 2018 period. They were asked how many days of the last month they forgot or took their DMARDs. We classified the adherence rate in 4 categories based on the days of the last month it took the indicated medication; good: 75%-100% (> 21 days), regular 50-74% (21-15 days), bad 25-49% (14-8 days) and null: <25% (< 7 days). When adherence was not good we interrogated about the cause. Data was obtained from REPAIR ® (internal electronic patient record) and analyzed with the statistical package SPSS version 24.

Table 1. Adherence for Rheumatic Disease Group

	n (DMARDs)	Good n (%)	Regular n (%)	Bad n (%)	Null n (%)
Rheumatoid Arthritis	1,686	1442 (85.5)	105 (6.2)	47 (2.8)	92 (5.5)
Systemic Lupus Erythematosus	440	393 (89.3)	16 (3.6)	12 (2.7)	19 (4.3)
Inflammatory Myopathies	91	83 (92.1)	2 (2.2)	0 (0)	6 (6.6)
Psoriatic arthritis	84	76 (90.5)	1 (1.2)	3 (3.6)	4 (4.8)
Systemic Sclerosis	91	80 (87.9)	6 (6.6)	1 (1.1)	4 (4.4)
N	2,392				

Table 2. Reasons for Bad or Null adherence

	Rheumatoid Arthritis %	Systemic Lupus Erythematosus %	Inflammatory Myopathies %	Psoriatic arthritis %	Systemic Sclerosis %
Economic	30.1	33.3	37.5	37	20
Own decision	27.9	33.3	12.5	25	40
Side effects	11.5	11.1	12.5	12.5	0
Lack of availability	15	13.3	12.5	12.5	40
forgetfulness of dose	11.9	4.4	25	12.5	0
Other	3.5	4.4	0	0	0

Conclusion: Adherence in this group of patients was good, for the definition used in our study.
The method used (self-report) is very sensitive to detect non-adherence, but it overestimate good adherence, therefore the potential bias of results must be considered and confirmed whit objective measurement.
The main reason for poor or no adherence was the economic, with the exception of the Ssc group it was their own decision and the patients with SLE that had the same percentage for economic and self-decision.

REFERENCES

[1] - Resende Prudente L, Souza Diniz J, Matteucci Ferreira TXA, Marçal Lima D, Antônio Silva N, Saraiva G, et al. Medication adherence in patients in treatment for rheumatoid arthritis and systemic lupus erythematosus in a university hospital in Brazil. Patient Preference and Adherence. 2016:10 863–870

[2] - Waimann ChA, Marengo MF, de Achaval S, Cox VL, Garcia-Gonzalez A, Reveille JD. Electronic Monitoring of Oral Therapies in Ethnically Diverse and Economically Disadvantaged Patients With Rheumatoid Arthritis. Arthritis & Rheumatism. 2013:6 1421-1429.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.7905

AB0437 **SAFETY OF JAK INHIBITORS IN PATIENTS WITH RHEUMATOID ARTHRITIS IN CONDITIONS OF DAILY CLINICAL PRACTICE**

Natalia Cid Boza, ML Velloso Feijoo, Nahia Plaza, Jose Luis Marenco. *Hospital Universitario Virgen de Valme, Rheumatology, Seville, Spain*

Background: Efficacy and safety of the new JAK inhibitors is supported by phase I, II and III studies with a large number of patients included in the follow-up, although it is of vital importance behavior of new molecules in routine clinical practice, and until now we still have few clinical data.
Objectives: To describe the adverse effects observed, as well as the income Hospitals and description of them during treatment with JAK inhibitors in a series of patients with RA.
Methods: This is a retrospective descriptive study in patients with RA treated with JAK inhibitors in follow-up by the Rheumatology Unit of Virgen de Valme Hospital. We included demographic, related to the disease and treatment and security variables.
Results: We included 31 patients with rheumatoid arthritis with a mean age of 57.58 ± 11.31 years and mean time of evolution of the disease of 9.42 ± 6.62 years, 61.3% positive FR and 61.3% ACPA positive. The female sex represents 74.2% of the sample. The mean of the baseline DAS28 was 4.90 ± 0.95.
Regarding the treatment analysis initiated 12 patients (38.7%) receive baricitinib and 19 (61.3%) tofacitinib. 93.5% were in treatment with steroids at low doses and 80.64% in treatment combined with at least 1 associated DMARD (75% baricitinib group, 84.2% tofacitib group). The subanalysis of concomitant treatment reveals that up to 31.5% of patients undergoing treatment with tofacitinib initiated treatment with ≥2 FAMEs. 61.3% of patients had previously received at least one biological drug, among which the antiTNFs stand out for their frequency; 31.5% with one biological, 9.7% with 2 previous biologicals and 16.5% had used three. A total of 14 adverse effects were recorded in 10 of the 31 patients which are described below: baricitinib group a total of 6 events (50%); 1 toxic hepatitis, 1 respiratory infection, 2 cases of urinary tract infection, 1 case of canker sores, and 1 cold sore. Tofacitinib group a total of 8 events (42.1%): 2 cases of Herpes zoster, 1 case of headache and dizziness, 2 perianal abscesses and 1 abscess submandibular There were 3 hospital admissions with independence of its relationship with the treatment analyzed; barcitinib group: 1 patient with upper respiratory tract infection and decompensated heart failure, 1 patient with toxic hepatitis. Tofacitinib group: 1 patient with post-traumatic humerus fracture.
Conclusion: The main side effect observed was infection, in general mild-moderate that only motivated hospital admission in a patient in treatment with barcitinib due to decompensation of its pathology base. Stresses the development of uncomplicated perianal abscess in 2 patients on treatment with tofacitinib, one of them with perianal fistula known, and a recurrence of submental abscess in a patient with antecedent of repetition abscesses in said location. I only know observed elevated transaminases in a patient undergoing treatment with baricitinib showing in general an optimal hepatic safety profile. No primary cardiovascular events of interest have been recorded, neoplasms or other gastrointestinal events. Everything described, considering the high rate of concomitant treatment with steroids at low doses (93.5%) and up to 80.64% of patients in treatment with at least 1 concomitant DMARD.

REFERENCES

[1] Caporali R, Zavaglia D : Real-world experience with tofacitinib for treatment of rheumatoid arthritis. Clin Exp Rheumatol. 2018 Aug 29.
[2] Fleischmann R, Mysler E, Hall S Et Al.: Efficacy and safety of tofacitinib monotherapy, tofacitinib with methotrexate, and adalimumab with methotrexate in patients with rheumatoid arthritis (ORAL Strategy): a phase 3b/4, double-blind, head-to-head, randomised controlled trial. Lancet 2017; 390: 457-68.
[3] Smolen JS, Genovese MC, Takeuchi T, et al. Safety profile of baricitinib in patients with active rheumatoid arthritis with over 2 years median time in treatment [published online September 15, 2018]. J Rheumatol.