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Background: Little comparative research has been done comparing disease burden between PsA and RA. Previous studies from Nordic countries and the US have shown small differences (0-10/100 VAS units) in patients with PsA vs. RA. The mean and median VAS levels for PsA and RA ranged between 30-40 for pain and 40-50 for fatigue and patient global health in cross-sectional settings (1, 2, 3).
Objectives: To study the current differences in PROs between PsA and RA in Finland.
Methods: 3731 patients receiving care for PsA and 14163 for RA were identified in the national quality register for inflammatory arthritides in 2020-21. Patients were divided into groups by sex and age; <50 years, 50-60 years, 60-70 years and ≥70 years. The VAS values of pain, fatigue and patient global health at the most recent visit were compared in PsA vs. RA between the groups. Descriptive statistics and regression models were used for comparison.
Results: Patients with PsA vs RA were younger (mean (sd) age 54(14) vs 62(14)) and less often women (51% vs. 72%). Median (IQR) disease duration after the first symptoms was 8.6 (3.7, 17) years for PsA and 9.5 (3.3, 21) years for RA. The median (IQR) pain was 29 (10, 56) for all patients with PsA and 26 (10,51) for patients with RA. The corresponding values were: fatigue 28 (9, 60) in PsA vs 28 (8, 54) in RA, and patient global health 28 (10, 51) in PsA and 29 (11, 51) in RA.
Median pain was slightly higher in female PsA patients compared to RA patients in all age groups (29 and 18, 35 and 28, 32 and 27 and 48 and 38) (p<0.001). In males, higher levels of pain in PsA vs. RA were seen in age groups older than 50 years old. Figure 1 illustrates the mean (95% CI) pain for PsA and RA in the age and sex groups.
Median fatigue levels were quite similar between the groups. The median patient global health was higher in female PsA compared to RA patients in age groups <50 years and 50-60 years (20 vs. 29 and 30 vs 37) (p<0.001).

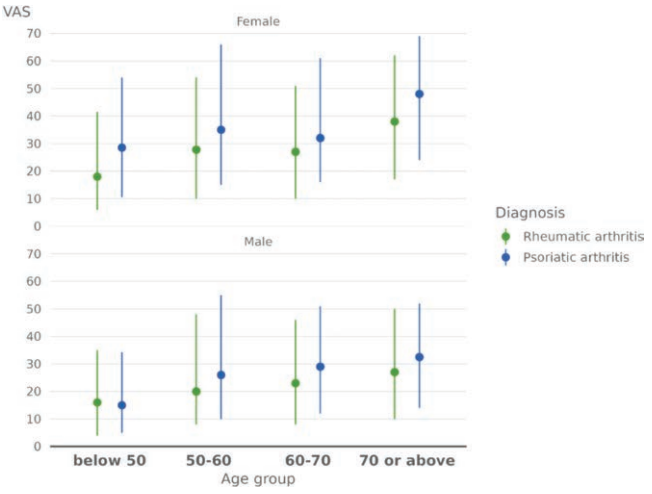

Figure 1. Mean (95 % CI) pain in VAS-units for women and men by age groups in 2020-2021

Conclusion: Female patients with PsA report higher levels of pain in all age groups compared to patients with RA. The same was seen in men >50 years old. Concerning fatigue and patient global health, the differences between PsA and RA were smaller. Compared to earlier research in other countries, disease burden observed by PROs appears lower both in PsA and RA in Finland.

REFERENCES:

[1] Pilgaard T et al. Severity of fatigue in people with rheumatoid arthritis, psoriatic arthritis and spondyloarthritis – Results of a cross-sectional study, PLoS One, 2019; 14(6): e0218831
[2] Egholm CL et al. Discordance of Global Assessments by Patient and Physician Is Higher in Female than in Male Patients Regardless of the Physician's Sex: Data on Patients with Rheumatoid Arthritis, Axial Spondyloarthritis, and Psoriatic Arthritis from the DANBIO Registry, The Journal of rheumatology, 2015 Oct;42(10):1781-5.
[3] Mease PJ et al. Comparative Disease Burden in Patients with Rheumatoid Arthritis, Psoriatic Arthritis, or Axial Spondyloarthritis: Data from Two Corrona Registries, Rheumatology and therapy, 2019 Dec;6(4):529-542

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AB0169 EARLY REMISSION AT 6 MONTHS AS A PREDICTOR OF LONGTERM REMISSION IN NEW ONSET RHEUMATOID ARTHRITIS

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Background: Early therapeutic intervention is crucial for patients with early rheumatoid arthritis (ERA). The goal of remission is achievable in a large proportion of ERA patients.
Objectives: To evaluate the rate of patients in remission at 6 months and to correlate the 36 and 60 months remission rate in the Belgian CAP48 cohort and the UCLouvain Brussels cohort. To identify baseline characteristics differences between patients achieving remission or not.
Methods: We included patients with ERA from the CAP48 cohort and from the UCLouvain Brussels cohort who met the ACR/EULAR 2010 RA classification criteria. All patients were naïve to csDMARDs therapy. We collected patient characteristics at baseline and clinical response was analysed at 6, 36 and 60 months.
Results: 287 RA patients from our UCLouvain Brussels Cohort and the CAP48 cohort were analysed (211 Females, 76 Males, mean age 46.2 years, 43.4% with baseline erosion, 70.1% with ACPA, 70.3% with Rheumatoid Factor, mean HAQ 1.16, mean DAS28-CRP 4.67, mean SDAI 24.9 and mean CDAI 24.1).

Table 1. The clinical results are summarized in the Table.

	DAS28-CRP Mean(±SD)	SDAI Mean(±SD)	CDAI Mean(±SD)	Remission (DAS28-CRP), %	HAQ Mean(±SD)
Baseline n=287	4.67 (±1.38)	26.5 (±15.5)	24.1 (±14.4)	/	1.16 (±0.70)
Months 6 n=287	2.97 (±1.34)	11.3(±12.3)	10.5 (±11.8)	44,9%	0.60 (±0.62)
Months 36 n=287	2.24 (±1.04)	7.5(±8.6)	6.2 (±7.8)	71,1%	0.52 (±0.59)
Months 60 n=196	2.41 (±1.00)	6.4(±6.5)	5.7 (±6.2)	66,3%	0.56 (±0.63)

We divided the patients according to whether they achieved remission DAS28-CRP < 2.6 (group 1), or not (group 2) at 6 months.
Patient baseline characteristics were similar in the two groups respectively: age (46.7 vs 45.4 yrs); female (68.5 vs 77.3%); smoker (25.6 vs 27.0%); ACPA positive (70.1 vs 75.4%); baseline X-ray erosion (45.0 vs 54.7%).
DAS28-CRP, SDAI and CDAI at 6 months could predict long-term remission at 36 and 60 months, Figure:

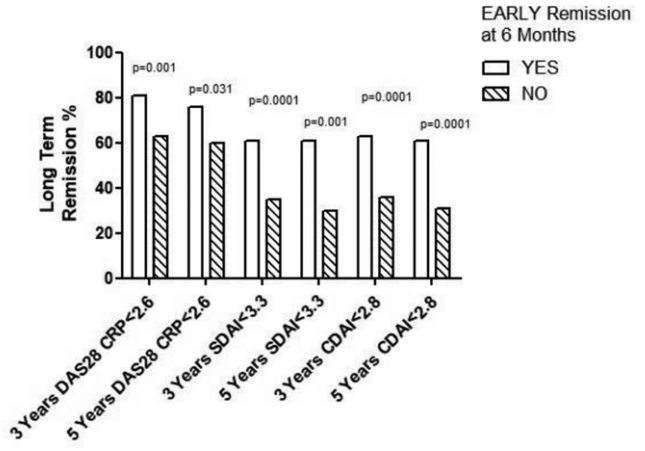

Figure 1.

In group 1 global remission (DAS28-CRP<2.6, HAQ<0.5 and no X-ray progression) was observed in 75.6% at 60 months. The majority of these patients (69.4%) are still treated with Methotrexate, the others were treated with combination therapy.
Conclusion: Early and long term remission is an achievable goal in our two cohorts. Early diagnosis is critical in standard of care. At 6 months, all remission index criteria are good predictor for long term remission and could be used in daily care.

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