Methods: Data were drawn from the retrospective phase of the AutoInflammatory Disease Alliance (AIDA) international registry dedicated to Still's disease. Patients affected by Still's disease classified according to internationally accepted criteria (Yamaguchi criteria and/or Fautrel criteria) and treated with canakinumab as first-line biologic agent were enrolled.
Results: A total of 26 patients (17 females, 9 males; 18 patients developing Still's disease after the age of 16 years) were enrolled; 16 (61.5%) patients suffered from the systemic pattern of the disease; 10 (38.5%) patients suffered from the chronic-articular type. No differences were observed between the systemic and the chronic-articular Still's disease in the frequency of complete response, of flares after the start of canakinumab (p=0.701) and in the persistence in therapy (p=0.62). No statistical differences were observed between the two groups after 3 months, 12 months and at the last assessment in the decrease of: the systemic activity score (p=0.06, p=0.17, p=0.17, respectively); the disease activity score on 28 joints (p=0.54, p=0.77, p=0.98, respectively); the glucocorticoid dosage (p=0.15, p=0.50, and p=0.50, respectively); the use of concomitant disease modifying anti-rheumatic drugs (p=0.10, p=1.00, and p=1.00, respectively). No statistically significant differences were observed in the decrease of erythrocyte sedimentation rate (p=0.34), C reactive protein (p=0.48), and serum ferritin levels (p=0.34) after the start of canakinumab.
Conclusion: Canakinumab employed for Still's disease has been effective in controlling both clinical and laboratory manifestations disregarding the type of disease course when used as first-line biotechnological agent. These excellent results might have been further improved by the early start of IL-1 inhibition.
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Disclosure of Interests: None Declared.
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AB0432 COMPARISON OF SYMPTOMATIC AND DISEASE-MODIFYING TREATMENT IN RHEUMATOID ARTHRITIS WITH CONCOMITANT FIBROMYALGIA

Keywords: Disease-modifying Drugs (DMARDs), Rheumatoid arthritis, Fibromyalgia

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Background: There is evidence that concomitant fibromyalgia (FM) among rheumatoid arthritis (RA) patients make the management of RA challenging by inflating subjective disease activity parameters.
Objectives: Thus, the aim of this study was to compare symptomatic and disease-modifying treatments in RA patients with and without concomitant FM.
Methods: This was a cross-sectional study including patients with an established RA according to the 2010 ACR/EULAR criteria. All patients were screened for concomitant FM by 2016 ACR criteria. Patients were divided into 2 groups: RA and RA+FM. Demographic and RA characteristics were collected. P<0.05 was accepted for significance. Multiple linear regression analysis performed, adjusting for clinical and demographic variables.
Results: Eighty patients distributed into 40 patients in each group were recruited. Epidemiological characteristics, RA characteristics and disease activity scores were. comparable between groups. Coxitis and atlantoaxial subluxation were significantly more frequent in RA+FM group (p=0.006 and p=0.049 respectively). No significant difference in corticosteroids prescription was found between the groups (p=0.88), nor in non Non-steroidal anti-inflammatory drugs prescription (p=0.48). Of the RA patients with concomitant FM, 52% were treated with biological therapy vs. 18% of RA patients without concomitant FM (p = 0.04). Tumor necrosis factor inhibitors were the most frequently prescripted in the two groups (47.5% of RA patients with FM vs 12.5 in RA patients, p=0.03). No significant difference was noted between the groups regarding conventional Disease-modifying antirheumatic drugs (DMARDs) prescription (p=0.052). Multiple linear regression in RA+FM group showed that FM is an independent factor for biological DMARDs prescription (B=0.284, p=0.018).
Conclusion: Our study showed that concomitant FM in patients with RA was associated with a higher use of biological treatments. This raises the question of whether the more frequent use of biologics in these patients is justified by inflammation, or by persistent pain and other centrally mediated symptoms.
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Disclosure of Interests: None Declared.
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AB0433 BIOLOGICAL THERAPIES SURVIVAL FOR RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS SPONDYLOARTHRITIS AND JUVENILE ONSET ARTHRITIS. A COHORT STUDY FROM BIOBADAGUAY

Keywords: Inflammatory arthritides, bDMARD

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Background: BIOBADAGUAY is the Paraguayan/Uruguayan registry of adverse events in patients with inflammatory rheumatic conditions under biologic therapy (BT). The registry includes patients with different diagnosis that share similar biological therapies indication. However, different pathogenesis, patients' characteristics and treatment options can affect the survival of the BT.
Objectives: To analyze survival of biological therapies among patients with chronic inflammatory arthritis in the BIOBADAGUAY registry.
Methods: Patients with chronic inflammatory arthritis (CIA) such us rheumatoid arthritis (RA), spondylarthritis (SpA), psoriatic arthritis (PsA) and juvenile onset arthritis (JIA) enrolled in BIOBADAGUAY where analyzed. Other diseases included in the registry were grouped as others. Drug survival and clinical and epidemiological predictors were studied. Fewer than BT 25 registries were not included in the study. Survival analysis was performed using Kaplan-Meier estimators, and Cox proportional hazard models were used to estimate hazard ratios (HRs).
Results: A total of 1378 treatments (876 RA, 176 SpA, 40 JIA, 88 PsA, 98 others) were included. The mean BT survival according to diagnosis was 300.9 (95%CI, 230.6-444.4) weeks (wks) for RA; 541.6 (95%CI, 409.6-541.6) wks for SpA; 154.1 (95%CI, 125.0-194.7) wks for JIA and 555.3 (95%CI, 282.1-611.6) wks for PsA. In the general analysis, when survival was compared between different diagnosis, it was found that BT survival for SpA patients (p˂0.05; HR=1.23 [95% CI 0.97-1.56]) was higher than other CIA. On the other hand, JIA diagnosis was significantly associated with a lower BT survival (p˂0.05; HR=1.85 [95% CI 1.36–2.52]). In the general analysis, no significant differences between BT were found (p>0.05). When each drug survival was analyzed according to diagnosis, adalimumab showed a significant difference in SpA patients (p˂0,05; HR=0.55 [95% CI, 0.39-0.76]) and JIA patients (p=<0.005; HR=1.8 [95% CI 1.36–2.52]). Etanercept had a significant difference in RA (p <0.005; HR=0.57 [95% CI, 0.40-0.82]) and JIA patients (p=<0.005; HR=2.07 [95% CI, 1.39–3.06]). Following these results we analyzed JIA patients and found that remission was the principal reason of discontinuation in this group of patients (p<0.005, HR=10.700 [95% CI, 5.91–19.36]). Multivariable analysis showed that the number of previous BTs (p=0.01, HR=1.18 [95% CI, 1.03-1.34), corticosteroid treatment (p=0.05; HR=1.18 [95% CI; 0.99–1.40), SpA (p=0.01; HR=0.688 [95% CI 0.51-0.91) and JIA diagnosis (p=0.02; HR=1.4 [95% CI, 1.06-2.02]) where associated with BT survival.
Conclusion: In this study we found different survival profiles according to diagnosis. This could be related to different pathogenesis, discontinuation motives and treatment options in different health systems.
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AB0434 RHEUMATOID FACTOR AS PREDICTOR OF RESPONSE TO RITUXIMAB

Keywords: bDMARD, Rheumatoid arthritis

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Background: In Rheumatoid Arthritis (RA), the presence of rheumatoid factor (RF) indicate poor prognosis. Strategies searching biomarkers that predict response to biologic therapies allowing the selection of patients with the highest