AB1144 (2017)

GOOD THERAPEUTIC RESPONSE WITH BIOLOGICS: REMISSION IS REALITY. DATA FROM THE AUSTRIAN BIOREG REGISTRY

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Background: Remission or at last low disease activity is the aim of drug therapy in patients with chronic inflammatory rheumatic diseases. We evaluated disease activity in patients treated with biologics and using data of the Austrian biologic registry.

Objectives: The aim of this evaluation was to elucidate disease activity in patients with rheumatoid arthritis (RA), spondyloarthritis (SpA) and psoriatic arthritis (PsA) at baseline and at control-visits every six months after inclusion in BioReg.

Methods: Data were extracted from the Austrian BioReg registry (http://www.bioreg.at) which was initiated in 2009 to document patients treated with one of the biologics approved in Austria. Patients with ongoing biologic therapy as well as biologic-naïve patients starting biologic therapy can be included (baseline, BL). Further documentation is recommended about every six months (V1, V2 up to V11). Meanwhile, 1877 patients (rheumatoid arthritis (RA) n=1046, ankylosing spondylitis (SpA) n=446, psoriatic arthritis (PsA) n=322, other disease n=63) have been documented. Estimation of disease activity is done using DAS-28 as well as RADAI-5 in RA, SASPA in PsA, and BASDAI in SpA.

Results: DAS-28 (median values of BL; V1; V2; V9; V10) of patients with RA are 3,30; 2,51; 2,58; 2,52; 2,49, the respective RADAI-5 values are 3,2; 2,4; 2,2; 2,0; 2,3. BASDAI in patients with SpA were 3,60; 2,61; 2,45; 2,63; 2,20. Median values of inflammation’s laboratory markers (ESR in mm/1st hour and CRP in mg/l) were always within the normal range (ESR and CRP in RA 15; 12; 12,5; 14 and 2,0; 2,0; 2,0; 2,0; 2,0; in SpA: 8; 6; 7; 8; 8; and 2,0; 1,4; 1,4; 1,1; 1,0 in PsA 9; 8; 9; 7 (V7); 6 (V8); and 1,6; 1,5; 1,4; 1,9 (V7); 0,8 (V8)).

Conclusions: Our data confirm the efficiency of therapy with biologicals. During 5 years of continuous treatment more than half of patients with RA reach and keep remission with a DAS-28 below 2,6 and normal values of ESR and CRP. Also patients with SpA and PsA show similar successful therapeutic response.

Acknowledgements: BIOREG is supported by an unlimited industrial grant

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3898

Citation: Annals of the Rheumatic Diseases, volume 76, supplement 2, year 2017, page 1455

Session: Epidemiology, risk factors for disease or disease progression (Abstracts Accepted for Publication)