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Background. The ASAS-EULAR recommendations for the management of axSpA prescribe the use of the ASDAS to measure disease activity and response to treatment in patients starting bDMARDs. Evidence on whether rheumatologists adhere to this recommendation in clinical practice is still limited.

Objective. We assessed: i. how many patients with axSpA, starting the first bDMARD, have ASDAS determined at baseline and in ≥ 1 of two follow-up visits within 6 months; and ii. which alternative outcome measures are used in patients for whom the ASDAS is missing.

Methods. Patients with axSpA from the Reuma.PT registry starting the first bDMARD (2011-2022) were included. Patients were required to have attended the following 3 visits: T0 (baseline visit at the start of the bDMARD), T1 (3 months) and T2 (6 months). The calculation of ASDAS at T0 (yes vs no) was cross-tabulated with the calculation of ASDAS in ≥ 1 of the two follow-up visits. The use of other outcome measures among patients without an ASDAS evaluation was evaluated.

Results. In total, 666 patients with axSpA [male: 55%; mean age: 43 (SD 12)] were included. Most patients had an ASDAS calculation at baseline (n=540; 81%), and in 493 (74%) of the patients, ASDAS was also assessed at T1 and/or T2 (Table I). No other outcome measure was predominantly used when ASDAS was absent. For instance, among 126 patients (19%) without ASDAS at baseline, SJC (52%), PGA (44%) and BASDAI (35%) were all similarly used without a clear preference. Of note, CRP was available for most of these 126 patients (87%).

Conclusion. Portuguese rheumatologists adhere to the ASAS-EULAR recommendation of using ASDAS. Failing to use ASDAS does not seem to be explained by missing CRP or a preference for another disease activity score, but rather by the rheumatologist's willingness to use measurement instruments in general.

P95: Table I. ASDAS evaluation after the start of the 1st bDMARD at T0 and in ≥ 1 of the 2 follow-up visits.

| | | ASDAS evaluation at T1 and/or T2 | | |
|------------------------|-------|----------------------------------|---------|----------|
| | | Yes | No | Total |
| ASDAS evaluation at T0 | Yes | 493 (74) | 47 (7) | 540 (81) |
| | No | 106 (16) | 20 (3) | 126 (19) |
| | Total | 599 (90) | 67 (10) | 666 |

Values are n (%). The denominator is the total number of patients (n=666) in all cells.

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ASDAS RESPONSES IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS STARTING bDMARDs: RESULTS FROM A MULTICENTRE PROSPECTIVE COHORT

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Background. ASAS and EULAR recommend the use of an improvement ≥ 1.1 in ASDAS at 12 weeks to determine the continuation of a bDMARD. However, it is debated whether improvements can occur and whether patients' characteristics influence (time to) response.

Objectives. To assess the likelihood of fulfilling the ASAS-EULAR criteria for treatment continuation at 3 and 6 months after the start of bDMARDs and whether there are patient characteristics that influence this response.

Methods. Patients with axSpA from the Reuma.PT registry who started the first bDMARD (2011-2022) were included. Complete data on ASDAS at T0 (baseline visit at bDMARD starting), T1 (3 months) and T2 (6 months) were required. Response rates (Δ ASDAS ≥ 1.1 compared with baseline) at T1 and T2 were determined. Patient characteristics (e.g., age, sex) were compared across four groups: no response in both visits, response only at T1, response only at T2, and response in both visits.

Results. In total, 336 patients [male: 56%; mean age: 43 (SD 12)] were included. After 3 months, 199 (58%) patients fulfilled the criteria of treatment continuation (Table I). This number was similar at 6 months (n=207; 60%). Thirty-six percent of patients never responded, while 50% responded in both visits. The four groups were comparable except for sex and age. Compared with those who never responded, patients who responded at both visits were more often male (65% vs 45%) and somewhat younger (mean age: 42 vs 45). Analysis across subgroups showed that young males had the highest likelihood of response, while females had lower response rates regardless of age (Table II).

Conclusion. The likelihood of delayed response (>3 months) is low, which should prompt questioning whether it is justified to wait for 6 months to decide on the continuation of bDMARDs. Young male patients are more likely to respond than female patients.

P96: Table I. ASDAS response between T0 and each follow-up visit among patients with ASDAS available in all 3 visits.

| | | ASDAS response T0 \rightarrow T2 | | |
|------------------------------------|-------|------------------------------------|----------|-----------|
| | | Yes | No | TOTAL |
| ASDAS response T0 \rightarrow T1 | Yes | 171 (50) | 28 (8) | 199 (58) |
| | No | 36 (10) | 111 (32) | 147 (42) |
| | Total | 207 (60) | 139 (40) | 346 (100) |

Values are n (%). The denominator is the total number of patients (n=346) in all cells.

P96: Table II. ASDAS response between T0 and each follow-up visit, stratified on age and gender.

| | All patients (n=346) | Male <43 yo (n=104) | Male ≥ 43 yo (n=88) | Female <43 yo (n=76) | Female ≥ 43 yo (n=78) |
|----------------------------|----------------------|---------------------|--------------------------|----------------------|----------------------------|
| T0 \rightarrow T1, n (%) | 199 (58) | 73 (70) | 49 (56) | 39 (51) | 38 (49) |
| T0 \rightarrow T2, n (%) | 207 (60) | 80 (77) | 51 (58) | 41 (54) | 35 (45) |

Age is a binary variable categorized according to the mean at baseline: age <43 yo (years old) vs age ≥ 43 yo.