

QUALITY OF LIFE IMPROVEMENT IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS TREATED WITH NSAIDS AND BIOLOGICAL THERAPY FROM THE PATIENT'S PERSPECTIVE: RESULTS FROM THE ATLAS-2017

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Background: In patients with axial spondyloarthritis (axSpA), the main long-term outcome is quality of life. Clinical trials and observational studies have shown the efficacy of biological therapy (BT) on improving the signs and symptoms of the disease. However, data assessing the impact of BT on quality of life is scarce and mainly comes from clinical trials.

Objectives: To assess in clinical practice the improvement in quality of life from the patient's perception as a result of pharmacological treatments in axSpA.

Methods: A sample of 680 patients diagnosed with axSpA was interviewed through an online survey as part of the Spanish Atlas-2017, which aimed to promote early referral, improve healthcare, and the use of effective treatments in patients with axSpA. For this study, self-reported data from patients who had received both NSAIDs and BT were analysed. Patients were asked about the improvement they had experienced on 7 different aspects of quality of life after starting treatment with NSAIDs or BT: independence, leisure and free time, social relations, sport and physical activity, and mood and sexual relations. Improvements were measured on a 0 to 10 Likert Scale and classified as low (≤ 5) and high (≥ 6). Non-parametric (Wilcoxon) tests were used to compare the degree of improvement between patients with biological therapy and those with NSAIDs.

Results: A total of 189 patients who had received both types of drugs were included. The mean (SD) age was 44.03 (± 10.11) years, 50.3% were females, 70.9% married and 47.1% belong to a patients' association. The mean (SD) disease duration was 21.3 \pm 10.7 years and 67.7% were HLA-B27+. A higher percentage of patients perceived a high level of improvement after receiving a BT than after receiving an NSAID, for both overall quality of life assessment (57% vs 22%, respectively) and the different quality of life-related aspects. Additionally, the mean degree of improvement for overall quality of life assessment and the different aspects related to this were reported to be significantly higher after receiving BT than after NSAIDs (overall improvement: 5.46 \pm 2.59 vs 3.19 \pm 2.45; $p < 0.001$, respectively).

Abstract AB0875 – Table 1. Mean improvement degree and percentage of patients who reported high improvement (≥ 6 in 0–10) in different aspects related to quality of life after receiving biological therapy and NSAIDs

	NSAID		Biological Therapy		p value Wilcoxon
	High improvement (%)	Degree of improvement, Mean (SD)	High improvement (%)	Degree of improvement, Mean (SD)	
Independence	22.6	3.40 (2.79)	53.0	5.83 (3.01)	<0.001
Leisure & Spare Time	22.9	3.41 (2.73)	58.2	5.81 (2.80)	<0.001
Employment	20.7	3.01 (2.84)	53.6	5.48 (3.36)	<0.001
Social Relations	19.4	3.05 (2.50)	52.1	5.45 (2.95)	<0.001
Sport & Physical Activity	14.4	2.62 (2.71)	41.3	4.88 (3.05)	<0.001
Emotional Wellbeing	17.4	2.70 (2.83)	53.9	5.78 (2.88)	<0.001
Sexual Activity	16.0	2.52 (2.66)	53.4	4.65 (3.28)	<0.001
Global	22.2	3.19 (2.45)	57.0	5.46 (2.59)	<0.001

Conclusions: In clinical practice, patients' self-reported satisfaction overall and related to different aspects of quality of life is substantially greater after being treated with BT than with NSAIDs. However, these results need to be confirmed in a longitudinal study

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