was 70 (57–83) years. Background: 50% had arterial hypertension, 37.5% heart disease, 25% diabetes, 25% chronic obstructive pulmonary disease and 12.5% active neoplasia. The diagnosis was severe pneumonia in all cases. The average duration of hospitalisation was 29 (4–73) days. 50% of patients were admitted to the ICU and required mechanical ventilation. In 75%, the dose was 600 mg and the rest required 400 mg, all single doses. The average time from symptom onset to drug administration was 15 (10–30) days. Concomitant drug therapy for SARS-CoV-2: 100% hydroxychloroquine with azithromycin, 87.5% lopinavir/ritonavir, 37.5% methylprednisolone boluses, 25% oral methylprednisolone and 12.5% interferon-ß-1b. 87.5% of patients were discharged. No adverse reactions were reported.

Conclusion and relevance Treatment with tocilizumab could be considered a safe and effective option in patients with severe SARS-CoV-2 pneumonia. Further studies are necessary to confirm these preliminary results. Adjustment of the treatments to the criteria established by the regulatory agencies and the recording of health outcomes could contribute to more efficient therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-173 PERSISTENCE OF ABATACEPT TREATMENT IN RHEUMATOID ARTHRITIS PATIENTS

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Background and importance Abatacept (ABA) is indicated as firstline treatment in patients diagnosed with moderate–severe active rheumatoid arthritis (RA). Persistence of ABA in patients diagnosed with RA and the prognostic factors that are associated with treatment discontinuation may help optimise its use.

Aim and objectives To assess the persistence of abatacept and identify factors that contributes to its discontinuation in patients diagnosed with RA.

Material and methods A retrospective, observational, cohort study was conducted in RA patients treated with ABA between 2009 and 2019 (n=190). Sociodemographic, clinical and pharmacological characteristics of patients were collected. Clinical disease activity indicated by disease activity score (DAS) 28-ESR as well as adverse drugs effects (AEs) were evaluated. Kaplan–Meier survival analysis was used to obtain the time to discontinuation, and the log rank test was used to examine the difference in therapy continuation rate. Cox proportional hazards model was used to identify factors associated with durability.

Results 190 RA patients were evaluated; 75.26% (143/190) were women, disease duration was 14 (8–20) years and age at the start of ABA was 58.5 (49.25–68) years. Overall, 96.16% (177/190) had concomitant therapies with ABA (methotrexate, leflunomide, hydroxychloroquine). A total of 22.11% (42/190) were bionaive, 26.32% (50/190) began treatment after failure of one tumour necrosis factor inhibitor (TNFi) and 51.57% (98/190) began treatment with ABA after failure of two or more TNFis. The causes of ABA withdrawal were therapeutic failure in 28.95% (55/190) and adverse effects in 13.15% (25/190). Infections were the most frequent AEs (56.3%). Median persistence of ABA was 65 (95% CI 45 to 116) months. Kaplan–Meier analysis showed a trend of high persistence of ABA in naïve patients (89 months) compared with patients with one, or two or more previous biological therapies (TBs) (89 vs 65 and 29 months, respectively) (log rank p=0.06). According to Cox's model, duration of disease, duration of previous TB and number of previous TBs were associated with a higher risk of treatment interruption (log rank p=0.002).

Conclusion and relevance Median duration of ABA persistence was 65 months. Factors associated with the duration of the disease as well as previous biological therapies influenced the persistence of ABA.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-174 EFFECTIVENESS AND SAFETY OF ABATACEPT THERAPY IN PATIENTS WITH RHEUMATOID ARTHRITIS AFTER PREVIOUS FAILURE WITH TNFI TREATMENT

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Background and importance Abatacept (ABA) is a soluble fusion protein consisting of the extracellular domain of human CTLA-4 linked to a modified Fc portion of human IgG1, used in rheumatoid arthritis (RA) in patients with an inadequate or unsustained response to tumour necrosis factor inhibitors (TNFi).

Aim and objectives The aim of this study was to investigate the effectiveness and safety of ABA at 12 months in patients diagnosed with RA.

Material and methods A retrospective cohort study was conducted in patients diagnosed with RA treated with ABA between 2009 and 2019. Sociodemographic, clinical and pharmacological characteristics of the patients were collected. The influence of clinical parameters on ABA effectiveness was evaluated by applied linear or logistic regression models. Effectiveness was measured according to the European League Against Rheumatism (EULAR) response (satisfactory or unsatisfactory), after 12 months of therapy in RA patients. Safety was assessed by adverse events.

Results 171 RA patients were evaluated, 74.27% women (127/171) and age at the start of ABA was 58.40±13.60 years. Administration of ABA was intravenous (iv) in 61.4% (105/171) of patients. Concomitant glucocorticoids were administrated in 84.21% (144/171) of cases and disease modifying antirheumatic drugs (methotrexate or leflunomide) in 50.87% (87/171) of patients. Rheumatoid factor was positive in 78.36% (134/171) of patients and cyclic citrullinated peptide antibodies in 72.51% (124/171). 75.44% of patients had