was gathered from drug cost datasets[7], and a range of discounts were applied according to experts opinion obtained through a survey. Finally, non-pharmacological costs were obtained from literature review[8]. With all this information, a cost-minimization analysis between the suitable therapeutic alternatives was performed for a 1-year time horizone. Robustness of results was validated by a deterministic and probabilistic sensitivity analysis (PSA).

Results: ADA was the less expensive option with an annual cost of 4,529€ vs 4,650€ - 10,001€ for the alternative treatments. Infliximab had only a slightly higher cost than ADA (2,7% higher). Certolizumab, etanercept, and tofacitinib showed a higher cost profile, with an annual cost between 54% and 71% higher than ADA. Finally, golimumab, tocilizumab and upadacitinib had the highest cost, between 103% and 137% higher than ADA. Sensitivity analysis showed similar results. The deterministic sensitivity analysis showed ADA to be the best option with average and maximum discounts. In the PSA, only ADA and infliximab performed as the best alternative. ADA was the best option 63% of times.

Conclusion: According to our model, ADA was the most cost-effective biologic option for treating RA in Spain, and the sensitivity analysis validated the results.

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AB1390 COMPLEMENTARY DIGITAL THERAPY SAFELY IMPROVES QUALITY OF LIFE IN PATIENTS WITH INFLAMMATORY ARTHRITIS

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Background: Self-management strategies play a central role in improving clinical outcomes in patients with inflammatory arthritis. EULAR recently highlighted the essential role of digital health to increase the self-management of patients. Evidence regarding these supporting digital tools, including mobile apps, is currently however very limited [1].

Objectives: To evaluate the efficacy and safety of a mobile app (Mida Rheuma App) in patients with rheumatoid arthritis (RA) and spondyloarthritis (SpA, including psoriatic arthritis [PsA]) in a prospective study.

Methods: Patients with RA, SpA/ PsA, stable on their antirheumatic therapy for ≥4 weeks, were eligible to use the Mida Rheuma App in addition to standard care treatment. The usage of the app targeted the optimization of non-medical treatment in a 4-step process: (1) collection of the information (HRQoL, disease activity, physical impairment, diet, mental health, physical activity, etc.) using standardized questionnaires via the conversational health coach Mida; (2) development of a patient profile that focuses on the patient's disease, well-being, and behavior; (3) creation of a personalized, evidence-based disease management program based on recommendations from medical guidelines, medical standards, and state-of-the-art clinical research; (4) implementation of personalized recommendations into the patient's daily life by providing short daily tasks that accelerate positive behavior change. Additionally, the health coach Mida supports the patient in coping with stress, sadness, depression, fatigue, and further disease-related symptoms. This is achieved by various cognitive behavioral techniques, meditation and relaxation methods.

Additionally, we assessed demographic parameters, treatment regimen, disease activity (e.g., SDAI, ASDAS), and other patient-reported outcomes (e.g., SF-36) at baseline and after 4 weeks. The study was approved by the Ethics Committee of the Medical Faculty of Mannheim, Heidelberg University.

Results: Of 20 patients screened after obtaining informed consent, 19 were enrolled in the study, and 17 patients (12 RA, SpA: 1 axSpA, 4 PsA) completed the study (2 drop-outs due to unwillingness to finish the study). 7 (41.2%) patients were male, and ages ranged from 19 to 63 (40.5±12.2) years). Patients were treated as follows: 7 NSAIDs (41.2%), 2 GC (>5 mg) (11.8%), 3 HCQ (17.6%), 10 MTX (58.8%), 1 LEF (5.9%), 1 SSZ (5.9%), 1 APR (5.9%), 3 JAKi (17.6%), 1 TNFi (5.9%), 2 IL-6i (11.8%), 1 IL-17i (5.9%). No significant change in antirheumatic treatment was observed during the study. At baseline, 29.4% of the RA and PsA patients were in remission, 25.2% had low, 29.4% had moderate, and none had high disease activity according to SDAI, one axSpA patient had low disease activity (ASDAS: 2.2). At the end of the study, slightly more RA and PsA patients were in remission and had low disease activity (58.8% and 23.5%, respectively) and less had moderate activity (11.8%); the axSpA patient had inactive disease (ASDAS: 1.8). Regarding patient-reported outcomes, statistically significant improvement was noted for the following parameters: SF-36 Total Score (relation of CI 90% and minimum clinically important difference of 2.5), increase of Physical Component Summary of SF-36 by 23.6% (p=0.024), 'role limitations due to physical health' by 76.9% (p=0.022), and 'general health' - by 17.1% (p=0.048); and evidence of potential clinical importance of their dynamics for Patient Health Questionnaire (PHQ)-9, 'emotional well-being' and RADAI-5. No negative changes were observed for assessed parameters. No adverse events were reported throughout the study.

Conclusion: This prospective study suggests that using an app-based personalized disease management program significantly quickly improves several measures of patient-reported outcomes and disease activity in patients with RA and PsA/SpA. These findings highlight the potential of complementary digital therapy in patients with inflammatory arthritis.

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AB1391 19% PATIENTS WITH CHRONIC RHEUMATIC INFLAMMATORY DISEASES PRESENT AN UNFAVORABLE PREGNANCY OUTCOME: A DESCRIPTIVE ANALYSIS OF THE NATIONAL FRENCH SOCIAL SECURITY DATABASE

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