

Karen Keenan¹ | Maureen Heddle¹ | Barry Morris¹ | Gary J Macfarlane¹ | Gareth T Jones¹ |

On behalf of BSRBR-AS and BSR-PsA investigators

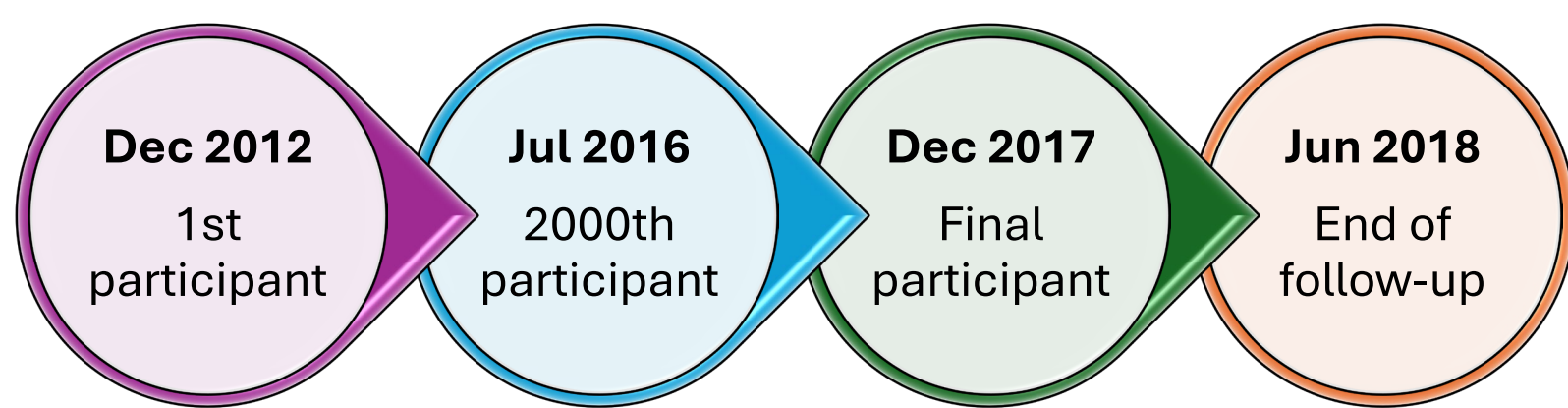
¹ Aberdeen Centre for Arthritis and Musculoskeletal Health (Epidemiology Group), University of Aberdeen, UK.

Key finding

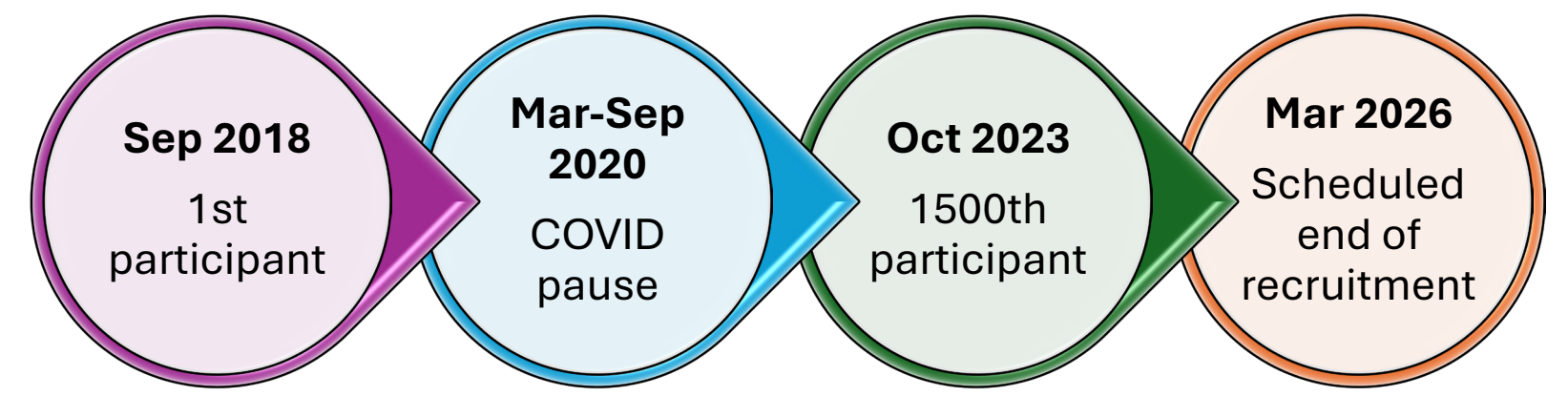
We operate the AxSpa and PsA Registers for the British Society for Rheumatology with data about quality of life, work and drug safety from over 4400 participants

	BSRBR-AS (closed)	BSR-PsA (recruitment ongoing)
Population	Adults with Axial Spondyloarthritis	Adults with Psoriatic Arthritis
Participants	2793 Data collection complete	1700 Correct to end of July 2024
Recruiting centres	85	80
Recruitment period	2012-2017	From 2018
Disease classification	Either: <ul style="list-style-type: none"> Modified New York (AS) ASAS criteria (axSpA) And: <ul style="list-style-type: none"> Biologics naïve 	Both: <ul style="list-style-type: none"> Clinical diagnosis of PsA CASPAR classification criteria
Therapy	Either: <ul style="list-style-type: none"> Commencing TNF inhibition Remaining on conventional therapy 	Either: <ul style="list-style-type: none"> Commencing b/tsDMARD having never previously had that agent Or: <ul style="list-style-type: none"> Remaining biologics naïve

BSRBR-AS

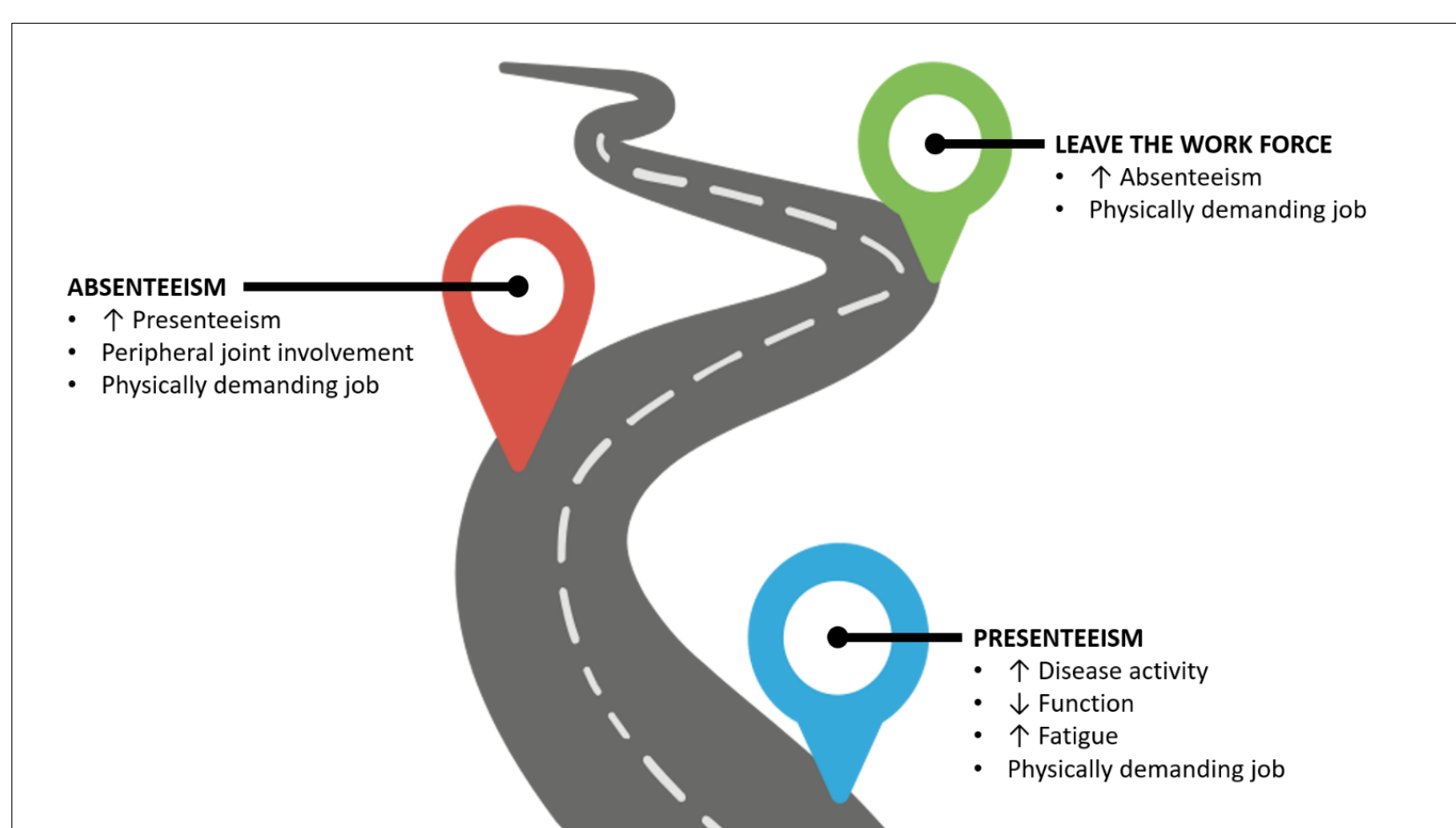


BSR-PsA

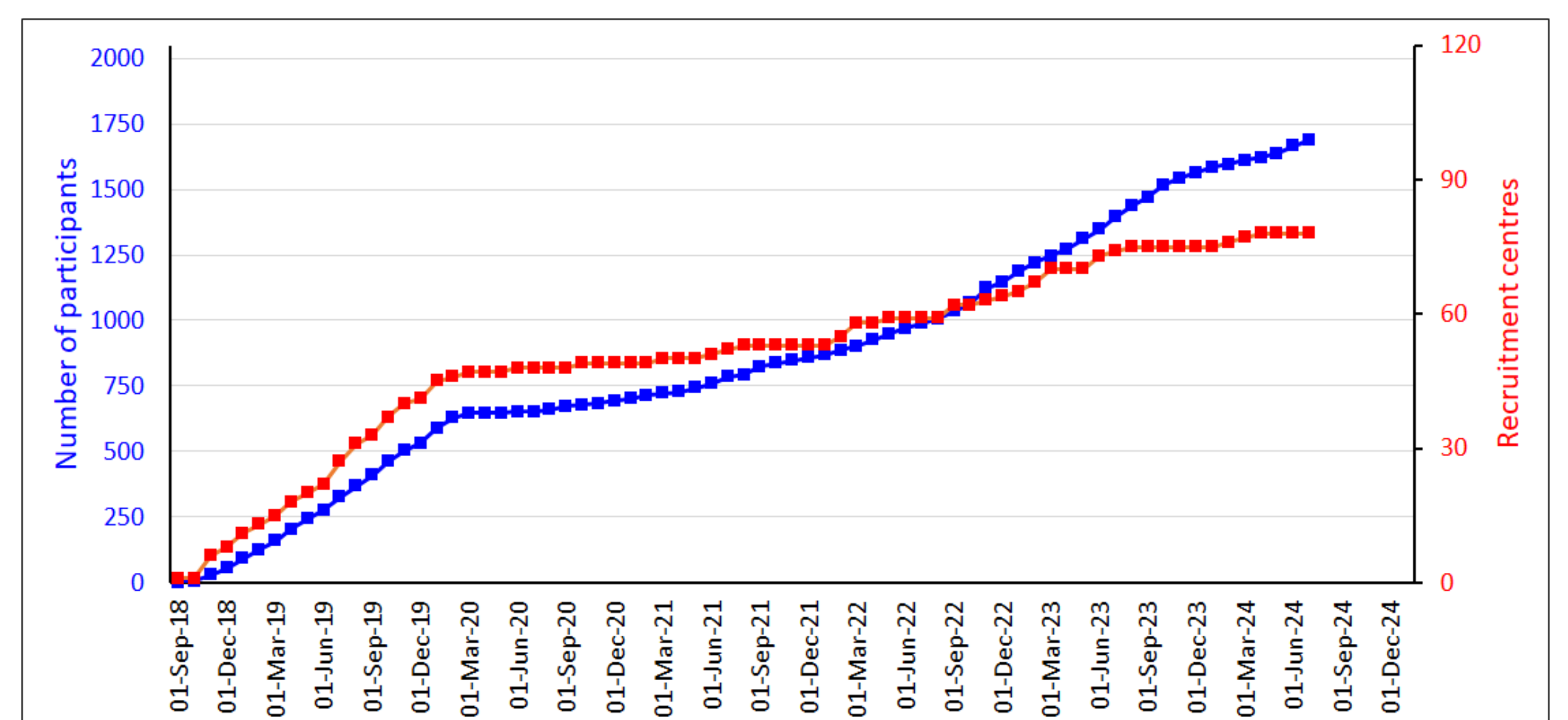


Key findings

- Although patients commencing TNF inhibition in the ‘real-world’ are similar to patients in clinical trials, they are less likely to respond to treatment (51% vs 62%)
- Early identification of patients at risk of poor work outcome
 - Importance of non-pharmacological therapy and/or targeted occupational support



Progress



- Early analysis supports axSpA findings, re occupational outcomes
- Both registers will contribute to international multi-registry collaborations

EUROSPA