Methotrexate and improve outcomes. Expenses the observed patterns (including the choice of specific biologic for targeted vs. 0.3.

Most (84% on first biologic) and 63 on etanercept. Most (adalimumab: 39.5, 98% on first biologic) and 63 on etanercept. Most (>85%) were on their first biologic. The adalimumab group appeared to have a slightly higher disease burden and comorbidities. Factors influencing the observed patterns (including the choice of specific biologic for targeted patient profiles) may warrant further scrutiny to optimize therapeutic interventions and improve outcomes.

OBJECTIVES: Tofacitinib is a new oral drug which has demonstrated efficacy and safety in pivotal clinical trials. This study sought to assess the efficacy of tofacitinib in combination with methotrexate compared with biological DMARDs in combination with methotrexate, in rheumatoid arthritis (RA) patients with an inadequate response to methotrexate. METHODS: We performed an analysis of systematic review published in the last five years that assessed biological DMARDs (adalimumab, etanercept, infliximab, etanercept, golimumab, secukinumab, tofacitinib, abatacept) or tofacitinib to treatment of RA after inadequate response to methotrexate. The search was detailed in the database of Medline, EMBASE, Cochrane, LILACS, DARE and HTA. The data collection was detailed by two researches and the data of the systematic reviews were extracted and evaluated their methodological quality with checklist Cochrane. With mixed treatment comparison, the effect was evaluated by biological DMARDs and tofacitinib were compared using methotrexate as a common comparator. The outcomes considered in terms of effectiveness were improvement rates by ACR20, ACR50, ACR70 and HAQ criteria at 12 and 24 weeks. In order to evaluate the impact of heterogeneity, we performed analysis of sensitivity and subgroups. RESULTS: 27 systematic reviews were included of which 30 clinical trials were assessed and 63 on etanercept. Fisher’s exact test was used to assess the difference in the proportion of patients between each study. Significant differences were found in all the subscapes of SF-36 among groups. A significant improvement was also observed regarding the functional ability (p = 0.004). CONCLUSIONS: Our study reveals that Chinese MG patients have better QoL than those who are Mild and Moderate MG, and influence of the disease by muscle weakness.

OBJECTIVES: To compare the disease status and outcomes of patients with Psoriatic arthritis (PsA) receiving adalimumab or etanercept monotherapy in the United States (US). Narayanan S1, Lu Y2, Hughes B1, Baynton E2

OBJECTIVES: To assess the effectiveness and economic burden of anticoagulant therapy in the United States. Study design: Economic evaluation of anticoagulant therapy in the United States. Literature search: MEDLINE and EMBASE. Outcomes: Economic burden of anticoagulant therapy in the United States. Results: The economic burden of anticoagulant therapy in the United States was $42.7 billion in 2015. The economic burden of anticoagulant therapy in the United States is increasing at a rate of 4.2% per year. Conclusions: The economic burden of anticoagulant therapy in the United States is substantial and is increasing at a significant rate.

OBJECTIVES: To compare the disease status and outcomes of patients with PsA receiving adalimumab or etanercept monotherapy and to assess the impact of tofacitinib on patients with an inadequate response to methotrexate. METHODS: We performed an analysis of systematic review published in the last five years that assessed biological DMARDs (adalimumab, etanercept, infliximab, etanercept, golimumab, secukinumab, tofacitinib, abatacept) or tofacitinib to treatment of RA after inadequate response to methotrexate. The search was detailed in the database of Medline, EMBASE, Cochrane, LILACS, DARE and HTA. The data collection was detailed by two researches and the data of the systematic reviews were extracted and evaluated their methodological quality with checklist Cochrane. With mixed treatment comparison, the effect was evaluated by biological DMARDs and tofacitinib were compared using methotrexate as a common comparator. The outcomes considered in terms of effectiveness were improvement rates by ACR20, ACR50, ACR70 and HAQ criteria at 12 and 24 weeks. In order to evaluate the impact of heterogeneity, we performed analysis of sensitivity and subgroups. RESULTS: 27 systematic reviews were included of which 30 clinical trials were assessed and 63 on etanercept. Fisher’s exact test was used to assess the difference in the proportion of patients between each study. Significant differences were found in all the subscapes of SF-36 among groups. A significant improvement was also observed regarding the functional ability (p = 0.004). CONCLUSIONS: Our study reveals that Chinese MG patients have better QoL than those who are Mild and Moderate MG, and influence of the disease by muscle weakness.

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