If the intolerance symptoms disappeared completely over time, the patients were advised to discontinue coffee unless the patient liked coffee and preferred to continue taking it.

Conclusions: Coffee relieved the symptoms of MTX intolerance in 45.2% and partial relief in 14.8% of the patients. A significant number of patients did not like to take coffee. By intense regular counselling by the specialist rheumatology nurses about the benefits of coffee intake in MTX intolerant patients, helped in decreasing the intolerance and increased its compliance in patients with RA.

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SAT0747-HPR **THE IMPACT OF NON-PERSISTENCE ON THE DIRECT AND INDIRECT COSTS IN PATIENTS TREATED WITH SUBCUTANEOUS TUMOUR NECROSIS FACTOR-ALPHA INHIBITORS IN GERMANY**

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Background: No recent data is available about the association between non-persistence with subcutaneous TNFi and costs in Germany.

Objectives: The goal of the present study was to estimate the direct and indirect treatment costs in immune-mediated rheumatic disease (IMRD) patients initiating treatment with a subcutaneous biologic agent based on treatment persistence.

Methods: This is a retrospective cohort study based on the German statutory health insurance funds database. Patients aged ≥18 with a diagnosis of ankylosing spondylitis, psoriatic arthritis, or rheumatoid arthritis treated with subcutaneous TNF-alpha blockers (sc-TNFis) were included. Persistence was estimated as the duration of time from sc-TNFis therapy initiation to discontinuation, which was defined as at least 60 days without therapy. We performed 1:1 matching based on a propensity score that was constructed as the conditional probability of being persistent as a function of age, gender, index year, physician specialty, and Charlson comorbidity index. Finally, the differences in direct costs, indirect costs, and services between the matched pairs were estimated using the Wilcoxon test.

Results: After 1:1 matching, 678 persistent and 678 non-persistent patients were available for cost analyses. Both cohorts were similar in terms of age, gender, year of therapy initiation, CCI, and indication. Using a two-year time period, the costs for office based visits per patient were € 2319 in the persistent cohort, as compared to € 3094 in the non-persistent cohort (p<0.001). Co-medication costs were € 2828 in the persistent cohort, as compared to € 5498 in the non-persistent cohort (p<0.001), hospitalisation costs were € 3551 in persistent cohort, as compared to € 5890 in non-persistent patients, and sick leave costs were € 717 in persistent cohort, as compared to € 1241 in non-persistent patients.

Conclusions: The results of this study indicate that persistence with SC-TNFis treatment can be associated with several cost offsets for IMRD patients. For healthcare providers/payers, these findings reinforce the value of persistence, given the additional economic burden associated with non-persistent patients.

HPR Measuring health (development and measurement properties of PROs, tests, devices)

AB1397-HPR **RELIABILITY, VALIDITY AND CROSS-CULTURAL VALIDITY OF THE TURKISH VERSION OF THE ABILHAND QUESTIONNAIRE IN RHEUMATOID ARTHRITIS INDIVIDUALS, BASED ON RASCH ANALYSIS**

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Background: 80%–90% of Rheumatoid Arthritis (RA) individuals are thought to be affected by the hands and wrists. Patients complain of various symptoms that cause more difficulty while performing daily activities such as joint pain and stiffness, loss of joint range of motion, reduction of grip strength. Abilhand is a Rasch-built questionnaire and evaluates manual ability.

Objectives: This study aimed to evaluate reliability, validity and the cross-cultural validity of the Turkish version of the Abilhand questionnaire for Rheumatoid Arthritis individuals, based on Rasch Analysis.

Methods: A total of 90 participants who were diagnosed as RA according to the American College of Rheumatology (ACR) 2010 criteria with a mean age of 51.8±10.9 years were included in the study. Manual ability was evaluated by use of Abilhand Questionnaire; disease activity by Disease Activity Score 28 (DAS28), upper limb impairment by Jamar dynamometer, pinchmeter, Nine Hole Peg Test (NHPT); disability by Duruöz Hand Index (DHI) and quality of life by Nottingham Health Profile (NHP). Abilhand results were evaluated using Rasch analysis.

Results: The Abilhand-Turkish, consisting of 27 items, provided the invariance of item difficulty hierarchy in general. Item fit statistics, person-item residual corelation matrix and principal component analysis of the residuals was examined and 8 items were removed. As a result of the deletion of 8 items in the questionnaire, it was determined that the remaining 19 items provided Rasch model compatibility and the invariance of item difficulty hierarchy. DAS28, bilateral grip strength, dominant side, NHPT, DHI ve NHP were significantly correlated with the Abilhand measures.

Conclusions: The Abilhand-Turkish in individuals with rheumatoid arthritis is clinically valid and reliable. We recommend using the Abilhand-Turkish in clinical evaluations, in rehabilitation interventions, and in evaluating improvements due to its sensitivity.

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