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**BIOLOGIC DOSE REDUCTION IN RHEUMATOID ARTHRITIS: WHAT DO PATIENTS THINK? RESULTS FROM A PATIENT AND PUBLIC INVOLVEMENT EVENT**

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*Abstract:*
**Background:** Biological therapies are well established and effective treatments for rheumatoid arthritis (RA). Although it seems impossible to stop biological therapies for the majority of RA patients with established disease it appears that dose reduction can be successful in some patients in remission or with low disease activity. Stratified medicine approaches may identify individuals who are most likely to maintain low levels of disease activity on a reduced biological therapy dose while achieving the same clinical benefit. Dose reduction may allow a reduced risk of adverse events and also produce economic benefits that may allow greater numbers of patients to use biological therapies. Despite an increased interest in biological therapy dose reduction in recent years, the perspectives of patients have not yet been reported. Engagement of patients in shared decision-making about their disease management is vital to improving health outcomes and a stated aim of many treatment guidelines. We aimed to investigate the views of patients with regard to biological therapies and dose reduction.
**Methods:** We arranged a patient and public involvement (PPI) event with 9 patients (8 female, mean age 49y, mean disease duration 17y) with RA. Eight patients were on a biological therapy with 2 patients on a reduced dose. Discussion was facilitated and recorded by two PPI experts and a consultant rheumatologist. Participants (1) discussed biological therapy in general, (2) listed the top 10 concerns about biological therapy and (3) explored attitudes towards dose reduction.
**Results:** The most common issues arising during group discussion about biological therapies in general were: impact of disease on health, delays in accessing treatment, need for education about biological therapies, adverse effects, inefficacy of previous treatments, impact of disease on family and work and patient autonomy. When exploring attitudes towards dose reduction, the most common concerns were loss of disease control, delay in access to the previous dose and potential loss of efficacy of a previously successful treatment. Perceived benefits were a lower risk of adverse effects and reduced frequency of injection.
**Conclusion:** Patients were generally prepared to consider dose reduction but need reassurance about rapid access to higher doses should their disease flare. The data provide insight into patients’ beliefs and attitudes towards biological therapies and dose reduction and will be used to generate a questionnaire to be distributed to a larger group of patients.
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