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Disclosure of Interest: None declared

AB0315 **THE POTENTIAL ASSOCIATION BETWEEN RHEUMATOID ARTHRITIS AND TRADITIONAL CARDIOVASCULAR RISK FACTORS: A META-ANALYSIS OF CONTROLLED STUDIES**

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Background: Systemic inflammation is the cornerstone of both rheumatoid arthritis (RA) and atherosclerosis. RA is currently considered as a cardiovascular risk factor.

Objectives: The aim of this systematic review was to assess the association between RA and the traditional cardiovascular risk factors (hypertension, dyslipidemia, diabete mellitus, and atherosclerosis) in RA patients in comparison to the general population.

Methods: We systematically searched literature (via Pubmed, Cochrane and abstracts from recent ACR and EULAR congresses) up to March 2016 for observational studies providing data concerning the presence of a traditional cardiovascular risk factor (among hypertension, dyslipidemia, diabetes mellitus, atherosclerosis) in patients with RA and in a control group. A meta-analysis of the relative risk (RR) concerning patients with RA in relation to the control group was performed for each cardiovascular risk factor.

Results: Out of 5714 screened references, 13 studies were included. Due to lack of data, atherosclerosis studies could not be included in this meta-analysis. For hypertension and diabetes, an increased risk was observed: RR =1.15 [95% CI 1.07–1.24], p=0.0003 and RR=1.11 [1.04–1.19], p=0.001, respectively. On the contrary, not any association was found with the dyslipidemia (RR=0.93 [0.77–1.12], p=0.43).

Conclusions: This meta-analysis highlights a moderate excess risk of hypertension and diabetes among patients with RA relative to the general population. A comprehensive identification of cardiovascular risk profile of RA is an opportunity to improve health management of these patients. Future research is crucial in order to establish to what extent the control of modifiable risk factors can improve cardiovascular outcome of these patients.

Disclosure of Interest: None declared

AB0316 **HOSPITAL ADMISSIONS OF PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH DMARD**

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Objectives: To describe hospital admissions and contributing factors in patients with rheumatoid arthritis (RA) treated biological DMARD (b-DMAR) and conventional synthetic DMARD (cs-DMAR).

Methods: Retrospective observational study of RA patients admitted to the hospital for any cause from 2010 to 2015. Demographic, clinical and therapeutic characteristics were collected from the medical charts. Multivariate and univariate models were used to identify variables associated with admissions for any cause, major adverse cardiovascular events (MACE), and infection. The statistical program Stata 14.0 was used for the analysis.

Results: In the period 2010–2015, 26% of all RA patients were treated with b-DMARD. There were a total of 1251 hospital admissions for any cause in 600 patients; 1055 admissions in 477 patients treated with cs-DMAR and 196 admissions in 123 patients treated with b-DMAR. Of the 1251 admissions, 251 were due to infections and 60 to MACE. Demographic characteristics,

Table. Demographic characteristics, comorbidities and treatment in 600 patients admitted to an university hospital.

	AR patients admitted (600)	Patients b-DMAR treated (123)	Patients cs-DMAR treated (477)	p*
Age > 65 years	428	59 (47.97%)	369 (77.36%)	0.03
Female	412	88 (71.54%)	324 (67.93%)	0.269
COPD [1]	59	8 (6.96%)	51 (10.81%)	0.062
Diabetes mellitus	109	10 (8.70%)	99 (20.97%)	0.364
Dyslipemia	161	23 (20.00%)	138 (29.30%)	0.025
Arterial hypertension	295	41 (35.65%)	254 (53.93%)	<0.001
Corticoids	490	87 (76.32%)	403 (85.74%)	0.162

[1]Chronic obstructive pulmonary disease.
*Univariate analysis comparing cs-DMAR treated patients with b-DMARD treated patients

comorbidities and treatment are disclosed in table. In the multivariate analysis, diabetes mellitus (p<0.001), and hypertension (p=0.029) were associated with admission for infections, and hypertension (p 0.011), and dyslipidemia (p=0.02) with admissions for MACE.

Conclusions: infections and MACE are a significant cause of hospital admission in patients with rheumatoid arthritis. Comorbidities as diabetes, hypertension and dyslipidemia but not b-DMARD are significantly associated with admission for infection or MACE.

Disclosure of Interest: None declared

AB0317 **RHEUMATIC DISEASES AND PREGNANCY: PRACTICE PATTERNS AMONG RHEUMATOLOGISTS AND OBSTETRICIANS IN LEBANON**

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Background: For years, women with potentially serious systemic diseases, such as rheumatic diseases (RD), have been advised against getting pregnant. However, with careful clinical management, most of these women can have successful pregnancies. The use of RD drugs before or during pregnancy is problematic due to the lack of knowledge about their compatibility with pregnancy. Recently, the British Society of Rheumatology (BSR) and the European League Against Rheumatism (EULAR) published guidelines on prescribing drugs in pregnancy and breastfeeding.

Objectives: To evaluate the perceptions and clinical practices of rheumatologists and obstetricians in Lebanon regarding the use of medications prior and during pregnancy and breastfeeding. The secondary objective was to assess the variables that are significantly associated with the physicians' adherence to guidelines.

Methods: A national, observational, cross-sectional physician survey was conducted among a representative sample of rheumatologists and obstetricians throughout Lebanon. Collected data included physicians' information (age, gen-
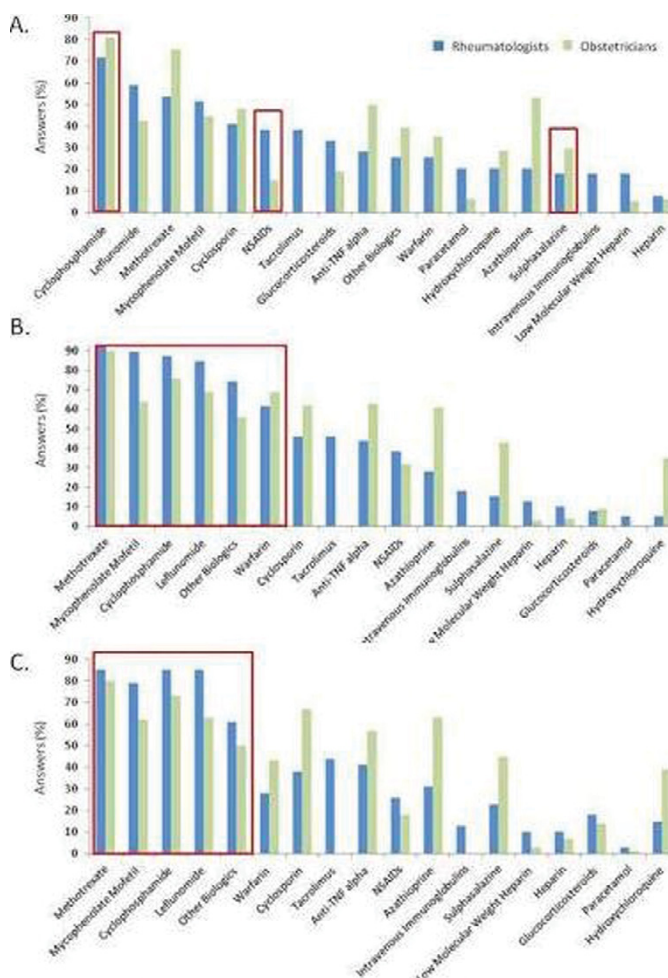

Figure 1. Percentage of rheumatologists and obstetricians who consider RD medications detrimental to fertility (A), pregnancy (B) and breastfeeding (C). Red squares indicate answers in accordance with EULAR/BSR guidelines.

der, years of experience, practice setting and number of pregnant patients with RD seen per month), their opinion on pregnancy in RD patients (pre-conception status of RD and counseling, remission length before allowing pregnancy) and compatible RD drugs with pregnancy and lactation. Qualitative variables were analyzed using Chi-square or Fisher's exact tests, while quantitative variables were analyzed using Wilcoxon or Student t tests. A total score of answers per physician in accordance with EULAR/BSR guidelines was calculated. Univariate and multivariate analysis assessed the variables significantly associated with this score. P value <0.05 indicated statistical significance.

Results: Thirty-nine (90.7%) rheumatologists participated in this survey. They had 22.2±11.6 years of practice. Ninety-four (41.4%) obstetricians participated in this survey. They had 26.0±12.8 years of practice. Figure 1 displays the percentage of physicians who consider the selected RD medications detrimental to/not compatible with fertility, pregnancy and breastfeeding.

Average score of answers in accordance with EULAR/BSR guidelines was 0.654±0.154 and results were significantly different between specialties (p<0.001): rheumatologists scored between 0.41 and 1, with an average of 0.777±0.152 and obstetricians scored between 0.36 and 1 with an average of 0.603±0.124. Multivariable analysis showed that the scores reflecting adherence to recommendations were significantly associated with type of specialty (rheumatology v/s obstetrics) and number of pregnant patients with RD seen per month.

Conclusions: Advices given to RD patients who plan on becoming pregnant in Lebanon vary largely, especially among the physicians' specialty and experience in RD, which highlights the urgency of disseminating the EULAR/BSR guidelines among rheumatologists and obstetricians alike.

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Disclosure of Interest: None declared

AB0318 **CLINICAL AND SEROLOGIC CHARACTERISTICS OF A COHORT OF ECUADORIAN MEN WITH RHEUMATOID ARTHRITIS**

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Background: Rheumatoid arthritis (RA) is an inflammatory and disabling disease whose expression and clinical course is influenced by gender. In developed countries the prevalence of RA is 0.5–1%, with a ratio 3:1 female:male. Comparative gender studies have shown that women have greater functional disability, disease activity and pain than men1.

Objectives: The purpose of this study is to describe and compare the clinical and serological characteristics of a cohort of men with RA.

Methods: A cross-sectional study was conducted in patients with established diagnosis of RA (American College of Rheumatology criteria 1988) from the Luis Vernaza Hospital and a private rheumatology center (CERER). The data included clinical manifestations, demographic data, comorbidities, habits, treatment, activity index DAS28-CRP, HAQ-DI disability index and the PHQ-9 questionnaire. The statistical program SPSS V. 22 was used to analyze the data and calculate frequencies, percentages, means, ranges, Spearman correlation and ANOVA coefficient. Statistical significance used was 0.05, with a 95% reliability.

Results: A cohort of 50 men was compared with a control group of 50 women. Most men worked while women stayed at home (72% and 66%, respectively, p=0.000). Tobacco and alcohol were more common in men (34% vs 8% p=0.001 and 38% vs. 0% p=0.000 respectively). The delay in the first visit to the specialist was shorter in men than in women (24 vs 32 months) and they had a longer follow-up (55 vs 41 months). In clinical manifestations, women had greater fatigue (60% vs 30% p=0.003), weight loss (44% vs 20% p=0.010), loss of appetite (54% vs 12% p=0.000) and depression (60% vs 22% p=0.000). There was no significant difference in comorbidities and treatment between the groups. Men had lower disease activity: VSG (23 vs 47 p=0.046), DAS 28 (2.5 vs 3.4 p=0.011), HAQ DI (0.37 vs 1.12 p=0.000), functional disability (12% vs 36% p=0.005), severe disability (2% vs 22% p=0.002), painful joints (2 vs 8 p=0.000), swollen joints (2 vs 6 p=0.000) and VAS of doctor (2 vs 3 p=0.047).

Conclusions: This is the first cohort study of men with RA in Ecuador. As shown in other international studies2–3, our results confirm that men have a less aggressive disease.

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women and men with recent onset rheumatoid arthritis of disease activity and functional ability over two years (the TIRA project). Ann Rheum Dis. 2003;62(7):667–70.

Disclosure of Interest: None declared

AB0319 **COMORBIDITIES IN ECUADORIAN PATIENTS WITH RHEUMATOID ARTHRITIS**

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Background: Rheumatoid arthritis (RA) is associated with several comorbidities that reduce life expectancy. These comorbidities may be due to the rheumatic process itself, treatment or be independent, and include: anemia, osteoporosis, fractures, infections, gastric ulcers, myocardial infarction, depression, lymphoma and other malignancies.

Objectives: The aim of this study is to determine the comorbidities in patients with an establish diagnosis of rheumatoid arthritis.

Methods: A cross-sectional descriptive study was conducted in patients with an established diagnosis of RA according to the ACR 1987 criteria, from public and private rheumatology clinics in Guayaquil, Ecuador. The database included; demographics, comorbidities, habits, treatments, laboratory exams, number of swollen and tender joints, Visual Analog Scale (VAS), activity and disability index (DAS28 and HAQ-DI) and PHQ-9 for depression. The statistical program SPSS V. 22 was used to analyze the data and calculate frequencies, percentages, means, ranges, Spearman correlation and ANOVA coefficient. Statistical significance used was 0.05, with a 95% reliability.

Results: 402 patients with a mean age of 50 years were included, 87.8% (353) women and 12.2% (49) men. 93.8% (377) were mestizos, 3.5% (14) White, 1.5% (6) Indigenous and 1.2% (5) Afro-Ecuadorians. As for the marital status 55.5% (223) were married, 15.4% (62) cohabiting, 12.4% (50) divorced, 8.5% (34) singles and 8.2% (33) widowers. 9.7% (39) of the patients smoked, 7.5% (30) ingested alcohol and 0.5% (2) drugs. The average age of onset of the disease was 41 years, with a median time from onset of symptoms and the first rheumatology visit of 28.7 months, median follow-up time of 51.8 months and average disease duration of 11 years. For comorbidities, 54.8% (147/268) had dyslipidemia, 28.4% (114) gastric disease, 23.6% (95) hypertension, 20.1% (81) obesity, 19.6% (79) depression, 15.2% (61) thyroid disease, 12.4% (50) of the sexual involvement, 10.7% (43) allergies, 10.4% (32/307) hypertransaminasemia, 9.3% (21/225) anemia, and 6.7% (27) diabetes mellitus. 32.3% (114) of women have had at least one abortion. The PHQ-9 medium was 5.3; according to this 11.2% (45) corresponded to mild depression, 4.5% (18) moderate depression, 3.2% (13) moderately severe depression and 0.7% (3) severe depression. As for the other indicators of disease activity, the average for the number of painful joints was 5 (0–28), swollen joints 4 (0–26), patient VAS 3.9 (0–10) and doctor VAS 3.4 (0–10). In laboratory data, 67.4% (215/319) had positive ESR, 64.8% (149/230) PCR, 90.5% (182/201) anti CCP positive, and 94.4% (286/303) RF.

Conclusions: This is the first study of comorbidities in patients with RA in Ecuador. Patients with RA have a high prevalence of comorbidities and risk factors, which is why physicians should be prepared to prevent them and offer an early treatment.

Disclosure of Interest: None declared

AB0320 **RHEUMATOID ARTHRITIS IN BRAZIL – THE "REAL" STUDY: A NATIONWIDE PROSPECTIVE STUDY**

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Background: Early diagnosis and immediate treatment are critical in achieving optimal outcomes in rheumatoid arthritis (RA). However, anecdotal evidence suggests that in Brazil there is still a significant delay in patient referral, RA diagnosis and DMARD initiation. The lack of national data hinders effective advocacy for proper public health policies, which led the RA commission of the Brazilian Society of Rheumatology to create a nationally-representative multicenter RA cohort to provide the necessary data.

Objectives: To describe the development process and baseline characteristics of a large, nationally-representative multicenter cohort of RA patients in Brazil.