Conclusions: Anxious or depressive patients showed higher disease activity, especially in measures with some subjectivity (such as TJC and PGA) but not regarding ESR or CRP and worse function and QoL. This fact must be taken into account when evaluating therapeutic efficacy.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.6345

AB0330 RHEUMATOID FACTOR AND RO52KDA ANTIBODIES ARE INDEPENDENT PREDICTORS OF INSULIN RESISTANCE IN RHEUMATOID ARTHRITIS

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Background: The rheumatoid factor (RF) and anti-citrullinated protein antibodies (ACPA) autoantibodies in rheumatoid arthritis (RA), have been used as diagnostic and prognostic tools [1]. However, this traditional perspective has changed toward a major role in RA pathogenesis. Several studies have demonstrated that FR and ACPA autoantibodies positivity beyond its level, might influence disease activity, bone erosions and development of comorbidities. Anti-Ro52kDa antibodies have also been associated with disease severity in RA and might influence the development of comorbidities such as insulin resistance (IR) in RA.
Objectives: To evaluate the association between RF, ACPA and anti-Ro52 kDa and IR in RA patients.
Methods: We included 83 RA patients classified according to ACR 1987 and ACR/EULAR 2010 criteria and 90 controls matched for age, gender and body mass index (BMI). Homeostasis Model Assessment-Insulin Resistance (HOMA-IR), anthropometric parameters and antibody positivity (RF, ACPA, Ro52 kDa) were evaluated. Multivariate regressión analysis was used to assess the contribution of autoantibodies, adiposity and disease activity to insulin resistance in RA.
Results: Patients positive for RF or anti-Ro52 kDa showed higher levels of basal insulin (P=0.009, P=0.006) and HOMA-IR. DAS-28 ESR was correlated with basal insulin (r=0.31, P=0.01) and HOMA-IR (r=0.29, P=0.02). We also observed positive correlations between serum triglycerides (r=0.47, P=0.01) and HDL-c (r=-0.38, P=0.02) and basal insulin. Multivariate analysis showed that Triglycerides, HDL-c, DAS-28, RF and anti-Ro52 kDa were independent predictors of basal insulin and HOMA-IR in patients with RA.
Conclusions: In RA, RF or anti-Ro52 kDa are independent predictors of IR. This phenomenon might be linked to the network of inflammation, adipokine secretion, since disease activity was also precitive of higher basal insulin. Both RF and anti Ro52 kDa, along with disease activity are independent predictors of IR in RA patients without comorbidities.
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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.7003

AB0331 BEHAVIOR OF THE VALUE OF RED CELL DISTRIBUTION WIDTH IN PATIENTS WITH RHEUMATOID ARTHRITIS IN TREATMENT WITH DAILY DOSE OF METOTREXATE

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Background: Recently the relationship between inflammatory biomarkers such as C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) has been found, with the increase in the percentage of red cell distribution width (RDW), events related to increase in cardiovascular risk in patients with rheumatoid arthritis (RA). RDW is a parameter that represents the heterogeneity of erythrocyte size and is calculated by an automatic blood analyzer, translates anisocytosis and in turn is related to atherosclerosis, is a predictor of mortality in patients with cardiovascular diseases such as acute myocardial infarction (AMI) and Congestive Heart Failure (CHF) plus it has the advantage of being very cheap. In patients with RA who receive treatment with methotrexate (MTX), particularly those with good therapeutic response with decreased disease activity, the values of ESR and CRP decrease.
Objectives: The aim of this study is to verify if there is a decrease, increase or neither change in the value of RDW in the patients receiving or not MTX comparing the value prior to the start of treatment and the last value measured during their therapy.
Methods: In this descriptive, non-experimental cross-sectional study, men and women older than 18 years of age with a diagnosis of rheumatoid arthritis according to ACR criteria (Aletaha et al., 2010) who were or not treated with methotrexate and other DMARDs. We excluded patients with less than two visits in this unit and the elimination criteria were patients who did not have baseline or last RDW test. The records of all patients included name, age, sex, date of diagnosis of RA, comorbidities, baseline and final laboratory exams during follow-up that included tests with RDW and medications.
Results: A total of 403 all with a diagnosis of RA and an average of 4.62 years of evolution, of which 51 they do not take methotrexate in daily dose and 352 receive treatment and only 4.2% suffered from a cardiovascular event. The comparison was made grouping the patients in whom they received and not treatment with methotrexate and correlated with the value of baseline and final RDW as shown in Table 1.

Table 1

	Methotrexate			
	Receive		Do not Receive	
	Baseline RDW	Final RDW	Baseline RDW	Final RDW
Minimum	10.70	10.40	11.10	12.20
Median	15.70	15.70	15.85	15.35
Mean	15.97	16.01	15.97	15.93
Maximum	32.60	26.60	27.30	21.80

The results shown in Table 1, do not appear to reveal a significant change in RDW values between the different subgroups; in the figures we compared the median of RDW for each group of patients who take methotrexate from all patients included in this study.

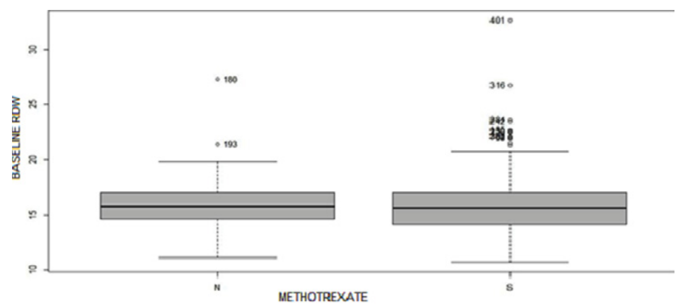
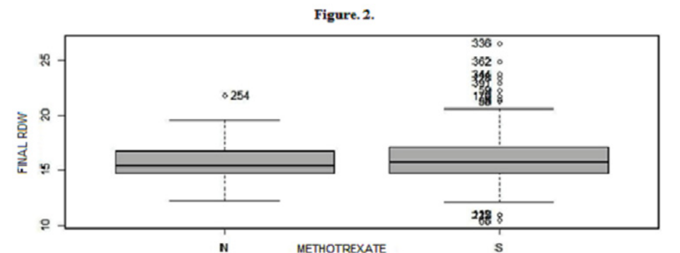


Figure. 2.



Conclusions: The value of RDW does not appear to significantly change its value when taking methotrexate at a daily dose in RA patients. The value of RDW may have weight in the assessment of the risk of suffering a cardiovascular event in patients with rheumatoid arthritis.
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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.3896

AB0332 DOES A COMMUNITY INTERFACE RHEUMATOID ARTHRITIS ANNUAL REVIEW IMPROVE PATIENT CARE?

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Background: Patients with rheumatoid arthritis are known to have a long term disability and increased risk of extra-articular comorbidities. EULAR guidelines suggest annual review of cardiovascular risk in patients with rheumatoid arthritis [1] whilst UK national (NICE) guidelines suggest a more holistic annual review to look at the impact of the disease on quality of life as well as co-morbidities [2].