Abstract AB0211 – Table 1

Baseline Characteristic	Univariate analysis			Multivariate analysis
	DAS28<2.6	No remission	OR (95%CI)	OR (95% CI)
Age, mean (SD), years	55.46 (13.21)	48.34 (12.38)	7.11 (3.26, 10.96)**	0.124
Female, n (%)	41 (33.3)	82 (66.7)	ns	0.173
Current smoking, n (%)	12 (21.4%)	54 (47.6)	2.84 (1.37–5.89)**	0.37 (0.16, 0.86)*
Caffeine, n (%)	33 (29.2%)	80 (70.8)	2.35 (1.26–4.39)**	0.092
Functional status > In (%)	38 (29.0%)	93 (71.0)	3.23 (1.65–6.31)**	2.39 (1.06, 5.40)*
Extra-articular involv, n (%)	7 (20.6%)	27 (79.4)	2.63 (1.08–6.43)*	0.107
MTX adverse events, n (%)	20 (24.1%)	63 (75.9)	2.85 (1.50–5.40)**	0.44 (0.20, 0.95)*
Baseline DAS28PCR, mean (SD)	3.88 (0.56)	4.75 (0.76)	-0.87 (-1.06, -0.67)**	5.79 (2.99, 11.20)**
MTX delay, mean (SD), m	1.66 (3.91)	5.39 (18.57)	-3.73 (-7.28, -0.18)*	0.089

Abstract AB0211 – Table 2

Smoking history	Edad	ACPA	MTX dose	Remission (n=67)	Low activity (n=98)	Need for biological (n=60)
Never Smoking (n=67), % (SD), diff (95% CI)	53.85 (15.23)* 4.58 (0.32 to 8.82)	126.03 (146.91)* -3.97 (-103.03 to -4.90)	16.86 (3.92) ns	28 (41.8) ns	39 (58.2) ns	19 (28.4) ns
Former Smoker (n=59), % (SD), diff (95% CI)	65.97 (58.68) ns	188.81 (159.17) ns	15.97 (3.34)* -1.44 (-0.29 to -2.59)	27 (45.8) ns	39 (66.1)* 1.67 (1.06 to 2.63)	14 (23.3) ns
Current smoker (n=56), % (SD), diff (95% CI)	45.34 (9.94)** -8.11 (-2.02 to -4.12)	171.03 (166.99) ns	18.08 (3.63)** 1.63 (2.79 to 0.47)	12 (21.4)** 0.46 (.26 to 0.82)	20 (35.7)** 0.47 (0.3 to 0.75)	27 (48.2)** 2.62 (1.36 to 5.06)

*p<0.05, **p<0.01.

References:

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Disclosure of Interest: None declared

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AB0212 CLINICAL AND SOCIODEMOGRAPHIC CHARACTERISTICS ASSOCIATED WITH RESPONSE TO METHOTREXATE (MTX) IN A COHORT OF PATIENTS WITH RHEUMATOID ARTHRITIS (RA) NAÏVE TO DMARD

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Background: RA treatment involves starting early with a DMARD. MTX achieves good sustained response in 30–40% of patients (pts). When MTX response is insufficient add other DMARD by achieve RA remission. Different factors may affect the response to MTX

Objectives: To analyze the clinical and demographic characteristics related to response to MTX in RA pts DMARD-naïve

Methods: We enrolled between 2011 and 2015, pts>18years RA diagnosed (ACR 1987 criteria), treated first with MTX monotherapy (MTXm). A case-control study (MTXm persistence with CRP-DAS28<3.2 and suspension of MTXm by ineffectiveness or toxicity, respectively) was performed. We collected information that can influence the response to MTXm by medical records review and patient survey. A descriptive and analytical study with SPSS statistics 21 was performed

Results: We included 222 pts (70 men and 152 women). The characteristics of cases (123) and controls (99) are shown in the table. The causes of MTXm suspension were remission (7), intolerance/toxicity (19) and inefficiency (79). MTX was discontinued in 40 (18.2%) pts, 28 (12.7%) of them by intolerance/toxicity. Of 123 (55.4%) responders, 71 (32.0%) were CRP-DAS28<2.6. MTXm response was associated with age at onset ≥60 years (χ^2 18.47, p<0.01, OR 3.67), rheumatoid factor (RF) <100 IU (χ^2 10.92, p<0.01, OR 3.16) and current smoking (χ^2 12.71, p<0.01, OR 2.95). Tobacco was associated with RF+ (χ^2 8.9 p<0.01 OR 2.59 (1.37; 4.89) and ACPA+ (χ^2 4.49 p<0.05 OR 1.88 (1.04, 3.38). We found no association with gender, education, job, coffee, tea or alcohol drinks, comorbidities, cardiovascular risk, positivity ACPA or RF, RA presentation, treatment delay, or corticosteroid use. We found no correlation between age of

RA-onset and RF or ACPA levels and MTXm duration. MTXm persistence at 5 years was 59% pts and their median survival was 93 months (77.14 to 108.8). We only found significant differences in favor of non-smokers and RF <100

Table 1. Clinical and sociodemographics characteristics of RA patients

Characteristics	Responders n=125	Nonresponders n=99	Statistic Significancy
Age at onset (y) (mean, SD)	53.48 (13.0)	46.65 (11.5)	t=4.08 p=00006
Female n (%)	80 (65.0)	72 (72.7)	ns
Current Smokers n (%)	23 (18.7)	40 (40.4)	χ^2 12.7 (p<0.01) OR 2.95 (1.6, 5.4)
Alcohol consumers n (%)	35 (28.5)	28 (28.3)	ns
Comorbidity n (%)	92 (74.8)	61 (61.6)	χ^2 4.45 (p<0.05) OR 1.21 (1.0, 1.5)
CV risk factors n (%)	92 (74.8)	81 (81.8)	ns
Polyarticular onset of AR n (%)	61 (49.6)	61 (61.6)	ns
Extraarticular involvement n (%)	17 (13.8)	21 (21.2)	ns
Positive RF n (%)	89 (72.4)	79 (79.8)	ns
Positive ACPA n (%)	70 (60.3)	64 (68.1)	ns
Duration of RA (m) (mean (SD))	96.1 (63.1)	96.0 (73.9)	ns
MTX toxicity n (%)	47 (38.2)	59 (59.6)	χ^2 10.0 (p<0.01) OR 2.38 (1.4, 4.1))
MTX dose (mg) (mean, SD)	15.6 (0.32)	17.8 (0.37)	t=-4.52 p=00001

Conclusions: The initial treatment of RA with MTX is an effective and safe option, with a high drug survival. MTX response was not associated with antibody positivity (RF or ACPA), but it was significantly better in non-smokers patients and RF <100. Smoking cessation could significantly improve the response to MTX of RA patients

References:

[1] Saevarsdottir S, et al. Arthritis Rheum 2011;63:26–36.

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AB0213 HIGH POWER DOPPLER SIGNALS SEEMS MORE IMPORTANT THAN SYNOVITIS SCORES IN ESTABLISHED RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease characterized by synovial inflammation, potential cartilage and bone damages. Evaluation with ultrasound (US) has come into prominence due to conventional radiography is relatively insensitive on soft tissue inflammatory changes and early bone erosions (1,2).

Objectives: The value of US has been shown in early arthritis, but is not well known for established RA. The aim of this study is to determine the relation between US signal, disease activity, articular damage and disability in established RA patients.

Methods: Forty-four RA patients (21 women, 23 men) were enrolled to the study. Age and gender, duration of disease, morning stiffness, disease activity score 28 (DAS28), The Rheumatoid Arthritis Articular Damage (RAAD) score, Hand disability Index (HDI), DASH (Disabilities of the Arm, Shoulder and Hand) scale, and grip strength values were recorded. Wrist, I-II-III. metacarpophalangeal and proximal interphalangeal joints of dominant hand were examined by both B mode US (BMOD) and Power Doppler US (PDUS).

Results: All of the 44 patients were established RA. The median of disease