taking group had a higher median (95% CI) baPWV (brachial-ankle pulse wave velocity) and median (95% CI) mean pulmonary artery pressure (mPAP) than non-NSAIDs taking group: baPWV 13.72 (12.77–15.62) vs. 15.29 (13.93–17.63) m/s, p=0.005; mPAP 26.5 (22.8–30.5) vs. 30.5 (27.3–32.3) mmHg, p=0.011. But baPWV and mPAP were not significantly different between selective cyclooxygenase-2 inhibitor (22 patients) and nonselective NSAIDs (69patients): baPWV 15.33 (13.98–17.63) vs. 14.83 (13.82–17.39) m/s, p=0.191; mPAP 29.0 (24.5–34.5) vs. 30.0 (26.0–33.0) mmHg, p=0.960.

Conclusions: Our study suggests that continuing NSAIDs therapy is associated with increased arterial stiffness in patients with rheumatic diseases, independently noted to increase the incidence of cardiovascular disease.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2403

AB0327 FEAR OF FALLING AND FOOT PAIN, IMPAIRMENT AND DISABILITY IN RHEUMATOID ARTHRITIS

J. Bahha, B. Amine, M. Erraoui, Y. Boujenane, S. Fellous, I. El Binoune, R. Bahiri. *Rheumatology, Mohammed V University, Faculty of Medicine and Pharmacy of Rabat, El Ayachi Hospital, sale, Morocco*

Background: Fear of falling, foot pain and functional disability are commonly reported in rheumatoid arthritis. Moreover, the relationship between the fear of falling and foot pain, impairment and disability has rarely been studied.

Objectives: To evaluate the relationship between fear of falling and foot pain, impairment and disability in patients with established RA.

Methods: A cross-sectional study that included patients with rheumatoid arthritis. We collected the following data: age, sex, duration of disease, foot pain assessed by the Visual Analogue Scale (VAS), Disease activity assessed by DAS 28, HAQ disability index (HAQ-DI). Fear of falling was assessed by Falls Efficacy Scale-International (FES-I) which consists of 16 different activities, scored using a four point scale (1=not at all concerned, 2=somewhat concerned, 3=fairly concerned and 4=very concerned). The summed scores for the 16 activities for each participant were calculated. Scores of ≥23 indicated a significant fear of falling. Foot disability and impairment were measured using the Leeds Foot Impact Scale (LFIS), Foot disability was represented by the total score (LFIST; range 0 to 51) of the LFIS and foot impairment by the first subscale (LFISIF; range 0 to 21). Correlations were used to assess the relationship between fear of falling and foot pain, impairment and disability.

Results: Thirty-three patients were included. The mean age was 49.3±10.5 years with female predominance (n=29 (87.9%)). The mean disease duration was 9.9±7.5 years. The mean HAQ-DI was 1.3±0.8. The mean DAS28 score was 5.5±1.3 and the mean EVA foot pain was 5.5±2.4. The mean FES-I score was 37.4±15.1 and 69.7% (n=23) of patients had a significant fear of falling. Positive correlations were found between fear of falling and foot impairment (r=0.66; p<0.0001) and disability (r=0.80; p<0.0001). No correlation was found between fear of falling and foot pain (r =0.29, p=0.07).

Conclusions: The results of this study have demonstrated the importance of the relationship between fear of falling and foot impairment and disability.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5912

AB0328 RHEUMATOID ARTHRITIS AND FEAR OF FALLING: THE INFLUENCE OF DISEASE ACTIVITY

J. Bahha, B. Amine, M. Erraoui, Y. Boujenane, S. Fellous, I. El Binoune, R. Bahiri. *Rheumatology, Mohammed V University, Faculty of Medicine and Pharmacy of Rabat, El Ayachi Hospital, sale, Morocco*

Objectives: The objective of this study was to evaluate fear of falling in patients with established RA and its relation to disease activity.

Methods: A cross-sectional study that included patients with rheumatoid arthritis. We collected the following data: age, sex, duration of disease, body mass index (BMI). Fear of falling was evaluated by the Falls Efficacy Scale-International score (FES-I) which consists of 16 different activities, scored using a four point scale (1=not at all concerned, 2=somewhat concerned, 3=fairly concerned and 4=very concerned). The summed scores for the 16 activities for each participant were calculated. Scores of ≥23 indicated a significant fear of falling. Disease activity was measured with swollen and tender joint count (SJC28, TJC28), pain on a visual analogue scale (VAS pain), patient and evaluator global assessment of disease activity (PGA, EGA), HAQ disability index (HAQ-DI), 28-joint DAS (DAS-28) and the clinical and simple disease activity indexes (CDAI, SDAI). Correlations were used to assess the relationship between fear of falling and disease activity.

Results: Thirty-three patients were included. The mean age was 49.3±10.5 years with female predominance (n=29 (87.9%)). The mean disease duration was 9.9±7.5 years.

The mean FES-I score was 37.4±15.1 and 69.7% (n=23) of patients had significant fear of falling. The mean VAS pain was 5.3±2.5, the PGA was 6.2±2.1 and the EGA was 5.7±1.7. The mean HAQ-DI was 1.3±0.8. The mean DAS28 score was 5.5±1.3. The mean CDAI was 29.9±13.6 and the SDAI was 31.6±13.7.

FES-I was significantly correlated with TJC28 (r =0.52, p=0.02), PGA (r=0,56, p=0,01), EGA (r=0,39, p=0,025), HAQ-DI (r =0.70, p=0001), DAS28 (r =0, 38, p=0.029), CDAI (r =0.48, p=0.005) and SDAI (r =0.52, p=0.002).

Conclusions: This study suggests that fear of falling is frequent in patients with rheumatoid arthritis and demonstrated that fear of falling is significantly correlated with disease activity.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6029

AB0329 DO ANXIOUS OR DEPRESSIVE RHEUMATOID ARTHRITIS PATIENTS ON BIOTECHNOLOGIC THERAPY HAVE WORSE DISEASE ACTIVITY, FUNCTION AND QUALITY OF LIFE?

J. Borges[1], N. Madeira[1], A. Cardoso[2], L. Cunha-Miranda[1], F. Barcelos[1], C. Miguel[1], C. Silva[1], S. Fernandes[1], R. Trinca[3], D. Medeiros[1], R. Campanilho-Marques[1], H. Santos[1], R. Leitão[1], A. Faustino[1]. *[1]Rheumatology; [2]Nutrition; [3]Nursing, Instituto Portugues de Reumatologia, Lisboa, Portugal*

Background: Depression, anxiety and fatigue are common symptoms in rheumatoid arthritis (RA) patients, and seem to influence disease activity, pain, quality of life (QoL) and treatment response.

Objectives: To assess disease activity, function and QoL in RA patients with symptoms of anxiety/depression.

Methods: Observational, cross-sectional study including RA patients on bDMARD followed at our centre, registered at Reuma.pt with ≥1 evaluation from 2015/11 to 2016/07. Clinical data including DAS28, CDAI, SDAI, TJC, SJC, patients' and physicians' pain/global assessments (VAS), ESR, CRP, HAQ, EQ5D, HADS score (anxiety and depression domains, cutoff ≥8) and FACIT-F were collected. Data were analyzed using Mann-Whitney, Qui-Squared and Spearman correlation, p<0.05.

Results: 182 patients enrolled, 84.6% female, mean: age at 1st bDMARD 53.8±11.1; time since diagnosis 16.2±9.3 years; DAS28 3.54±1.3; CDAI 10.2±9.6; SDAI 11.2±10.4; HAQ 0.97±0.6; HADS-Anxiety 7.13±4.5; HADS-Depression 6.62±4.54, FACIT-F 35.1±9.2, EQ-5D 0.36±0.2. 77 (44.5%) patients scored ≥8 in the HADS-Anxiety domain and 71 (41.0%) scored ≥8 in the HADS-Depression domain. Comparison of depressive *vs* non-depressive and anxious *vs* non-anxious groups appears on table 1. There was a correlation of *HADS-Anxiety* with DAS28 (r=0.391, p<0.001), CDAI (r=0.441, p<0.001), SDAI (r=0.426, p<0.001), HAQ (r=0.509, p<0.001), FACIT-F (r=-0.669, p<0.001) and EQ5D (r=-0.592, p<0.001). There was a correlation of *HADS-Depression* with DAS28 (r=0.389, p<0.001), CDAI (r=0.455, p<0.001), SDAI (r=0.439, p<0.001), HAQ (0.596, p<0.001), FACIT-F (r=-0.679, p<0.001) and EQ5D (r=-0.659, p<0.001).

Abstract AB0329 – Table 1. Comparison of anxious vs non-anxious and depressive vs non-depressive patients

	HADS-A <8	HADS-A ≥8	p	HADS-D<8	HADS-D ≥8	p
N	96	77		102	71	
Gender (M%)	18.8%	9.1%	0.073	18.6%	8.5%	0.061
Age at diagnosis, mean ± SD (years)	44.5±13.2	45.4±12.7	0.606	42.3±12.7	48.5±12.5	0.009
Age at 1st bMARD, mean ± SD (years)	53.6±11.1	54.9±10.0	0.422	52.4±10.3	56.8±10.6	0.008
HADS-A, mean ± SD				4.99±3.5	10.2±4.04	<0.001
HADS-D, mean ± SD	4.1±3.6	9.6±3.7	<0.001			
HAQ, mean ± SD	0.75±0.6	1.26±0.6	<0.001	0.7±0.5	1.3±0.6	<0.001
DAS28 ESR, mean ± SD	3.1±1.1	4.0±1.4	<0.001	3.1±1.0	4.1±1.5	<0.001
28 TJC, mean ± SD	1.83±3.3	4.95±5.8	<0.001	1.92±3.1	5.08±6.1	<0.001
28 SJC, mean ± SD	1.02±1.7	1.86±2.7	0.042	0.97±1.5	2.00±2.9	0.020
PGA (VAS), mean ± SD	28.46±23.2	46.3±24.1	<0.001	28.9±23.03	47.3±24.2	<0.001
Patients' pain assessment (VAS), mean ± SD	28.4±22.5	46.4±26.2	<0.001	28.8±22.4	47.3±26.5	<0.001
PhGA (VAS), mean ± SD	15.9±13.9	23.8±20.6	0.022	14.4±12.7	26.5±20.8	<0.001
ESR (mm/H), mean ± SD	26.42±19.6	28.43±21.2	0.513	25.3±18.4	30.2±22.6	0.190
CRP (mg/L), mean ± SD	6.9±10.9	9.3±23.5	0.771	6.1±8.9	10.6±25.3	0.808
CDAI, mean ± SD	7.3±7.1	13.8±11.2	<0.001	7.2±6.4	14.5±11.7	<0.001
SDAI, mean ± SD	8.2±7.4	14.96±12.4	<0.001	7.97±6.7	15.8±12.97	<0.001
FACIT-F, mean ± SD	39.8±7.5	29.3±7.7	<0.001	39.1±7.8	29.4±8.2	<0.001
EQ5D, mean ± SD	0.43±0.17	0.28±0.20	<0.001	0.44±0.17	0.26±0.19	<0.001

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

J. Aguilar-Arreola[1], F.D.J. Perez-Vazquez[2], E. Gomez-Bañuelos[2], G.-I. Diaz-Rubio[2], S. Duran-Barragan[2], F.-I. Corona-Meraz[2], A. Saldaña-Millan[2], R.-E. Navarro-Hernández[2], M. Vázquez-Del Mercado[2]. *[1]Servicio de Reumatología, División de Medicina Interna, Pnpc 004086, CONACyT, Hospital Civil, "Juan I. Menchaca"; [2]Instituto de Invesgitación en Reumatología y del Sistema Musculoesquelético, Universidad de Guadalajara, Guadalajara, Mexico*

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.
References:
[1] Watad A, Amital H: ACPAs Are Much More Than Diagnostic Autoantibodies. Rambam Maimonides Medical Journal 2016, 7(4).
[2] England BR, Thiele GM, Mikuls TR: Anticitrullinated protein antibodies: origin and role in the pathogenesis of rheumatoid arthritis. Current Opinion in Rheumatology 2016.
[3] Schuntermann MF: [References for evaluation scales in quality assurance in rehabilitation–1. I. Scales for determining adverse sequelae of illnesses–an introduction]. Die Rehabilitation 1995, 34(1):I-III.
[4] Matsudaira R, Tamura N, Sekiya F, Ogasawara M, Yamanaka K, Takasaki Y: Anti-Ro/SSA antibodies are an independent factor associated with an insufficient response to tumor necrosis factor inhibitors in patients with rheumatoid arthritis. Journal of Rheumatology 2011, 38(11):2346–2354.
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

J.E. Espinoza Martinez, M.U. Martinez MArtinez, C. Abud-Mendoza. *Unidad de Reumatología y Osteoporosis, Hospital Central Dr. Ignacio Morones Prieto, San Luis Potosí, Mexico*

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.

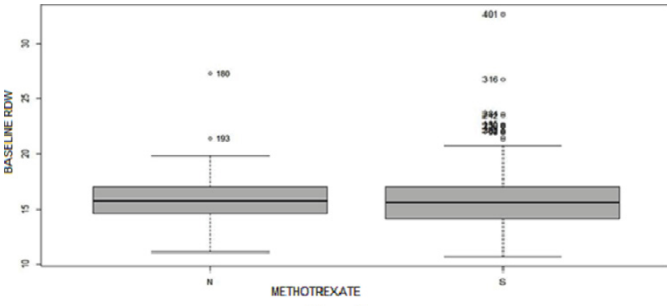
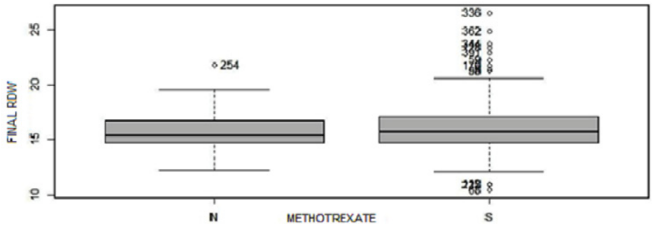


Figure. 2.



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.
References:
[1] Hassan, S. et al. (2015). Red Cell Distribution Width: a measure of cardiovascular risk in rheumathoid arthtritis patiens? Clin Rheumatol.
[2] Woong Soo, L. et al. (2010). Relation between red cell distribution width and inflammatory biomarkers in rheumatoid arthritis. Seoul, Republic of Korea.
[3] Aletaha, et al. (2010). 2010 Rheumatoid arthritis classification criteria, Arthritis & Rheumatism.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.3896

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

J. Mcdonald, R. Haigh, D. Murphy. *Rheumatology, Royal Devon and Exeter Hospital, Exeter, United Kingdom*

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].