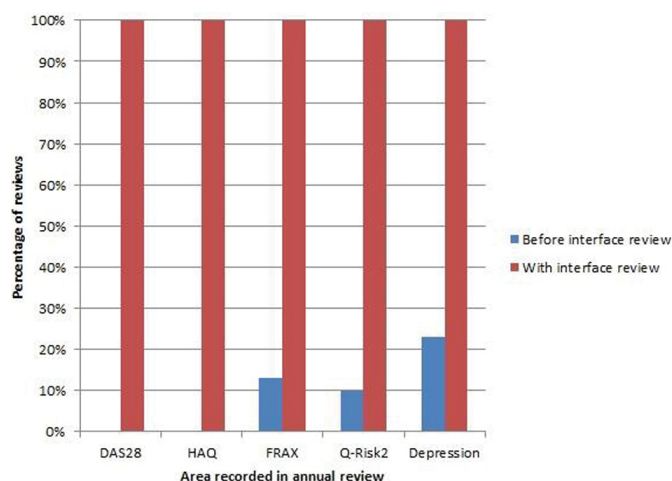


Objectives: Our aim was to look at the annual reviews currently taking place in primary care to see how frequently patient co-morbidities were assessed and documented. We then implemented a formal community rheumatology interface review to assess whether this improved patient care.

Methods: A large primary care practice (16,000 patients) was offered a community rheumatology interface review by a secondary care clinician. A search was undertaken for patients with rheumatoid arthritis who had attended for an annual primary care review between December 2015–2016. Of these 30 reviews were selected and we assessed how frequently the following were recorded; DAS28, HAQ score, FRAX score, Q-Risk2 (CV risk assessment tool) and screening for depression. Once we had analysed these results we implemented a community rheumatology interface review and assessed compliance with the above outcomes had improved compared to standard primary care management.

Results: In patients assessed prior to implementation of interface review, we found that a DAS28 score was recorded in 0%, HAQ score in 0%, FRAX in 13%, Q-Risk2 in 10% and depression screening in 23%.

In comparison, patients assessed by a community rheumatology interface clinician recorded DAS28 in 100%, HAQ score in 100%, FRAX in 100%, Q-Risk2 in 100% and depression screening was recorded in 100%. Based on improved interface review 7 patients (23%) were sent for DEXA scanning or started on a bisphosphonate, we discussed cardiovascular risk and starting a statin in 8 patients (26%) and 7 patients (23%) required follow-up for mental health. Of the 30 patients in this cohort all patients reported full adherence to their anti-rheumatic regime.



Conclusions: 1. An annual review with a rheumatology interface practitioner is of benefit in holistic patient care and improved compliance with all domains of the annual review.

2. Management of metabolic bone, cardiovascular and mental health issues was improved, according to current national guidelines.

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AB0333 USE OF BIOLOGICAL DMARDS, BUT NOT OF CONVENTIONAL SYNTHETIC DMARDS OR STEROIDS, MAY BE RELEVANT TO INCREASED ENERGY INTAKE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Dietary and nutritional factors may modulate the onset and/or outcome and comorbidities including cardiovascular diseases in rheumatoid arthritis (RA)[1]. For instance, a potential contribution of sodium intake and the occurrence of autoimmunity has been suggested, however the role of sodium in disease activity of RA is unclear.

Objectives: To investigate the potential relationship between dietary intake and current medications and the disease activity of RA.

Methods: Patients with RA in outpatient clinic of National Hospital Organization, Sagami National Hospital (n=89, M/F=18/71, age 65.0±12.8 yo, mean disease

duration 16.8±13.2 y) were enrolled to the study. A questionnaire regarding dietary habit and the brief-type self-administered diet history questionnaire (BDHQ) were used to assess the relationship between clinical activity, status of medication and intake of each foodstuff and nutritional factors. The results were analyzed using IBM SPSS software using Pearson's correlation test and Levene test.

Results: The number of current medication was found to weakly correlate with DAS-28 (r=0.386), and negatively with intake of ethanol (r=-0.277). When users of biological disease modulating anti-rheumatic drugs (bDMARDs) were compared with non-users, the biologics-taking patients tended to have higher intake of total energy and carbohydrates than non-users. Use of oral corticosteroids, nor other anti-rheumatic DMARDs, did not significantly impact the total energy or carbo intake in RA patients. Sodium intake did not correlate with the disease status or the number of medications.

Conclusions: Although salt intake has been suggested to evoke autoimmunity, the amount of dairy intake of salt does not significantly modulate the current disease activity of RA. Use of biologics, but not of corticosteroids, may lead to increased energy and carbohydrate intake in RA patients.

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AB0334 KNEE FUNCTION AFTER TOTAL KNEE ARTHROPLASTY IS INFLUENCED BY DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Several studies reported that development of pharmacological treatment for rheumatoid arthritis (RA) contributed to decreased number of orthopaedic surgery. [1–3] Surgical treatment is, however, still required in many cases, and the impact of orthopaedic surgery on disease activity remain unclear.

Objectives: The aims of current study was to evaluate the effect of total knee arthroplasty (TKA) with capsulotomy on changes of disease activity and knee function after TKA in patients with RA.

Methods: Seventy-seven serial patients with RA (61 female and 16 male) who underwent primary TKA with more than one year of follow-up were retrospectively reviewed to assess postoperative disease activity and knee function. The mean age at the time of surgery was 68.3 years old. The disease activity of RA was measured using Disease Activity Score in 28 Joints (DAS28). Clinical outcome was measured by treatment score for RA knee of the Japanese Orthopaedic Association (JOA) score. To evaluate the effects of disease activity on knee function, outcomes at before and one year after surgery were separately investigated following two groups; patients who had remission or low disease activity in DAS28-CRP (good controlled group), and patients who had moderate or high disease activity (poor controlled group) one year after surgery.

Results: The disease activity of RA was significantly decreased in DAS28-CRP one year after surgery. (3.9 vs. 2.7, p<0.01) Postoperative knee function was significantly improved in JOA scores one year after surgery. (48.9 vs. 86.0, p<0.01) As for differences of knee function between good and poor controlled group, the mean JOA score in good controlled group was significantly better than in poor controlled group. (90.4 vs. 82.1, p<0.01) Postoperative knee function was negatively correlated with RA disease activity. (R²=0.21, p<0.01)

Conclusions: TKA with capsulotomy improves both knee function and disease activity in patients with RA. Based on the results, knee function after TKA is influenced with disease activity.

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