(65–90) were included. Seropositivity rate was 71% and 47% of the patients had erosive disease. Joint deformity was seen in 72 (28%) of patients and 28 (11%) patients had undergone total arthroplasty. Lung involvement (8.5%) and Sjogren's syndrome (7.4%) were found as the most frequent extra-articular manifestations. Hypertension (66%) and osteoporosis (36%) were the common co-morbidities. The proportion of patients with high and moderate disease activity was found as 70%. HAQ and PhGA scores were significantly correlated with the disease activity (Figure).

Figure 1. HAQ and PhGA distribution in disease activity subgroups. Both of them were found correlated with disease activity ($p < 0.000$).

Conclusions: We provided a novel data concerning the usefulness of HAQ for prediction of disease activity in RA patients who are elderly as well. In the future, our report will be supported by the studies which suggest that HAQ score improve with effective treatment in elderly RA patients.

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AB0351 CORRELATION BETWEEN SERUM ANTI-CITRULLINATED PROTEIN ANTIBODIES AND SUBCLINICAL CARDIAC AFFECTION IN RHEUMATOID ARTHRITIS PATIENTS

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Background: Cardiovascular disease (CVD) is a major cause of morbidity and mortality in rheumatoid arthritis (RA) patients. It has been postulated that chronic inflammatory activity is important for the development of CVD in RA even after adjustment for traditional cardiovascular risk factors.⁽¹⁾ One of the changes occurring in the context of inflammation is citrullination. Development of anti-citrullinated protein antibodies (ACPA) is implicated in higher frequency of extra-articular manifestations including cardiovascular complications.⁽²⁾

Objectives: To assess the relation of ACPA to subclinical cardiac affection in RA patients.

Methods: Thirty RA patients fulfilling the 2010 ACR-EULAR classification criteria for RA with no clinically evident CVD were subjected to full history taking and clinical examination. Disease activity was assessed by 28-joint disease activity score based on C-reactive protein (DAS28-CRP) (4 variables). The levels of ACPA, CRP, total cholesterol, triglycerides, high density lipoprotein cholesterol and low density lipoprotein cholesterol were measured. The patients were subjected to M-mode and colour Doppler echocardiographic examination.

Patients were subdivided into two subgroups according to ACPA positivity (ACPA positive patients represented "group A" and ACPA negative patients represented "group B").

Results: The frequency of subclinical cardiac affection by echocardiographic examination was significantly higher among group A patients (4 patients had valvular lesion and 9 patients had diastolic dysfunction) than in group B patients (3 patients had diastolic dysfunction), ($p=0.011$). ACPA level showed significant positive correlation with isovolumic relaxation time (IVRT) in group A patients (prolongation of IVRT is a sign of diastolic dysfunction), ($p<0.001$).

Conclusions: The presence of ACPA is related to development of subclinical cardiac involvement in RA patients and all RA patients with high level of ACPA should be routinely evaluated with echocardiography to assess their cardiovascular status.

Comparison between the two studied groups according to subclinical cardiac affection

	Group A (n=18)		Group B (n=12)		Test of sig.	p
	No.	%	No.	%		
Subclinical cardiac affection						
Present	13	72.2	3	25.0	FE $\chi^2=6.451$	0.011*
Absent	5	27.8	9	75.0		

FE: Fisher Exact for Chi square test, χ^2 : Chi square test. *Statistically significant at $p \leq 0.05$.

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AB0352 RISK FACTORS AND SUBCLINICAL ATHEROSCLEROSIS IN RHEUMATOID ARTHRITIS FEMALES COMORBID WITH HYPERTENSION

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Background: Rheumatoid arthritis (RA) associates with accelerated atherosclerosis and high cardiovascular mortality. Cardiovascular risk management in RA comorbid with HT pts is not fully reflected by traditional risk scales, thus additional factors searching is required.

Objectives: We aimed to estimate the subclinical manifestations of atherosclerosis in RA females comorbid with HT and its relationship with traditional, additional risk factors.

Methods: The study included 112 RA females with comorbid HT (mean age of 54 [50.3; 61.5] years) and 105 RA females without HT (control group). All pts received stable therapy of RA more than 6 months. Pts with coronary artery disease were excluded. The risk of fatal cardiovascular disease was calculated using m SCORE (EULAR 2010). RA disease activity was measured using DAS28 scale. Carotid ultrasound with stiffness indexes detection and endothelial-dependent flow mediated vasodilatation (EDVD) by Celermajer method were performed. The levels of adiponectin, insulin were measured using ELISA kit test, insulin resistance was estimated using HOMA2 index.

Results: Subclinical manifestations of atherosclerosis were established in 88 (78.6%) RA females with HT and 55 (52.4%) control group pts. The majority of main group pts have atherosclerotic plaques - 62 (55.4%), unstable plaques had 26 (23.2%) pts. While only 33 (29.5%) patients were high and very high cardiovascular risk assessed by mSCORE. In compare, 35 (33.3%) control group pts have atherosclerotic plaques, unstable plaques had only 14 (13.3%) control pts ($p<0.05$). The presence of atherosclerotic plaques in RA females with HT was associated with age, RA disease activity, endothelial dysfunction, carotid stiffness, LDL cholesterol level, insulin resistance, adiponectin level, duration of steroid therapy. AUROC index for adiponectin and HOMA2 were 0.83 (95% CI 0.74–0.95; $p<0.05$ and 0.75 (95% CI 0.68–0.91; $p<0.05$ respectively, that indicate a good quality of diagnostic models.

Conclusions: RA females with comorbid HT are characterized by higher frequency of subclinical atherosclerosis with unstable atherosclerotic plaques in compare with controls. Endothelial function, insulin resistance, adiponectin level,