AB1142 VITAMIN D LEVELS AND ASSOCIATION WITH DISEASE ACTIVITY IN PARAGUAYAN SLE PATIENTS

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Background: Systemic Lupus Erythematosus (SLE) is a systemic inflammatory disease associated with genetic, environmental, hormonal and immunological factors. Vitamin D levels are nowadays considered as one possible factor associated with disease activity. Therefore, previous studies have analyzed vitamin D to the severity of SLE.

Objectives: To assess the Vitamin D status in paraguayen SLE patients and its association with disease activity.

Methods: An observational Trial has been performed on individuals diagnosed with SLE. Epidemiological, clinical and biochemical data have been recorded for each patient to study the association between vitamin D concentrations, the phospho-calcium metabolism parameters and disease activity. Quantitative determination of Vitamin D was performed using chemoluminescence ARCHITECT assay. Vitamin D status was interpreted as follows: deficiency ≤ 20 ng/ml and insufficiency 21–29 ng/ml. The statistical association tests were performed using linear (SLEDAI activity index) and logistic (Inactive/Mild vs Moderate/Severe) regressions. The epidemiological, clinical and biochemical variables were used as explanatory variables in these models. This study is a preliminary analysis of a trial supported by CONACYT (Paraguay) to investigate the role of vitamin D in patients diagnosed with SLE.

Results: We included 77 SLE patients, of whom 94.8% (73/77) were female. The average age of patients at the time of the study was 30.7 ± 10.3 years. All patients received calcium supplements associated with vitamin D. The average vitamin D concentration was 32.2 ± 12.10 ng/ml. 29.9% (23/77) of patients had vitamin D insufficiency and 13.0% had vitamin D deficiency. 94.8% (73/77) of the population had normal serum calcium and the total population had a normal phosphoremia. As for the dosage of PTH, it was found that 27.3% (21/77) have high values of PTH. 20.8% (16/77) of the patients had positive anti-DNA. Low C3 complement was observed in 30/77 (39%) and low C4 in 50/77 (64.9%) patients.

The mean value of SLEDAI at the time of the study was 2.32 ± 2.83 . When we study the distribution of vitamin D concentration according to the disease activity (SLEDAI) a clear pattern is observed linking lower vitamin D concentrations with higher disease activity (Figure 1). Patients with lower vitamin D concentrations are more likely to have higher disease activity (OR 0.93, 95% CI 0.88–0.99; P-Value=0.059. The means and standard deviations of vitamin D depending on the SLEDAI activity index are provided in Table 1.

Table 1. Mean and standard deviation of each patient group according to the ranges of SLEDAI activity index

SLEDAI	Mean	Standard deviation
0–1	32.41	9.61
2–3	34.59	13.37
4–5	32.28	14.38
6–8	25.8	7.61
>8	22.03	18.13

Figure 1. Distribution of vitamin D depending on the SLEDAI activity index

Conclusions: In this preliminary study of Paraguayan SLE patients, Vitamin D

deficiency was frequent despite treatment with supplements. In addition, a clear association between SLEDAI and Vitamin D values was observed. The final analysis in a larger patient cohort will have to confirm these findings and clarify relation with disease activity.

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AB1143 THE IMPACT OF ANTI-CYCLIC CITRULLINATED PEPTIDE SEROPOSITIVITY ON EROSION PREVALENCE AMONG PATIENTS WITH RHEUMATOID ARTHRITIS OF VARYING DISEASE DURATION

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Background: Little is known regarding the prevalence of erosive disease in a contemporary cohort of patients with RA and whether erosive disease prevalence differs by disease duration and seropositivity to anti-citrullinated protein antibodies (ACPA).

Objectives: To characterize the proportion of patients with RA with erosive disease by disease duration category and stratified by positive and negative serological status (anti-cyclic citrullinated peptide [anti-CCP], a surrogate for ACPA).

Methods: We identified patients with RA aged ≥ 18 years who were enrolled in the Corrona registry (October 2001–June 2016), with available disease duration, radiographic/MRI/ultrasound studies and serological status based on anti-CCP. Patients were grouped based on RA disease duration (0–2, 3–5, 6–10 and > 10 years from diagnosis). Unadjusted prevalence erosion rates were calculated based on the proportion of patients with reports of erosions present on joint radiographs/MRIs/ultrasounds. Seropositivity was based on laboratory results (anti-CCP ≥ 20 U/mL) at enrolment in the Corrona registry. Chi-squared tests were used to assess differences in prevalence rates.

Results: There were 9759 patients who met inclusion criteria. Most were women (76%), middle-aged (mean [SD] 57 years [14]), with moderate disease activity (mean [SD] CDAI 14.7 [13.4]). Prior use of at least one biologic or targeted synthetic DMARD had occurred in 41% of patients. Overall, the prevalence of erosive disease was 28.6%, with higher prevalence among CCP+ (35.4%) vs CCP– (20.1%) patients ($p < 0.001$, chi-squared test). The prevalence of erosions increased with increasing disease duration ($p < 0.001$; Table). For each disease duration group, the prevalence of erosions was higher in patients who were CCP+ compared with those who were CCP–.

Table 1. Prevalence of Erosions According to Disease Duration and Serological Status

	Disease duration (years)			
	0–2	3–5	6–10	>10
Overall	19.3 (905/4699)	28.3 (475/1678)	33.4 (469/1404)	47.8 (946/1978)
Serological status				
CCP–	16.1 (359/2226)	22.7 (169/744)	21.8 (128/588)	28.1 (206/733)
CCP+	22.1 (546/2473)	32.8 (306/934)	41.8 (341/816)	59.4 (740/1245)

Data are % (n/N).

Conclusions: Erosions were common in this cohort of patients, and prevalence of erosions increased with longer disease duration. Patients who were CCP+ had higher rates of prevalent erosions than those who were CCP– with similar disease duration.

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AB1144 GOOD THERAPEUTIC RESPONSE WITH BIOLOGICS: REMISSION IS REALITY. DATA FROM THE AUSTRIAN BIOREG REGISTRY

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Background: Remission or at least low disease activity is the aim of drug therapy in patients with chronic inflammatory rheumatic diseases. We evaluated disease activity in patients treated with biologics and using data of the Austrian biologic registry.

Objectives: The aim of this evaluation was to elucidate disease activity in patients with rheumatoid arthritis (RA), spondyloarthritis (SpA) and psoriatic arthritis (PsA) at baseline and at control-visits every six months after inclusion in BioReg.

Methods: Data were extracted from the Austrian BioReg registry (<http://www.bioreg.at>) which was initiated in 2009 to document patients treated with one of the biologics approved in Austria. Patients with ongoing biologic therapy as well as biologic-naïve patients starting biologic therapy can be included (baseline, BL). Further documentation is recommended about every six months (V1, V2 up to V11). Meanwhile, 1877 patients (rheumatoid arthritis (RA) n=1046, ankylosing spondylitis (SpA) n=446, psoriatic arthritis (PsA) n=322, other disease n=63) have been documented. Estimation of disease activity is done using DAS-28 as well as RADAI-5 in RA, SASPA in PsA, and BASDAI in SpA.

Results: DAS-28 (median values of BL; V1; V2; V9; V10) of patients with RA are 3,30; 2,51; 2,58; 2,52; 2,49, the respective RADAI-5 values are 3,2; 2,4; 2,2; 2,0; 2,3. BASDAI in patients with SpA were 3,60; 2,61; 2,45; 2,63; 2,20. Median values of inflammation's laboratory markers (ESR in mm/1st hour and CRP in mg/l) were always within the normal range (ESR and CRP in RA 15; 12; 12; 12,5; 14 and 2,0; 2,0; 2,0; 2,0; in SpA: 8; 6; 7; 8; 8; and 2,0; 1,4; 1,4; 1,1; 1,0 in PsA 9; 8; 9; 7 (V7); 6 (V8); and 1,6; 1,5; 1,4; 1,9 (V7); 0,8 (V8)).

Conclusions: Our data confirm the efficiency of therapy with biologics. During 5 years of continuous treatment more than half of patients with RA reach and keep remission with a DAS-28 below 2,6 and normal values of ESR and CRP. Also patients with SpA and PsA show similar successful therapeutic response.

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AB1145 GENDER, AGE AND PULMONARY FUNCTION IN DOMINICAN PATIENTS WITH RHEUMATIC DISEASES

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Background: Interstitial lung disease (ILD) is a frequent entity in patients with rheumatic diseases, worsening the prognosis of those who suffer it (1). Previous studies have used the GAP (Gender, Age, Pulmonary function) model stage system to determine mortality at 1, 2 and 3 years (2). For stage I is 5.6% the first year, 10.9% second and 16.3% the third. GAP II has a mortality of 16.2%, 29.9% y 42.1% for the first, second and third year. For stage III, 39.2%, 62.1% and 76.8% respectively (3)

Objectives: To perform GAP model stage system in Dominican patients with Interstitial Lung Disease (ILD) related to Rheumatic Diseases (RD).

Methods: This is an observational, cross sectional study, with 42 patients who presented ILD related to RD. The GAP model stage system was determined by using demographic variables and pulmonary function tests such as spirometry and lung diffusion capacity (DLCO).

Results: 36 patients were female; the median age was 45±12 years. The mean value for Forced Vital Capacity (FVC) was 72%, Forced expiratory volume in 1 second (FEV1) 73%, and the ratio FEV1/FVC 99%. The DLCO mean value was 66±23 ml/min/mmHg. 35 patients (83.3%) were in stage I, 7 patients (16.6%) in stage II and none in stage III. The statistical significant variables were the time of diagnosis of the RD (p=0.013); with 4.9 years for those in stage I and 10.8 years for stage II; the time of the diagnosis of the ILD (p=0.003) with 2.1 years for patients in stage I and 4.8 years for stage II and smoking (p=0.063).

Conclusions: These findings suggest that the GAP model system is an useful tool to stage patients with interstitial lung disease related to rheumatic diseases. It can also help us make changes in treatment based on the stage. Special attention must be paid to those with a longer time of diagnosis of the RD, time of diagnosis of the ILD and/or smoking.

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AB1146 PHARMACOLOGICAL APPROACH OF KNEE OSTEOARTHRITIS TREATMENT IN PRIMARY CARE IN SPAIN

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Background: Osteoarthritis (OA) is the most prevalent joint disease and the leading cause of disability from 60 years onwards. In fact, 14.8% of the Spanish population has OA.

Objectives: This study aimed to analyze the indications and average doses prescribed in the treatment of knee osteoarthritis in Primary Care in Spain.

Methods: The EMARTRO study was designed as an observational, multicenter, transversal study to compare probability of suffering a comorbidities based on presence of symptomatic knee OA visited by GPs. Sociodemographic, anthropometric, clinical parameters and clinical variables of interest were recorded. The prescribed medications and doses indicated in symptomatic knee OA were analyzed in patients included in the EMARTRO study.

Results: A total of 1173 patients were included, of whom 646 had knee OA. Patients with OA had a mean (SD) BMI of 30.9 (5.1), systolic blood pressure 132.8 (14.5) and diastolic blood pressure 77.9 (9.1) mm Hg. They also had a mean of 4.3 (1.9) comorbidities, the most frequent were hypertension 358 (62.2%), dyslipidemia 336 (58.3%), diabetes mellitus II 126 (21.9%), and gastroesophageal reflux 110 (19.1%). As for the symptomatology, the patients presented a mean (SD) pain in Huskisson's VAS of 65.18 (15.27) mm and algofunctional Lequesne score of 11.35 (4.86).

Patients were treated with a mean of 2,2 medications. The 45.5% of osteoarthritic patients were treated as monotherapy, 35.5% were taking 2 medications for osteoarthritis, 15.3% 3 and 3.7% 4 or more medications. It should be noted, taking into account the high levels of pain, that 15% of the patients did not receive any treatment.

Regarding prescribed medications for knee OA, 378 (58.2%) patients were treated with paracetamol at a mean daily dose (SD) of 1,150.5 (1,815.5) mg; 232 (35.9%) received NSAIDs, with metamizole being the most prescribed at doses 1,092 (538) mg, ibuprofen at doses 1,136 (528,8) mg and naproxen at doses 941,8 (238,5) mg. Next, 131 (20.3%) patients were treated with opioids, tramadol being the most frequent at doses 102.7 (49.7) mg; 87 (13.3%) with SYSADOA being chondroitin sulphate the most frequent at doses 758.7 (247.7) mg. Finally, 87 (13.3%) of the patients were treated with COX-2, mainly with etoricoxib at doses of 69.3 (27.1) mg.

Conclusions: Although the patients presented many concomitant pathologies, it is frequent to approach osteoarthritis in polytherapy. In addition, despite the high symptomatology, patients are treated primarily with a mild analgesic such as paracetamol at doses lower than those recommended. It is paradoxical the high prescription of NSAIDs in a population with a high prevalence of cardiovascular and gastrointestinal pathologies as well as an increase in the prescription of opioids.

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AB1147 COMORBIDITY PROFILE IN MEN AND WOMEN AFFECTED BY SYMPTOMATIC KNEE OSTEOARTHRITIS AND IMPACT OF GENDER IN THE SYMPTOMATOLOGY AND PERCEPTION OF HEALTH STATUS

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Background: Osteoarthritis (OA) is the most prevalent joint disease and the leading cause of disability from 60 years onwards. In fact, 14.8% of the Spanish