

progesterone in the blood serum is found in the women of reproductive age. According to the literature, progesterone has a close relationship with T-cell immunity. A value of T-cell deficiency plays an important role in the cause of the autoimmune process

Objectives: To study of progesterone correction in RA patients. The aim of this study was to evaluate the effectiveness of progesterone deficiency correction in patients with rheumatoid arthritis based on the analysis of articular syndrome

Methods: The study involved 40 patients with a documented diagnosis of RA, women of reproductive age. The study group consisted of 30 patients who had correction of progesterone deficiency background in the pathogenetic therapy. The control group consisted of 10 female patients who are on the pathogenetic therapy. We used the following criteria: disease activity and severity of the articular syndrome with determining of the number of tender and swollen joints, indices of DAS and HAQ. Statistical analysis of the results of research used the method of parametrics of Student criterion

Results: Among the patients studied disease duration ranged from 3 months to 19 years (mean age 10±7,2 years), 20 patients (50%), from 5 to 10 years – 15 (37.5%), and more than 10 years – 5 patients (12.5%). X-ray picture of joint damage in the majority of patients corresponded to stage 2–3 – 87.5% (35 patients). Less common muscular disorders (7.5%), mainly in patients taking long-term GC, myalgia and muscle malnutrition were detected in 7.5% and 25% of patients, respectively. In addition to the articular syndrome, the most frequent complaints of general weakness (75%), irritability, sleep disorders and attention (50%), anxiety and anxiety (75%), low-grade temperature (10%)

Conclusions: Progesterone deficiency correction in RA patients against pathogenetic therapy has improved performance of articular syndrome and improves quality of life, such as vitality, general health and social function as well as it contributes to the positive dynamics of mental health

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AB1213-HPR A NATIONAL RHEUMATOID ARTHRITIS REGISTRY SUPPORTED BY A PUBLIC POLICY AS A STRATEGY FOR DISEASE CONTROL AND RISK MANAGEMENT IN COLOMBIA

O. Valencia¹, P. Sánchez¹, L. Acuña¹, L. Soler¹, C.E. Toro². ¹Cuenta de Alto Costo; ²Asociación Colombiana de Reumatología, Bogotá, Colombia

Background: Rheumatoid arthritis (RA) is a chronic disease that implies high direct and indirect costs for the health system (1,2). According to the needs of the health care system, the clinical interests and the national regulatory framework, it was developed a national registry information of RA patients (3).

Objectives: To show how a registry of information that would meet the RA situation was developed and to present the results obtained from the analysis of the Registry on this first year.

Methods: A national RA Registry was created after a comprehensive literature review to identify the relevant variables to determine monitoring indicators used by health insurers and health services providers in the attention of patients with RA. Variables were selected and defined by an agreement with clinical experts, thematic and methodological experts and were evaluated by the Ministry of Health in order to review and approve the structure to gather the information.

Results: A structure of 89 variables contained was defined. All entities must report annually to the Registry all the patients with a diagnosis of RA, their clinical and demographic characteristics, and the process of care and costs (3). On its first year the Registry provided a baseline of the disease situation of 68,357 patients with RA. Prevalence, incidence, state of disease and drugs including synthetic and biologic DMARDs were analyzed (Table 1). Most important results were: mean age 57 years; relation women: men 5.2:1; age at onset of disease: 36 years, mean evolution time of disease: 7 years; population with DAS 28 measured 45.6%; mean DAS-28 2.8; percentage of the patient with DMARD therapy 78.9% and bDMARD 16.5%.

Table 1. Characteristics of the population

Variable	Obs	Mean/prop.	Std. Dev.	Min	Max
Age	68376	57.0	13.3	22	104
Age at onset of disease	13607	36.4	7.7	20	51
Evolution time of RA	37963	7.5	8.1	0	51
DAS28	30956	2.82	1.37	0	1
*Women	57461	84.04			
*Men	10914	15.96			
*bDMARD	11276	16.50			
*DMARD	53374	78.01			

Conclusions: A national Registry supported by an official policy, with data from the real world provided for healthcare insurers gives an opportunity to obtain a global vision and to identify failures and strengths in the attention process of RA, and to develop indicators to obtain better outcomes. In the future, through continuous efforts towards improving the quality of care provided, these will allow to monitoring and decreasing the burden of RA in the country and may serve as a model to other countries.

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AB1214-HPR SPINAL BRUCELLOSIS: A RETROSPECTIVE STUDY OF 30 CASES

S. Rekik, S. Boussaid, I. Abdelkafi, S. Hela, I. Cheour, M. Elleuch. *Rheumatology, la Rabta, Tunis, Tunisia*

Background: Brucellosis is a major health problem in Mediterranean countries including Tunisia. The clinical presentation of this zoonosis varies considerable but osteoarticular involvement and spinal brucellosis particularly is the commonest complication.

Methods: This study was carried out between 2000 and 2015. One hundred and six patients with infectious spondylodiscitis hospitalized in the department of rheumatology were analyzed. All patients were thoroughly interrogated subjected to a rigorous clinical examination and a battery of investigations including: complete blood count, urine analysis, blood culture, erythrocyte sedimentation rate, C - reactive protein (CRP) and serology for brucellosis. The imaging of spine ordered including: X-ray, bone scan and magnetic resonance imaging (MRI) with contrast enhancement.

Results: Thirty of the 106 patients (28%) proved to have spinal brucellosis. The mean age of these patients was 53 years (range 15–68 years) and female/men ratio at 1.5. The mean delay of diagnosis was 8 months. The following symptoms were observed: fever in 14 patients and back pain in all of patients. Other symptoms were less frequently observed, such as splenomegaly (2 patients), peripheral adenopathy (5 patients) and diarrhea (2 patients). Laboratory exams showed elevated erythrocyte sedimentation rate in 13 patients, high levels of CRP in all patients and leukocytosis in 11 cases. Wright serology was positive in 21 of the patients. *Brucella melitensis* was isolated in blood cultures in 2 cases. Standard X-rays were performed in all patients. They showed signs of spondylodiscitis in the lumbar spine in 20 cases, cervical in 2 cases and dorsal in 8 cases. Ct-scan and MRI confirms the diagnosis and showed associated epiduritis in 2 cases or abscess in 6 cases. Bone biopsy with histopathological examination was performed in 7 cases. A combination of cycline and rifampicin was given to all patients. The duration of therapy was between 6 and 8 weeks.

Conclusions: Brucellosis is present with various clinical signs in endemic areas and may simulate many diseases. The need for prompt diagnosis and treatment of spinal brucellosis is of utmost importance to prevent serious bone destruction and severe neurologic Sequelae.

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HPR interventions (educational, physical, social and psychological)

AB1215-HPR EFFECTS OF BEETROOT JUICE SUPPLEMENTATION N ENDOTHELIAL FUNCTION AND MARKERS OF INFLAMMATION AMONG PATIENTS WITH RHEUMATOID ARTHRITIS

A. Stavropoulos¹, E. Manthou², T. Nakopoulou³, K. Georgakouli², A. Jamurtas². ¹Carnegie School of Sport, Leeds Beckett University, Leeds, United Kingdom; ²School of Physical Education and Sports Science, University of Thessaly; ³Radiology, General Hospital of Trikala, Trikala, Greece

Background: Nitric oxide (NO) is central in the process of vasodilatation (1). Limited bioavailability of NO often associates with endothelial dysfunction, a precursor to atherogenesis (1). Such dysfunction is often observed in patients with chronic conditions such as Rheumatoid Arthritis (RA) (2) and Chronic Obstructive Pulmonary Disease (COPD) (3). Common therapies for this include the administration of nitrate-rich medication. However, in the general population beetroot juice supplementation has been shown to increase NO bioavailability (4). It could therefore have beneficial effects on endothelial function of these patients as well.