

Conclusions: This study highlights the impact RA has on working life amongst both those with the condition and those providing support. It is hoped these metrics will allow the conversation to open and develop with employers and government on how adapting the workplace can increase productivity. Further research should also be undertaken on the economic impact both to the individuals, their carers and society.

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OP0318-PARE CONSULTING SERVICES TO EMPLOYERS OF PEOPLE WITH RMDs

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Background: The Eurobarometer¹ states that RMDs affect 22% of the general population which means that 10 million people are affected in Spain and more than 600.000 people in the autonomous region of Galicia where our organization, LRG, works.

Knowing that 50% of people with RMDs are currently unemployed because of their condition², only part of them have the legal work incapacity recognized and receive a pension. This means that RMDs not only affect the health but also the socio-economic status. Most of this people could stay at work and are willing to do so if some arrangements are made like cutting down hours, work place adaptations, flexible schedule, etc.³

Most employers are lacking information on how these conditions affect the employee's ability, desire and need to work and how to make the necessary adaptations for not losing this person from the work force.

Objectives: Making the employer more aware of the positive aspects of keeping all the employees including people with RMDs not just at the work place but at full capacity, avoiding both absenteeism and presenteeism.

Helping the employer knowing about the needs of people with RMDs and the necessary adaptations for each of them.

Keep people with RMDs at work at the best possible conditions both for the employee and the employer, as efficiently and healthy as possible.

Methods: The employee with RMD has 1 session with the psychologist and 1 session with the occupational therapist (OT) to identify the difficulties in continuing to be active into their work place.

LRG HP give personalized advice to the employer about the RMDs, the needs of the employees and how to facilitate them to stay at work and minimize the work incapacity due to their chronic condition. This kind of advice is given by the OT who has treated the employees and knows all about their needs, goes to their work place to see what are the actual conditions, identifies manageable obstacles and talks to the employers during a pre-scheduled meeting. After, an architect specialized in accessibility offers specific architectural and ergonomic solutions for adapting the work place.

Also peer support is provided by LRG in group meetings and activities of the organization.

Results: The results of this project are shown in the increase of the employees' self-confidence in their capacity to stay at work and also they are more aware of their solvable and non solvable limitations.

During 2016 we advised 14 associates of LRG, 5 of those 14 employees (1/3) stayed at work or returned to work after the consultancy.

Conclusions: This kind of actions are necessary to make the work places more adaptable and increasing the number of people with RMDs to start a work life, to stay or go back to work.

Peer support within a patient's association is key to create a secure environment for the employees who find relief in seeing other people with RMDs having a sustainable work life.

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Biomarkers in cardiovascular rheumatology - state-of-the-art 2017

OP0319 HIGH SENSITIVITY CARDIAC TROPONIN T IS A BIOMARKER FOR ATHEROSCLEROSIS IN SYSTEMIC LUPUS ERYTHEMATOUS PATIENTS: A CROSS-SECTIONAL CONTROLLED STUDY

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Background: Cardiovascular disease (CVD) is the main cause of death in systemic lupus erythematosus (SLE) patients. Framingham score underestimates the risk for CVD in this population.

Objectives: Our study aimed to determine whether serum High Sensitivity Cardiac Troponin T (HS-cTnT) helps to identify SLE patients at risk for CVD.

Methods: Presence of carotid plaques was prospectively assessed by ultrasound in 63 consecutive SLE patients asymptomatic for CVD and 18 controls. Serum HS-cTnT concentration was measured using the electrochemiluminescence method. Factors associated with carotid plaques were identified and multivariate analysis was performed

Results: Framingham score was low in both SLE patients (2.1±3.8%) and controls (2.1±2.9%). Nevertheless, 23 (36.5%) SLE patients, but only 2 (11.1%) controls (p=0.039), had carotid plaque detected by vascular ultrasound. In the multivariate analysis, only age (p=0.006) and SLE status (p=0.017) were independently associated with carotid plaques. Serum HS-cTnT concentration was detectable (i.e. >3 ng/L) in 37 (58.7%) SLE patients and 6 (33.3%) controls (p=0.057). Interestingly, 87% of SLE patients with carotid plaques, but only 42.5% in SLE patients without plaques (p<0.001), had a detectable HS-cTnT. Conversely, 54.5% SLE patients with a detectable HS-cTnT, but only 11.5% with an undetectable HS-cTnT (p<0.001), had a carotid plaque. In the multivariate analysis, only BMI (p=0.006) and HS-cTnT (p=0.033) were statistically associated with carotid plaques in SLE patients. Overall, the risk of having a carotid plaque was increased by 8 (OR [95% CI]: 8.03 [1.41–74.73]) in SLE patients in whom HS-cTnT was detectable in serum.

Conclusions: Detectable HS-cTnT concentration is independently associated with subclinical atherosclerosis in asymptomatic SLE patients at apparent low risk for CVD according to traditional risk factors. These results raise the possibility that this easily obtained biomarker is useful for more rigorous risk stratification and primary prevention of CVD in SLE patients.

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What is behind vasculitis?

OP0320 DETERMINANTS OF RITUXIMAB PHARMACOKINETICS AND CLINICAL OUTCOMES IN PATIENTS WITH ANCA-ASSOCIATED VASCULITIS

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Background: Response to rituximab (RTX) is variable in patients with ANCA-associated vasculitis (AAV), and predictors of treatment efficacy/relapse risk would be useful. Previous studies have shown that RTX pharmacokinetics (PK) is associated with treatment efficacy in patients with lymphoma.

Objectives: To study the determinants of RTX PK in patients treated for AAV and its association with clinical outcomes.

Methods: This study included 88 patients from the RTX in ANCA-Associated Vasculitis (RAVE) trial who received the full dose of RTX (4 weekly 375 mg/m² infusions) and had available serum samples. RTX was quantified using two different assays: a traditional ELISA and a recently developed mass spectrometry-based assay (referred to as miRAMM). We analyzed week (W)2, W4, W8, W16 and W24 serum levels and the trapezoidal area under the curve (AUC) integrating baseline, W2, W4, and W8 levels. We explored potential determinants of RTX PK using univariate and multivariate analysis, and analyzed the association of RTX PK with clinical outcomes: achievement of complete remission at 6 months (defined by a BVAS/WG score of 0 with no prednisone), time to relapse in patients who achieved complete remission, and B-cell depletion duration.