Conclusions: There is a progressive drift towards lower number of swollen and tender joints and lower CRP-levels at trial entry of time, which is at least partly related to a similar trend in inclusion criteria for RA. The constancy of patient-reported outcomes suggests that the baseline activity is still perceived as similarly high. Differences in overall baseline inflammatory activity may pose a challenge for comparing newer with older trial results.

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THE ASSOCIATION BETWEEN SARCOIDOSIS AND ISCHAEMIC HEART DISEASE – A BIG DATA ANALYSIS

D. Katz1,2, S. Tiosoano3,4, A.D. Cohen1,2, H. Amital1,2,
1Zabludowicz Center for Autoimmune Diseases, Sheba Medical Center, Tel Hashomer, Ramat Gan 4Sackler Faculty of Medicine, Tel-Aviv University; 2Faculty of Medicine, Hebrew University of Jerusalem; 3Department of Medicine B’ and Zabludowicz Center for Autoimmune Diseases, Sheba Medical Center, Tel-Hashomer, Ramat Gan; 4Sackler Faculty of Medicine, Tel-Aviv University; 5Chief Physician’s Office, Clalit Health Services, Tel Aviv; 6Siaal Research Center for Family Medicine and Primary Care, Faculty of Health Sciences, Ben Gurion University of the Negev, Beer Sheva, 7Department of Medicine B’ and Zabludowicz Center for Autoimmune Diseases, Sheba Medical Center, Tel-Hashomer, Ramat Gan; 8Sackler Faculty of Medicine, Tel-Aviv University, Tel Aviv, Israel

Background: Sarcoidosis is an inflammatory disease characterised by the hallmark sign of non-caseating granulomas1,2. In the past decade a consensus has formed regarding the pivotal role of inflammation in atherosclerosis3. Since this discovery the association between chronic inflammatory states and ischaemic heart disease was confirmed in several rheumatic diseases4. Therefore, the constant state of inflammation to which sarcoidosis patients are exposed might pose as a risk factor for ischaemic heart disease.

Objectives: The aim of this study is to assess the relation between sarcoidosis and ischaemic heart disease and its prognostic significance.

Methods: Based on data from Clalit Health Services (CHS), Israel’s largest health maintenance organisation, the medical records of 3939 sarcoidosis patients and 19 856 controls were acquired. Controls were matched to sarcoidosis patients according to age and sex. Chi-square and student t-tests were used in order to compare variables distribution in the cohort. Variables associated with ischaemic heart disease were assessed by logistic regression model. Log-rank test was performed for survival analysis, while Cox proportional hazards method was utilised to evaluate variables related to increased risk of all-cause mortality.

Results: Matched by sex and age – both sarcoidosis group and the control group were composed from 63% females with mean age being 56 years. Compared to the control group, sarcoidosis patients had a higher proportion of ischaemic heart disease, presenting with 856 (21.4%) cases whereas the control group had only 2999 cases (15.1%, p<0.001). The association between sarcoidosis and ischaemic heart disease was demonstrated by a multivariate analysis, (adjusted OR 1.503, 95% CI 1.361–1.660). A 15 year follow up revealed increased mortality among sarcoidosis patients – as 710 (17.8%) of sarcoidosis patients had passed away while 2121 (10.7%) deaths were reported in the control group (p<0.001). In a multivariate model, sarcoidosis patients were found to be in increased risk for all-cause mortality compared to the control group (adjusted HR 1.95, 95% CI 1.75–2.14).

Conclusions: The present nationwide cohort study revealed an association between MG and incident ARDs. MG cohort who received thymectomy had an increased risk of RA, pSS, and SLE. Future studies are needed to elucidate the underlying pathogenesis and to translate them into clinical therapeutic options.

REFERENCES:

Disclosure of Interest: None declared

ADHERENCE TO DISEASE-MODIFYING DRUGS IN BREASTFEEDING IS NOT ASSOCIATED WITH ANTI-CARPAL ANTIBODIES DEVELOPMENT IN INDIVIDUALS AT RISK FOR RHEUMATOID ARTHRITIS


INDIVIDUALS AT RISK FOR RHEUMATOID ARTHRITIS

Background: Systemic autoimmunity associated with rheumatoid arthritis (RA) is a pre-clinical stage preceding the onset of clinical RA, characterised by the presence of autoantibodies, such as anti-citrullinated protein antibodies (ACPA) or anti-carbamylated protein antibodies (antiCarP). Breastfeeding has been proposed as a protective factor for RA development, but there are some controversies. To establish the causal role of a putative risk factor, longitudinal studies are needed, in particular in the pre-stages of RA development.

Objectives: To study the association between breastfeeding and the development of systemic autoimmunity associated with RA.

Methods: This ongoing prospective study includes individuals genetically at risk of developing RA, namely first-degree relatives of RA patients (RA-FDR). Individuals without clinical evidence of RA were enrolled, and assessed yearly clinically and biologically. We included all RA-FDR women with available ACPA status (anti-CCP 2, 3.1 or 3.0) and information about breastfeeding. The primary outcome was ACPA positivity. The exposure of interest was breastfeeding and duration of breastfeeding (categorised as 0, 1-7 and >7 months). The presence of antiCarP was a secondary outcome. We used logistic regression to analyse univariable and multivariable associations.

Results: A total of 882 women were included, of which 57% were ACPA positive. The characteristics of ACPA positive and negative participants were balanced, except for an older age in ACPA positives (median 52 versus 45 years; table 1). In the univariable analysis, ACPA positivity was not significantly associated with breastfeeding (OR 1.5, p=0.16) or with breastfeeding duration (OR 1.8, p=0.14). In the multivariable analysis adjusted by age, smoking, number of pregnancies and years of education, there was a weak, but not significant, association between breastfeeding and ACPA positivity (OR 2.16, p=0.10). Among 728 women with available antiCarP results, 70% (10%) were positive, of which 27 (40%) breastfed. Breastfeeding for more than 7 months was not significantly associated with antiCarP in univariable or multivariable analyses (OR 1.3, p=0.52 and OR 1.9, p=0.16, respectively).

Conclusions: Despite the importance of medication adherence in CIRDs, this review revealed limitations in methods to measure non-adherence, a multiplicity of non-adherence risk factors and a relative lack of evidence on interventions to improve medication adherence. It’s important to improve the assessment and optimisation of adherence in CIRDs.