Methods: We selected patients from our prospective RA disease registry who have been treated for three months or fewer at study entry. We analysed the change of the disease activity, as defined by the DAS28–ESR, over the subsequent two years. A predictive model with parameters from three time points is proposed to stratify patients according to the outcomes.

Results: We analysed the data from 179 patients over 1044 study visits. We discerned three groups of patients according to disease activity trajectories: the first group (53%) has high DAS at study entry and approach remission after 18 months; the second group (22%) has high DAS at entry that remained elevated throughout the study period; and, the third group of patients (25%) started with moderately high DAS and reached remission after 3 months of treatment. Patients at risk of being in the third group can be identified using data from three time points, at initiation of DMARDs, at 3 months and at 6 months.

Conclusions: RA patients showed three distinct disease activity trajectories with treatment. Our model can categorise patients into these groups.

REFERENCES:

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LOW MORTALITY RATE IN ITALIAN RHEUMATOID ARTHRITIS PATIENTS FROM A TERTIARY CENTRE. PUTATIVE IMPLICATION OF A LOW ANTICARBAMYLATED PROTEIN ANTIBODIES PREVALENCE

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Background: Rheumatoid Arthritis (RA) is a chronic systemic inflammatory disorder associated with increased mortality, in particular from cardiovascular (CV) disease, infections and cancer. We recently demonstrated a incidence mortality rate (IMR) in 654 RA patients enrolled over a 6 year period in a South-Italian tertiary Rheumatology Centre lower than that reported in the Norfolk Arthritis Registry.1

Objectives: The present study is devoted to investigate differences in IMR between our series and other European tertiary centre cohorts. Furthermore we evaluated the role, if any, of Anticarbamylated protein antibodies (anti-CarP Ab) in modulating the low IMR detected in our patients.

Methods: Clinical charts of patients consecutively admitted to our centre, from January 1st, 2008 to December 31st, 2014 were reviewed. IMRs and causes of death as assessed at December 31st 2015, were registered. Sera collected at the time of admission to our centre in 61 patients representative of our RA cohort were investigated for the presence and the level of anti-CarP Ab. Demographic and clinical features, mortality rates and prevalence of anti-CarP Ab detected in our series were compared with those reported in the Better Anti-rheumatic Farmaco-therapy (BARFOT) cohort, the Leiden Early Arthritis Clinic cohort (Leiden EAC) and a Spanish cohort.

Results: Six hundred and eight patients were observed for a median of 3.51 years. All causes and cause-specific IMRs were significantly lower in our cohort with respect to the BARFOT and the Spanish cohort, but we detected a significantly lower prevalence of anti-CarP Ab in our series with respect to that reported in the other European cohorts considered (table 1).

Conclusions: In conclusion, we confirm that the mortality rate in our South Italian RA cohort is lower than that detected in patients from both North and South European countries. We detected a very low prevalence of anti-CarP Ab in our sample representative of the entire cohort. Whether this is the aspect underpinning the low mortality rate detected in our series, awaits to be furtherly investigated.