CERVICAL PROPRIOCEPTIVE IMPAIRMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

F. Uluturk1, M.T. Durozu2, 1PMR Department, 2PMR Department, Rheumatology Division, Marmara University School of Medicine, Istanbul, Turkey

Background: Rheumatoid arthritis (RA) is an autoimmune disease that usually involves cervical part of the vertebral column which can cause cervical proprioceptive deficit.

Objectives: Assessment of cervical proprioception and its relation with radiographic, clinical and functional characteristics of patients with RA

Methods: Rheumatoid arthritis patients who diagnosed according to ACR 2010 criteria and control group with healthy volunteers were recruited in the study. Demographic and clinical parameters were noted. Cervical proprioception was evaluated by Cervical Joint Position Error Test (CJPET). Functional assessment scales that used in this study were Multidimensional Assessment of Fatigue (MAF), Beck Depression Inventory, Health Assessment Questionairre (HAQ), Criteria and control group with healthy volunteers were recruited in the study. Demographic and clinical parameters were noted. Cervical proprioception was evaluated by Cervical Joint Position Error Test (CJPET). Functional assessment scales that used in this study were Multidimensional Assessment of Fatigue (MAF), Beck Depression Inventory, Health Assessment Questionairre (HAQ), Global 1980–1990

Results: One hundred six rheumatoid arthritis patients and one hundred six healthy volunteers were enrolled in this study. Mean age of patients and healthy volunteers were 51.0 (Sd:11.1) and 48.9 (Sd:9.2), respectively. Scores of CJPET are statistically significantly higher in rheumatoid arthritis group than healthy volunteers (p=0.001) (table 1). CJPET scores are negatively correlated with Berg Balance Scale results in all directions (rho=−0.421,−0.473,−0.484,−0.515). Scores of CJPET in patients with atlantoaxial subluxations (AAS) were statistically significantly higher than those without AAS (p=0.002−0.045). Regression analysis results showed that AAS is related with worse cervical proprioception on right and left rotations. There were no correlation between CJPET scores and functional parameters. Weak correlation were found in scores of CJPET with age and educational status.

Conclusions: In our cohort, the severity of RA has decreased during the last four decades, the time to start MTX has been reduced and better remission rates with MTX monotherapy have been achieved.


Disclosure of Interest: None declared


AB0224 - CERVICAL PROPRIOCEPTIVE IMPAIRMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

AB0225 - CLINICAL OUTCOMES OF TREATMENT WITH GOLIMUBAM IN SEROPOSITIVE AND SERONEGATIVE RHEUMATOID ARTHRITIS PATIENTS IN REAL-LIFE SETTINGS. DATA FROM ITALIAN REGISTER GISEA

F. Iannone1, R. Caporali2, V. Grosso3, E.G. Favalò1, A. Marchesoni1, S. D’Angelo4, G. Tramontano1, P. Sarzi-Puttini5, F. Atzeni1, F. Conti5, F. Mira1, R. Foti5, G. Amato6, A. Carletto7, I. dal Forno1, E. Greseme18, A.L. Fedele19, A. Gauli1, D. Pieri1, R. Ramonda12, M. Lorenzin12, M. Sebastiani12, G. Cassone3, O. Epis1, C. Casu4, F. Fusi15, M. Guglielmi4, F. Berossi16, F. P. Cantatore17, F. D’Onofrio17, L. Cantarini16, S. Gentileschi4, F. Salfatti19, M. Di Carlo19, G. Lapadula19. DETO-Rheumatology Unit, BARI; Reumatologia, Università e Fondazione Policlinico S. Matteo, Pavia; 3Department of Rheumatology, Gaetano Pini Institute, Milano; 4Rheumatology Department of Lucania, San Carlo Hospital, Potenza; 5Rheumatology, Hospital Sacco, Milano; 6Rheumatology, Ropatria Università di Roma, Roma; 7UO Reumatologia, A.O.U. Policlinico V.E., Catania; 8Reumatologia, AOU Verona, Verona; 9UOC of Rheumatology, Fondazione Policlinico A. Gemelli-UCSC, Roma; 10SC di Reumatologia, AOU Università di Cagliari, Cagliari; 11Rheumatology Unit, DIMED, University of Padova, Padova; 12UOC Reumatologia, Università degli Studi di Modena, Modena; 13Reumatologia, Ospedale Niguarda, Milano, 14SC di Reumatologia, AOU Città della Salute e della Scienza di Torino, Torino; 15Rheumatology, Department of Medical Sciences, University of Ferrara, Ferrara; 16Clinica Reumatologica, Università di Foggia, Foggia; 17Rheumatology, Università di Siena, Siena; 18Rheumatology, Polytechnic University of Marche, Jesi, Italy

Background: There is evidence that autoimmunity, namely RF and ACAP antibodies, may influence disease activities and impact the clinical outcomes in RA.

Objectives: There is evidence that autoimmunity, namely RF and ACAP antibodies, may influence disease activities and impact the clinical outcomes in RA.

Methods: We analysed longitudinal data of consecutive RA patients from the Italian registry GISEA, starting a treatment with golimumab (GOL) and tested for rheumatoid factor (RF) and anti-citrullinated protein antibodies (ACPA). Demographic and disease related characteristics were collected at baseline, 6 months, 12, and 24 months or at last observation visit. Primary endpoint was the persistence on GOL in RF/ACPA−ve and RF/ACPA+ve patients. Secondary endpoint was the search of baseline predictors of drug survival and clinical outcomes in the two RA subsets. Drug survival was evaluated by Kaplan-Meier life table analysis. Estimation hazard ratios (HRs, 95% confidence intervals (CI)) of drug discontinuation or achievement of low-disease adjusted for patient’s demographics, disease characteristics and prior biologic treatments were computed by Cox-regression stepwise backward models.

Results: 345 patients had data on RA and ACP testing and were included in this analysis. No significant difference in terms of age, BMI, disease activity, co-therapy with glucocorticoids or methotrexate (MTX) was detected between RF/ACPA−ve and RF/ACPA+ve patients, but the former had significantly higher disease duration (10.6±vs 8.2±6 years) and frequencies of comorbidities (60.6% vs 44.2%). The 2 years global drug retention was 64.5%, and it was almost identical in RF/ACPA−ve 64.2% and in RF/ACPA+ve 65% RA patients. Drug survival was not influenced by the gender or cause of discontinuation (adverse or ineffectcy). To note, in 31% of the patients GOL was not associated to MTX.

The only predictor of drug discontinuation was the lack of MTX at baseline (HR 1.62, 95 CI 1.07–2.46, p=0.02), and the GOL-naïve status (HR 0.62, 95 CI 0.39–0.99, p=0.04). At two years, 44.4% achieved the state of low-disease activity (DAS28 <3.2) with no difference between RF/ACPA−ve (45.4%) and RF/ACPA+ve (42.0%) patients, and none baseline factor correlating with low disease activity. No safety issues were raised during the study.