in men), with a linear increase throughout the study period from 65.3 in 1999 until 70.5 in 2015 ($p<0.001$).

The main admission code was for Osteoarticular and connective tissue diseases (20%) followed by Circulatory system diseases (16.8%). There were a total of 18 641 intrahospital deaths (5.5% of all the admissions).

The age-adjusted admission rate was 12.03/100 RA patients*yr (9.12 for women and 1.88 for men). The age-adjusted admission rate increased from 1999 to 2015 (in both genders). An annual increase of admission rate of 3.7% is estimated. When adjusting by age, the largest increase is observed in patients older than 80 years, with an estimated annual increase of 7.5%.

Abstract AB0264 – Figure 1

Conclusions: In Spain, despite the improvement in RA management, there is a global tendency to the increase of admissions during the period of 1999–2015, mainly in >60 year, especially in >80 year.

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AB0265 CLINICAL PREDICTOR FACTORS ASSOCIATED WITH SUSTAINED DISEASE ACTIVITY AMONG PATIENTS WITH EARLY RHEUMATOID ARTHRITIS

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Background: In patients with rheumatoid arthritis (RA), low disease activity (DA) overtime is associated with favourable outcomes. However, the progression of the disease is faster during the first years. Therefore, it is desirable to identify patients with a high probability of sustained DA in an early stage.

Objectives: To identify clinical predictor factors at diagnosis associated with sustained DA after 12 months of follow up in patients with early RA.

Methods: Baseline (at diagnosis) and 12 months follow-up data from an early arthritis clinic was analysed. At both visits, demographic, clinical, laboratory and treatment data were collected and clinical DA was assessed using DAS28 and SDAI. For this study, patients with RA according to physician's diagnosis were selected. Sustained DA at 12 months was defined as DAS28 >3.2 and SDAI >11. Univariate and multivariable logistic regression models were employed to identify which factors are associated with sustained DA.

Results: In total, 566 patients were included. Out of these, 75.8% were women, 74.7% Caucasian, 77.7% RF + and 65.9% ACPA+. Mean (SD) age was 54¹⁷ years and mean symptoms duration was 16¹⁵ weeks. Regarding treatment, 89.8% patients received methotrexate as first line treatment and 81.1% received glucocorticoids. At baseline, 88.8% had moderate-high DA according to DAS28 (>3.2) and 77.6% with SDAI (>11). After one year of follow-up, 34% (DAS28) and 30.9% (SDAI) remained with moderate-high DA. Univariable logistic regression analysis results are shown in table 1. Sustained DA was significantly associated with baseline index and its individual components, HAQ, and GCs used for both indexes definitions, with smoking and MTX use for DAS28 definition and RF + for SDAI definition. In the multivariable analysis, sustained DA at 12 months remained significantly associated only with baseline DAS28 (OR 1.34; $p<0.05$) for DAS28 definition and with RF (OR 2.6; $p=0.02$), HAQ (OR 1.06; $p<0.01$) and use of glucocorticoids (OR 2.1; $p<0.05$) for SDAI definition.

Abstract AB0265 – Table 1. Univariable logistic regression analysis results

Baseline characteristics	DAS28		SDAI	
	OR	P value	OR	P Value
Age	1.00	0.6	0.03	1.02
Sex (women)	1.64	0.06	0.599	1.14
Tabaco	0.66	0.1	1.12	0.690
Nonsmokers (ref)	0.58	0.05	1.08	0.804
Past smokers				
Smokers				
RF (+)	1.61	0.09	0.444	0.007
ACPA (+)	0.685	0.1	0.691	0.14
DAS28	1.5	<0.001		
SDAI			1.00	0.008
HAQ	1.05	0.001	1.07	<0.001
ESR	1.01	0.001	1.01	<0.001
PCR	1	0.804	1.0	0.91
Pain	1.02	<0.001	1.01	<0.001
Patients Global Assessment	1.01	<0.01	1.01	0.002
Evaluator Global	1.02	<0.001	1.02	<0.001
Assessment				
Swollen Joint count 28	1.07	<0.001	1.07	<0.001
Tender Joint Count 28	1.07	<0.01	1.06	<0.001
Methotrexate use	8,2	<0.05	2,4	0.02
Glucocorticoids use	1.8	<0,05	2,7	<0.001

Conclusions: One out of three patients with RA maintains DA 12 months after diagnosis. The predictors for this status depend on the index employed: DAS28 at baseline is the best predictor for sustained disease activity when using DAS28-definition. Conversely, positive RF, impaired functionality and the need of glucocorticoids at baseline are associated with the SDAI-definition.

Disclosure of Interest: None declared

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AB0266 ESTIMATION OF CEREBROVASCULAR REACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic autoimmune disease with high cardiovascular risk. Arterial hypertension (AH) is the most common comorbid condition in RA and one of the main risk factors for stroke. Chronic immune inflammation, characteristic of RA, also has a damaging effect on the vascular wall and can lead to a marked decrease in the compensatory possibilities of the cardiovascular system. It has been shown that the violation of cerebrovascular reactivity (CVR) significantly increases the risk of developing acute cerebral ischemia

Objectives: The goal is to study the condition of the CVR in RA patients, depending on the level of blood pressure (BP)

Methods: the study involved 70 patients with RA at the age of 59,2±7,3 years with the duration of RA 13±8,9 years were examined. The DAS28 index was 3.87 ±1.33. Depending on the level of blood pressure, two groups were isolated: group 1 (n=56) – patients with hypertension and group 2 (n=14) – with normal blood pressure. CVR was assessed by means of transcranial dopplerography of middle cerebral arteries (MCA) using hyperoxic (inhalation of 100% oxygen, phase of vasoconstriction) and hypercapnic (inhalation of 4% of a mixture of carbon dioxide with air, phase of vasodilation) of samples.

Results: The result showed that 15 (27%) patients of the I group and 3 (21%) – the II group had an adequate decrease in the linear velocities of the blood flow (LVBF) in the MCA. An insufficient reduction in hypervascular hypertension was found in 28⁵⁰% and 8 (57%) patients, a paradoxical increase in the LVBF (perverse reaction) in 12 (21,4%) and 4 (28,5%) patients, respectively. In a hypercapnia trial, only about a third of patients registered an adequate increase in LVBF for hypercapnia. A decrease in the response occurred in 27 (48%) and 9 (61%) patients, excessive increase in LVBF (hyperergic reaction) – in 15 (26%) and 2 (14%) patients, respectively

Conclusions: There was a violation of the CVR on metabolic (hyperoxic and hypercapnic) stimuli based on the results of transcranial dopplerography of most RA patients, regardless of the level of blood pressure

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AB0267 BASELINE PREDICTORS OF RESPONSE TO METHOTREXATE IN EARLY RHEUMATOID ARTHRITIS

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Background: The disease activity score (DAS28) is widely used to assess response to treatment in early rheumatoid arthritis. Few studies have looked at the individual components of the DAS at baseline to predict drop in DAS28 in early disease. Specifically at 3, 6 and 12 months. Predicting response early in disease would enable more targeted treatments to be given and patients selected early for more aggressive disease control. Although certain biomarkers have been advocated for use and have shown some promise.^{1,2} there is still a place for exploring using more clinically derived indicators.

Objectives: To determine whether DAS28 response at 3, 6 and 12 months could be predicted by baseline components of the DAS28

Methods: The study used patients from the multicentre UK based RAMS study. All patients with early rheumatoid arthritis starting methotrexate were enrolled. We used data from a single centre in the North west of England for the analysis. DAS28 and its components were recorded at baseline and at 3, 6 and 12 months. Baseline components of the DAS28 were used to predict the change in DAS from baseline to 3, 6 and 12 months. Linear regression was used with subsequent adjustment for age and gender.

Results: 120 patients were enrolled in the study, median age was 62.4 years (IQR42.1, 72.5), 81 (67%) were female. Median das28 at baseline was 5.3 (IQR 4.2,6.2). Duration of symptoms was 9 months (IQR 2,11). There was a drop of DAS28 of 1.49 at 3 months (IQR 0.57,2.45) and at 6 and 12 months it was 1.84 (IQR 0.48,2.91) and 1.63 (IQR 0.72,2.85) respectively. At three months the only baseline predictor of change in DAS28 was the patient global assessment unadjusted and adjusted for age adjusted beta 0.012 95% CI 0.002, 0.023 (p=0.02). At six months the baseline tender joint count adjusted beta 0.08 95% CI 0.015, 0.154 (p=0.01) as well as swollen joint count adjusted beta 0.05 95% CI 0.004,0.095 (p=0.02) also predicted response in addition to the patients global assessment adjusted beta 0.016 95% CI 0.002, 0.03 (p=0.01), but not the ESR or CRP at baseline (p=NS). At 12 months the only predictors of response was the baseline CRP adjusted beta 0.02 95% CI 0.005, 0.04(p=0.02).

Conclusions: In this cohort of patients with early disease, response to methotrexate could not be reliably predicted using baseline measures and the ability to predict patients who would improve could not be found in this cohort. Further work on other clinical biomarkers to predict response is needed.

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AB0268 HOW DO PATIENTS WITH RHEUMATOID ARTHRITIS EVALUATE THEIR GLOBAL ASSESSMENT?

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Background: The importance of patient-reported outcomes (PRO) has been recently recognised. Patient global assessment (PtGA) is one of the most popular PROs in rheumatology. However, the validity of PtGA as a tool for assessment of disease activity and its relevance compared with other tools is still debated.¹ Patients' perspective is essential to achieve treat-to-target. The significance of measuring PtGA in clinical practice should be verified. We previously found that Japanese rheumatologists changed their strategy to ask patient global assessment (PtGA) according to the patients' understanding ability. It is unknown how patients themselves feel PtGA.

Objectives: To investigate how patients with rheumatoid arthritis (RA) evaluate and accept PtGA as assessment tool of RA activity.

Methods: During the period of ,^{August and September, 2016} a 90 min focus group was held four times. Nine or 10 RA patients participated in each focus group. Totally, 34 women and 4 men, average age 56.1±10.9 years old, and disease history 9.39±9.36 years joined the study. The participants freely discussed how to evaluate their conditions of rheumatism and therapeutic effect. We used the "Steps for Coding and Theorization" (SCAT)²⁻³ to analyse the focus group data.

Results: Patients determined their PtGA based on pain, swelling, inconvenience of daily life, the mood of the day, comprehensively, although they felt confusing

because the criteria of how to evaluate PtGA was unclear. Most patients set 100 of PtGA as "when most painful after onset", while standard of 0 was varied. Many patients had experienced a discrepancy between PtGA and CRP that their doctors denied. Patients were eager that their doctor would understand the discordance between PtGA and laboratory data and ask the patients "what's wrong with you?"

Conclusions: Doctors and patients should discuss how to evaluate PtGA at the start of treatment to avoid patients' confusing. By utilising PtGA as a communication tool, relationship between doctor and patients would be facilitated.

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AB0269 ANKLE SYNOVITIS AND TREAT-TO-TARGET STRATEGY IN CLINICALLY AND SEROLOGICALLY DIFFERENT FORMS OF RHEUMATOID ARTHRITIS, A SINGLE-CENTRE EXPERIENCE

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Background: DAS28 based treat-to-target (T2T) strategy¹ was shown to improve outcomes in patients with rheumatoid arthritis (RA). Although previous studies have shown that approximately 1/3 of RA patients have foot symptoms^{1,2} ankle and foot joints are not included in DAS28.

Objectives: To study the prevalence of ankle synovitis in clinically and serologically different forms of RA, treated according to the updated T2T strategy.

Methods: 1109 patients, with RA, treated according to the T2T approach were included in this study. Concurrent tenderness and swelling of the ankle joint were considered as synovitis. Rheumatoid factor (RF) and anti-mutated citrullinated vimentin (anti-MCV) positive and negative patients with different disease activity were evaluated.

Results: 8.47% (94) patients had high (DAS28 >5.1); 35.25% (391) moderate (DAS28 ≤5.1; >3.2) and 18.66% (207) low (DAS28 ≤3.2; >2.6) disease activity. 37.6% (417) of patients were in clinical remission (DAS28 <2.6). 60.71%¹⁷ of anti-MCV and RF positive and 44.8%¹³ of anti-MCV and RF negative patients with high disease activity had ankle synovitis (table 1). Regarding patients in remission, 13.7%¹⁸ of anti-MCV and RF positive and 15%¹⁸ of anti-MCV and RF negative patients had ankle synovitis (table 2). Interestingly, ankle synovitis was considerably more common than knee synovitis in all patient groups.

Abstract AB0269 – Table 1. Ankle and knee involvement in high disease activity

	DAS28>5.1, 94 patients in total	DAS28>5.1. RF pos., anti-MCV pos: 28 patients	DAS28>5.1. RF neg, anti-MCV neg: 29 patients
Right knee synovitis	21,27%	25%	24,13%
Left knee synovitis	19,14%	25%	10,31%
Both knees synovitis	4,25%	10,71%	0
% of patients with knee involvement	36,17%	39,28%	34,48%
Right ankle synovitis	31,91%	28,57%	34,48%
Left ankle synovitis	37,23%	42,85%	44,82%
Both ankles synovitis	13,82%	10,71%	34,48%
% of patients with ankle involvement	55,31%	60,71%	44,82%