AB0299

THE INCIDENCE RATE AND THE MANAGEMENT OF EARLY RHEUMATOID ARTHRITIS IN A SINGLE CENTRE INTERVENTIONAL CLINIC

R. Ješe¹, K. Perdan Pirkmajer¹, A. Ambrožič¹, N. Gašperšič¹, A. Hočevár², B. Lestan¹, S. Markez¹, M. Pavič Nikolić¹, M. Plešivčnik Novljan¹, S. Praprotnik¹, Ž. Rotar¹, A. Šipek Dolničar¹, D. Šuput Skvarča¹, M. Tomšič¹. ¹Department of Rheumatology; ²University Medical Centre Ljubljana, Ljubljana, Slovenia

Background: In patients with rheumatoid arthritis (RA), early diagnosis and adherence to the treat to target recommendations (T2T) limit RA progression and improve patients' quality of life.¹ However, the implementation of T2T has always been a challenge, and real-life data are lacking. Slovenia has 40% less rheumatologists per capita than the European Union average, which makes the implementation of management guidelines even more challenging.

Objectives: To determine the incidence of RA and the proportion of patients with incident RA in whom first rheumatology assessment was done within the recommended time frame.

Methods: We analysed the prospectively collected data of adult patients diagnosed with RA during years 2014 to 2016 at the Rheumatology Department of the University Medical Centre Ljubljana, Slovenia. The department provides rheumatology services to a well-defined region with a population of 704.000 adult residents. Dates were recorded for inflammatory joint symptom onset, referral to rheumatologist, first rheumatologic assessment and initiation of DMARD therapy. The percentage of patients assessed by a rheumatologist and/or treated with a DMARD within 12 weeks of symptom onset and the median times for delay were then calculated.

Results: Between 1 January 2014 and 31 December 2016, 341 incident cases of RA (75% females, median age 61.9 (IQR 52–75.4) years) were identified, resulting in an annual incidence rate of 16/100.000 population (in females: 23.6/100.000; in males 8.3/100.000). Most patients (78.6%) were referred to our early interventional clinic. The median time from symptom onset to consultation was 12.9 (IQR 4.4–26.1) weeks, median time from referral to consultation was 1 (IQR 1–3) day. Median DMARD treatment delay was 16.6 (IQR 8.9–33.3) weeks. Within 12 weeks of symptom onset, 161 (47.2%) new RA patients were examined by a rheumatologist and 123 (36.1%) were started on DMARD therapy.

Conclusions: Our prospective data support the recent reports that uncovered a decrease in RA incidence.² Moreover, despite the lack of rheumatologists and the heavily protracted nationwide waiting times for first rheumatologist assessment, our early interventional clinic enables us to recognise and manage substantial percentage of RA patients within the recommended time frame.

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AB0300

ULTRASOUND EVALUATION OF ANKLE AND FOOT JOINTS IN RHEUMATOID ARTHRITIS

S. Fellous¹, H. Rkain¹, S. aflal¹, L. Tahiri¹, N. Alami¹, R. Guieu², J. yves², F. Allali³, N. Hajjaj-Hassouni⁴. ¹Department of Rheumatology B, El Ayachi Hospital, Faculty of Medicine and Pharmacy of Rabat, Mohammed V University, Rabat, Morocco., Rabat, Morocco; ²UMR MD2 Faculty of Medicine, Aix-Marseille University, Marseille, France., marseille, France; ³Faculty of Medicine and Pharmacy of Rabat, Mohammed V University, Rabat, Morocco., Rabat; ⁴Center for Pedagogical Innovation, Mohammed VI University of Health Sciences, Casablanca, Morocco., casablanca, Morocco

Background: The foot and the forefoot particular are often one of the first areas to be affected by rheumatoid arthritis. The joint destruction develops not only as a result of synovitis but also as a result of specific biomechanical stresses leading to deformity

Objectives: Evaluate the prevalence of ultrasound signs of rheumatoid arthritis in the joints of the ankle and foot.

Methods: This is a cross-sectional study that included 14 consecutive patients (100% female, mean age 55.3 years) with rheumatoid arthritis (median duration of progression of 13.5 years, mean specialised care of 2.1 years). A grey and Doppler ultrasound study was performed by looking for effusions, synovitis, Doppler activity and bone erosions in the joints of the ankle and foot.

Results: 28 feet were studied with an ultrasound evaluation of 308 joints.

The prevalence of ultrasound signs of RA are shown in table 1 and 2.

Abstract AB0300 – Table 1. Prevalence of ultrasound signs of RA in the forefoot (N=28)

Echographic signs	Forefoot				
	MTP1 n=28	MTP2 n=28	MTP3 n=28	MTP4 n=28	MTP5 n=28
Synovitis	57.1	28.6	14.3	21.4	25
Doppler	0	0	3.6	3.6	3.6
Effusion	25	21.4	10.7	10.7	7.1
Erosions	67.9	3.6	10.7	17.9	7.1
Osteophytes	57.1	17.9	14.3	25	25

Abstract AB0300 – Table 2. Prevalence of ultrasound signs of RA in the ankle and foot (N=28)

Echographic signs	Ankle Talo-cubral N=28	Hindfoot Subtalar N=28	Midfoot			
			Talo-navicular N=28	Calcaneo-cuboid N=28	Cubo-metatarsal N=28	Cuneo-metatarsal N=28
Synovitis	60.7	50	46.4	7.1	7.1	3.6
Doppler	0	0	0	3.6	0	0
Effusion	39.3	25	10.7	7.1	0	10.7
Erosion	10.7	10.7	0	14.3	14.3	3.6
Osteophyte	28.6	39.3	71.4	39.3	42.9	14.3

Conclusions: This study describes the various ultrasound signs at the joints of the ankle and foot. There is a high prevalence of synovitis in the ankle and hind-foot. Doppler activity has been rarely found.

A large-scale study compared with a control group is necessary to better interpret and complete these preliminary results.

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AB0301

SERUM PYRIDINOLINE IS ASSOCIATED WITH RADIOGRAPHIC JOINT EROSIONS IN RHEUMATOID ARTHRITIS

S. Rajalingham¹, A.M.M. Nor Hashimah¹, S.S. Shaharir¹, R. Sridharan², A. Abdul Wahab³. ¹Medicine; ²Radiology; ³Microbiology, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Background: Pyridinoline (Pyd) is a 3-hydroxypyridinium derivative which is an intermolecular cross-link compound of type I and II collagen.¹ It is a marker of bone resorption based on bone biopsy and radioisotope kinetics studies.² In rheumatoid arthritis (RA), destruction of bones may contribute to increased levels of serum Pyd.

Objectives: The purpose of this study was to compare the serum pyridinoline (Pyd) levels between RA patients and healthy controls and to determine the correlation of serum Pyd levels with radiographic joint erosions.

Methods: This was a monocentric, cross sectional, case-control study which was conducted from June 2016 to February 2017 at the Universiti Kebangsaan Malaysia Medical Centre (UKMMC). Serum samples were obtained from 48 patients with RA and 48 healthy controls. The enzyme-linked immunosorbent assay (ELISA) method was used for quantitative analysis of serum Pyd. Besides, all the RA patients were assessed for joint damage based on Modified Sharp Score (MSS), disease activity based on the disease activity score in 28-joints (DAS 28) and functional capacity based on Health Assessment Questionnaires Disability Index (HAQ-DI).

Abstract AB0301 – Table 1. Correlation between serum pyridinoline and other clinical variables

	Serum Pyridinoline		
	r	r ²	p
DAS 28	- 0.010	7.431	0.945
Joint erosion score	0.285	0.086	0.049
JSN score	- 0.076	7.560	0.605
Total MSS	- 0.009	0.005	0.952
HAQ-DI	- 0.186	0.051	0.205

Results: The median serum Pyd levels was much higher among the RA patients (110.20 ng/mL [92.30–120.64]) compared to the controls (98.22 ng/mL [85.54–111.41]); p<0.05. RA patients with erosive disease had significantly higher serum