AB0307

PREDICTIVE VALUE OF THE BASELINE CLINICAL, LABORATORY AND ECHOSONOGRAPHIC PARAMETERS OF RA ACTIVITY IN PROGRESSION OF STRUCTURAL DAMAGE IN DMARDS NAÏVE EARLY RA PATIENTS – 6 MONTHS FOLLOW-UP-

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Background: The structural damage of RA usually develops within the first two years of disease and the risk of joint destruction is still difficult to predict¹

Objectives: To assess predictive value of the clinical, laboratory and echosonographic parameters activity of early RA in progression of structural damage in DMARDs/glycocorticoid naïve patients in the first 6 months.

Methods: Sixty-five pts. (56 females, mean age 53±14.1 years) with early RA (EULAR/ACR 2010 criteria) and symptoms duration of ≤1 years. (mean duration of 3.6 months) were included during the 2012–14 years. and followed up 6 months. Patients were DMARDs/glycocorticoid naïve and had no X-ray visible structural damage. The ESR, CRP, RF, ACPA and MMP3 were measured. DAS28 index was calculated. US assessment was performed blindly to patient's medical history, on the same day when early RA diagnosis was established and repeated after 6 months, using 18MHz linear probe by ESAOTE My Lab 70 machine. Presence of bone erosions and Power Doppler (PD) signal, were recorded at each hand's joint, as well as at MTP1–5 joints of both side, according to OMERACT US group definition. The semi quantitative method (0–3) was applied for assessing US synovitis and total Power Doppler joint score (TPDJs)/pts. was calculated.

Results: Fifty-nine pts. had finding of US bone erosions at baseline visit and 62 pts had it after 6 months. The significant increase of bone erosions and significant decrease of TPDJs/pts were found after follow-up (2.2. vs. 3.1 respectively; 10. vs. 4.5 respectively; Wilcoxon test: p<0.001). There was no statistical significant difference between the groups of pts. with (42 pts.) and without (23 pts.) new (≥1) US bone erosion after 6 months regarding value of ESR (41. vs. 39; p=0.973), CRP (18. vs. 11; p=0.255), RF (82. vs. 114; p=0.652), ACPA (184. vs. 319; p=0.784) MMP3 (110. vs. 83; p=0.245), DAS28 (5.7. vs. 5.3; p=0.269), total number of bone erosions (2. vs. 2; p=0.06) and TPDJs/pts (10. vs. 12; p=0.831). Univariate logistic regression analysis showed significant predictive value for US bone erosions finding at baseline visit OR 0.68 (0.48–0.98), p=0.04 for progression of structural damage after 6 months of follow up but not for value of: ESR: OR 1.28 (0.45–3.61), p=0.635; CRP: OR 2.75 (0.95–7.93), p=0.06; RF: OR 0.83 (0.30–2.30), p=0.726; ACPA: OR 0.96 (0.33–2.78), p=0.904; MMP3: OR 1.28 (0.42–3.88), p=0.656; DAS28: OR 1.23 (0.82–1.86), p=0.311 and TPDJs/pts OR 0.98 (0.93–1.02), p=0.344.

Conclusions: Initial finding of US bone erosion is the most important risk factor for progression of structural damage with our DMARDs/glycocorticoid naïve early RA patients in the first 6 months of disease duration.

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AB0308

IMPORTANCE OF PATIENT EDUCATION FOR MANAGEMENT OF RHEUMATOID ARTHRITIS PATIENTS

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Background: People living with chronic diseases such as rheumatoid arthritis (RA) are extremely in need to Patient education (PE) which enables them to cope and adapt with their disease and treatments. PE comprises all educational activities provided for patients, including aspects of health and therapeutic education and promotion. Evolutions have been seen at the last five decades of the patient/clinicians relationship, where the patients can share in decision-making (*Mwidimi Ndos1 and Ade Adebajo, 2015*).

Objectives: To evaluate the effect of PE program following the eight evidence-based EULAR-2015 recommendations in the management of RA patients.

Methods: Comparative study with randomised parallel two arms with ratio (1:1) conducted on 100 rheumatoid arthritis (RA) patients (both sexes), aged 19–71 years patients were carried out at the Department of Rheumatology and Rehabilitation -faculty of medicine of Fayoum University, Egypt. Patients are excluded if they had evidence of mental disorder or psychiatric diseases. Patients can leave

the study at any time for any reason. Two main comparable groups; group I received health education through designed Health education program, Group II were not prone to health education program. Disease activity and disability of patients were assessed prior to the commencement of the program, (visit I pre-intervention), 3 months later (Visit II post-intervention) and 6 months after the first visit (Visit III post-intervention). **Intervention:** A PE program designed by authors addressed EULAR 2015 recommendation of patient education and tailored according to each patient condition. Groups of 8–10 participants randomised to intervention arm attended 1 session each week for 6 consecutive weeks, with each one hour in duration, and then one session every two weeks until the second assessment visit (Visit II) and then every month until the second assessment visit (Visit III).

Results: While 50 patients of group I continued at the end of the study, out of 50 patients of group II, 36 patients were available at 2nd visit, and only 24 patients were available to be assessed at the 3rd visit. By comparing lab investigation and outcome scores at follow up visits; although no significant difference between the two study groups regarding lab investigations, DAS28 and HAQ scores at start of study, difference was reported in follow up visits that a significant decrease of these labs and scores were reported in Group I, while no difference reported in Group II.

Abstract AB0308 – Table 1. Lab and measuring scores comparison between GI and GII at 3rd Visit

Lab investigation	G I		G II		P value
	N (=50)	%	N (=24)	%	
ESR	20	40.0	23.0	95.8.	0.00
	30	60.0	1		4.2
CRP	19.0	38.0	19.0	79.2.	0.001
	31	62.0	5	20.8	
RF	50.0	100.0	19	79.2	0.003
	0	0.0	5	10.8	
DAS28	Mean±SD, range	1.6±0.4 1.2: 2.3	3. 6±1.5 1.3:5.1		0.00
	Mean±SD, range	29.0±7.6 15:75	59. 8±23.13 23: 88		0.00

Conclusions: Patient education (PE) interventions in patients with (RA) documented significant improvements in behaviour, pain, disability of those patients.

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AB0309

NEED TO A WALK TO THE COMPLETE REMISSION; FOOT AND/OR ANKLE ARTHRITIS IMPEDE COMPLETE REMISSION IN RHEUMATOID ARTHRITIS –PART 1, CROSS-SECTIONAL STUDY FROM KOREAN COLLEGE OF RHEUMATOLOGY BIOLOGICS (KOBIO) REGISTRY

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Objectives: To determine the prevalence of foot synovitis, and the most stringent disease activity index reflecting complete remission among patients with rheumatoid arthritis in Korea.

Methods: We conducted a cross-sectional study using data from the Korean College of Rheumatology BIOlogics (KOBIO) registry. Foot arthritis defined as having one or more tender or swollen joints in ankle and/or 1st to 5th metatarsal joints. Functional status and disease activity evaluated by the routine assessment of patient index data3 (RAPID3), the disease activity score 28 ESR (DAS28), the simplified disease activity index (SDAI), the clinical disease activity index (CDAI), and the ACR/EULAR Boolean criteria.

Results: Baseline data of 2046 patients were analysed. Patients with foot arthritis showed significantly younger age at the diagnosis, longer disease, duration,