AB0332

COMORBIDITIES PREVALENCE AND CHARLSON INDEX IN A COHORT OF PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The Charlson comorbidity index (CCI) is a prognostic scale, which gives a numerical value that indicates the burden of comorbidities in a patient. This index is obtained from the sum of 19 medical conditions that have been related to mortality and has been validated in several studies. Patients with rheumatoid arthritis (RA) are more at risk than the general population of developing comorbidities. However, these often go unnoticed despite the impact on the disease activity and to treatment response, as shown by different studies such as COMORA.
Objectives: To determine the prevalence of comorbidities in a cohort of patients with RA and estimate CCI.
Methods: Cross-sectional descriptive study, patients diagnosed with RA according to the EULAR/ACR 2010 classification criteria were included. All patients were followed up in a rheumatology service in a tertiary hospital. Comorbidities were obtained from the medical records. To measure comorbidities, CCI was calculated, the diagnosis of RA was not included in the index. We defined three categories of comorbidity according to CCI: 0 (no comorbidity, applied to patients with no previous record of conditions included in the CCI), 1 to 2 (moderate) and 3 or more (severe). Others comorbidities not included in CCI, such as hypertension (HTN), dyslipidemias (DLP), thyroid disease (TD), osteoporosis (OP) were collected.
Results: 130 patients (103 women) were analysed; mean age was 58.6±12.9 years and disease duration of 6.0±4.4 years. 82.8% were seropositive for rheumatoid factor (n: 83) and/or anti-CCP (n: 97). 44.6% had previous smoking history, 22 were current smokers. The most observed comorbidities in our cohort were: overweight and obesity (BMI ≥25; 63%), DLP (38.8%), HTN (31.5%), chronic kidney disease (32.3%; 6.9% ≥Stage III) and chronic lung disease (23.8%). Other diseases included TD (18.5%), OP (17.7%), diabetes mellitus (9.2%) and liver disease (9.2%). Five patients with a history of tumour (2 metastases) and 2 lymphomas in the last 5 years. Four patients had a heart disease, in 3 as an ischaemic event.
According to CCI, 20.8% of the patients had a Charlson 0, 43.8% Charlson 1–2, and 35.4% Charlson ≥3.
Conclusions: In our cohort, despite being a relatively young population, the presence of comorbidities and cardiovascular risk factors is relatively high, in agreement with what has been observed in other studies. 1 out of 3 patients has a severe comorbidity burden.
Disclosure of Interest: None declared
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AB0333

ANALYSIS OF THE ASSOCIATION OF COMPOUND INDICATES OF DISEASE ACTIVITY AND QUALIFICATIONS OF FUNCTIONAL CAPACITY AND QUALITY OF LIFE RELATED TO HEALTH IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The correlation analysis of ICADs with questionnaires of functional evaluation and quality of life is essential, since it is the outcomes that matter to the patients.
Objectives: To evaluate the correlations between ICADs with questionnaires of functional capacity (HAQ) and health-related life quality (SF12).
Methods: Cross-sectional study with 100 out-patients of Santa Catarina, participants of a multicenter cohort, followed between August 2015/January 2016. Evaluated ICADs were: DAS-28 VHS, DAS-28 PCR, SDAI, CDAI, RADAI. The questionnaires were: HAQ and SF12. Tests Qui Square, test t Student, prevalence ratio and Pearson's correlation were used, with reliability interval 95%. Approved by Ethics Committee in Research of UNISUL.
Results: Moderate correlation between ICADs and HAQ (variation r 0,52–0,65). Weak correlation between ICADs and SF12 (Physical: variation r 0,15–0,24 and Mental: variation r 0,40–0,45).

Abstract AB0333 – Tabel 1. Correlation between Laboratory Parameters and Functional Capacity (HAQ) in patients with Rheumatoid Arthritis of Santa Catarina.

Variables	HAQ* r
ESR† (mm/1ªh)	0,238
CRP‡ (mg/dl)	0,287
DAS-28§ ESR	0,580
DAS-28 CRP	0,551
SDAI ||	0,524
CDAI ¶	0,524
RADAI**	0,655

*Health Assessment Questionnarie † Erythrocyte Sedimentation Rate ‡ C-Reactive Protein §Disease Activity Score-28 ||Simplified disease activity index ¶Clinical disease activity index **Rheumatoid arthritis disease activity.*
Source: Elaboration of the author, 2017.

Conclusions: ICADs correlate poorly with quality of life, assessed by SF12, but moderately with functional limitation, assessed by HAQ.

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AB0334

NEOPLASM RISK IN A RHEUMATOID ARTHRITIS COHORT: A RETROSPECTIVE STUDY

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Background: It is well known that the risk of neoplasms is increased in rheumatic patients, especially in Rheumatoid Arthritis (RA), SLE and inflammatory myopathies. Although the relationship between neoplasms and some factors involving the pathophysiology and immunomodulatory therapy of this diseases is well known, we still don't know all the mechanisms underlying this process. Thereby, this theme has been of ongoing interest and research.
Objectives: To determine whether the incidence of neoplasm is increased in patients with RA compared to a matched comparison cohort and to identify risk for any individual malignancy in RA.
Methods: A cohort of 243 RA patients, who fulfilled 1987 ACR criteria for RA and a comparison cohort, sex and age matched without RA (non-RA) were evaluated retrospectively for cancer occurrence. Demographic, epidemiological, clinical, laboratorial and imaging data were collected through medical record review. All paraneoplasic cases were excluded. Descriptive statistics were used to summarise data of the RA and comparator group.
Results: 243 RA patients (mean age 62,9 y, 68,7% female, mean disease duration 10,6 y) were enrolled. 148 RA patients had rheumatoid factor (RF) present