AB0337  ASSESSMENT OF NUTRITIONAL STATUS IN WOMEN WITH RHEUMATOID ARTHRITIS MEASURED BY DUAL ENERGY X-RAY ABSORPTOMETRY

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Background: As many other chronic diseases, rheumatoid arthritis (RA) has been related to an impairment of the nutritional status of multifactorial etiology. Even if Body Mass Index (BMI) has traditionally been used, it is not always a valid method, and there are still lots of questions without answer in how to evaluate ideally the nutritional status in these patients. Only very few studies had evaluated it by Dual Energy X Ray Absorptometry (DXA).

Objectives: 1) To evaluate the nutritional status in women with RA and to compare with a population of same age women without RA using DXA for the analysis of whole body composition, 2) differences between the prevalence of alterations of the nutritional status measured by DXA and by the classical methods used in clinical care, 3) relation of RA time of evolution, inflammatory activity, physical function and dietary intake on altered nutritional status evaluated by DXA.

Methods: Case-control study including 89 patients that were diagnosed with RA and a control group (100) composed by patients affected by other non-inflammatory rheumatic diseases as soft tissue diseases. All the clinical charts were revised in order to record the following data: age, BMI, RA duration, history, activity and disability, serum albumin, Dietary intake, Whole body DXA assessment and Skeletal muscle index (SMI).

Results: Mean age of patients was 62±8 years. Mean duration of RA was 13.7±9.3 years. Mean DAS28 was 3.7±1.4 and mean Health Assessment Questionnaire was 0.88±0.77. BMI of the patients was 27.43±5.16 and 27.76±3.98 in controls (p<ns). Albumin was within normal range in all patients.

RA patients presented a statistically significant lower lean mass than controls in all locations and lower fat mass in limbs, along with a higher fat trunk.

RA duration was found to be inversely correlated to BMI and lean mass and directly correlated with fat mass.

Neither BMI nor albumin correlated with DXA parameters.

RA patients fulfilled criteria of sarcopenia in 44% of de cases vs 19% of controls (p<0.001). In RA patients, regarding SMI, BMI showed a high specificity to detect sarcopenia (94% of the patients with low BMI had sarcopenia) but low sensitivity (47% of the patients with normal or overweight BMI had sarcopenia).

Conclusions: RA patients have an impairment of nutritional status associated to time of evolution that resembles sarcopenia and that is not predicted by BMI.

Disclosure of Interest: None declared


AB0338  CLINICAL CHARACTERISTICS OF PATIENTS WITH RHEUMATOID ARTHRITIS WHO USED COMPUTER TERMINALS FOR SELF-ASSESSMENT OF DISEASE ACTIVITY AND QUALITY OF LIFE

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Objectives: To present the clinical features, pharmacotherapy, activity and quality of life in pts with rheumatoid arthritis (RA) who used computer terminals for self-assessment of pts with rheumatic diseases.

Methods: The study included 976 RA patients from the cohort of "TERMINAL" multicenter study, envisaging pts' self-assessment of disease activity and quality of life using a designated computer system (“Computer terminals for self-assessment of pts with rheumatic diseases”).

Results: Mean age of patients was 62±8 years. Mean duration of RA was 13.7±9.3 years. RA patients fulfilled criteria of sarcopenia in 44% of de cases vs 19% of controls (p<0.001). In RA patients, regarding SMI, BMI showed a high specificity to detect sarcopenia (94% of the patients with low BMI had sarcopenia) but low sensitivity (47% of the patients with normal or overweight BMI had sarcopenia).

Conclusions: RA patients have an impairment of nutritional status associated to time of evolution that resembles sarcopenia and that is not predicted by BMI.

Disclosure of Interest: None declared


AB0339  SARCOPENIA AND EARLY FRAILTY SYNDROME IN RHEUMATOID ARTHRITIS

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Background: Sarcopenia and frailty are common in older persons and pose particular challenges for health and social care systems.

Sarcopenia, the loss of skeletal muscle mass, is a core component of physical frailty that together impact negatively on an individual’s capability to live independently.

Frailty is defined as a syndrome of physiological decline in late life, characterised by marked vulnerability to adverse health outcomes. Frail adults are less able to adapt to stressors such as acute illness or trauma than non-frail adults. This increased vulnerability contributes to increased risk for multiple adverse outcomes, including procedural complications, falls, institutionalisation, disability, and death.

Rheumatoid arthritis (RA) is a chronic disabling disease, which leads to functional limitations and diminishes health-related quality of life. The presence of comorbidity and polypharmacy are both related to RA severity.

Objectives: The aim of this study was to assess the prevalence of sarcopenia and frailty syndrome in patients with RA.

Methods: Cross-sectional, observational and descriptive study in patients with RA (ACR criteria) older than 50 years.

Sarcopenia was defined as per the European Working Group on Sarcopenia in Older People definition as Skeletal muscle mass index (SMM) <8.87 kg/m² in men and <6.42 kg/m² in women. Body composition analysis was performed using bioelectrical impedance analysis (BIA).

Frailty was measured according to the 5 criteria proposed by Fried, using the Frail scale, and it was considered fragile to the patient who met at least 3 and fragiles to those who met at least 2.

Frail scale: Based on five items, reflecting performance, selfreports and common co-morbidities (Morley JE et al. J Nut Health Ageing 2012;16(7):601–8). FRAIL SCALE

Did you feel worn out? or Did you feel tired?

Ability to climb one flight of stairs

Ability to walk 100 m

Self-report of >5% wt loss

5 of: dementia; heart Disease; depression; arthritis; asthma; bronchitis/emphysema; diabetes; hypertension; osteoporosis; stroke.

Results: 283 consecutive RA patients were included, 83.4% were female. Mean age was 63.3 years and mean disease duration was 10.4 years.

Mean number of comorbidities was 1.48, with systemic hypertension and obesity as the most frequent ones (33.8% and 26.4%, respectively). Polypharmacy was found in 96.8 and 64.7% received more than five drugs simultaneously. 31% presented some degree of sarcopenia. 21.5% met frailty criteria (42% in >65 years old patients).

Conclusions: Prevalence of sarcopenia and frailty syndrome in this study was high. Rheumatologists should make an early detection of signs of frailty. The screening and early detection of frailty can spur reforms to make routine care less hazardous, can focus on outcomes most relevant to patients and can aid in understanding effectiveness of health care interventions, including at the population level.

Disclosure of Interest: None declared


AB0340  ASSOCIATION BETWEEN MICROALBUMINURIA AND METABOLIC SYNDROME IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is an autoimmune, symmetrical polyarticular disease characterised by chronic inflammation of the synovial joints. Microalbuminuria (MA) occurs as a leakage of small amounts of albumin into the urine. Metabolic syndrome (MetS) describes risk factors for cardiovascular diseases such as dyslipidaemia, obesity, hypertension and diabetes.

Disclosure of Interest: None declared

METATARSOPHALANGEAL JOINTS HAVE MORE EROSIONS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory disease characterised by destruction of synovial joints, especially in the hand and feet, leading to severe disability and premature mortality. The erosions seen in RA differentiates it from other rheumatological diseases.

Objectives: The aim of the study was to evaluate the relationship between attack frequency and erosions seen in RA.

Methods: For this purpose, patients according to 2010 ACR/EULAR Classification Criteria for RA were included into the study. Involved joints and number of attacks were recorded. The X-rays of the involved joints were assessed on admission and after 3 months in terms of joint erosion as a blinded manner. Comparison of erosions were calculated by chi-square.

Results: The frequency of intra-observer agreement of reading of x-ray films was 0.68. Erosions were detected in 16 of 44 patients with RA. The Ratios of erosion in joints with more than 10 attacks were different according to involved joints. The ratios of erosions were 10% for metacarpophalangeal (MCP), 8% for proximal interphalangeal (PIP), 0% for knee, 5% for ankle and 69% for metatarsophalangeal (MTP) joints. When compared MTP joints with MCP, PIP and wrist joints, it was seen that the erosion rate was higher in MTP joints than the other joints (p<0.01). Knee and ankle joints were combined as a single group and compared with MTP joints in terms of erosion. It was seen that the erosions in the MTP joints were significantly higher than the erosions in the knee and ankle joints (p<0.01).

Conclusions: In RA, the erosion ratio of MTP joints was significantly higher than seen in MCP, PIP and wrist joints. On the other hand the erosion rate in knee and ankle joints was rare. These results show us the erosion in MTP joints may not related to mechanical overload. Therefore foot imaging with x-ray may be important in the follow-up of patients with RA. In addition existence of false positive erosions in MTP joints of healthy people should be studied.

Disclosure of Interest: None declared


Abstract AB0342 – Table 1. The comparisons of groups

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<th>3.FMS</th>
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Conclusions: Central sensitisation should be considered in patients with chronic persistent pain, not only having FMS, but also half of the patients having RA and OA. It is not a rare phenomenon and if it is exists, effective pain management strategies could be needed in addition to the specific pharmacologic treatment.

REFERENCES: