Methods: This study included patients with RA according to the ACR/^{EULAR} 2010 classification criteria (American College of Rheumatology/European League Against Rheumatism) followed up in the Rheumatology Department of Rouen University Hospital and who had a haemoglobin >12.5 g/dl. Patients were either from the single-centre monocentric longitudinal cohort or from the seventh visit of the VERA (Very Early Arthritis) High-Norman regional cohort. For each patient of the longitudinal cohort, DAS 28 ESR (Disease Activity Score – erythrocyte sedimentation rate) the FACIT – version 4 fatigue score (Functional Assessment of Chronic Illness Therapy) and a depression score (Hospital Anxiety and Depression Scale) were collected. Serum ferritin, transferrin, serum iron and saturation coefficient of transferrin were measured for each patient. ID was defined as serum ferritin <50 µg/L.

Results: One hundred and forty-one patients were included in the longitudinal cohort (78.7% women, mean age 13.50±9.51 years, positive rheumatoid factor and anti-citrullinated peptide antibodies in 83.6% and 86.5% of patients) and 74 RA patients from the VERA cohort (70.3% women, mean disease duration 2.74 ±0.24 years). The prevalence of ID was 15.6% in the longitudinal cohort (n=22/141) and 14.9% in the VERA cohort (n=11/74). In the longitudinal cohort, there were no significant differences between ID patients and non-deficient patients in fatigue (mean FACIT of 27.80±12.4 vs. 32.3±12.0; p=0.14), disease activity (mean DAS 28 VS 2.85±1.38 vs. 2.96±1.48; p=0.74) and depression (mean HAD score 5.86±4.12 vs. 5.80±3.84; p not calculated).

Conclusions: The prevalence of ID without anaemia was similar between early and old RA and was similar to that of the general French adult population (15.5%).¹ ID does not appear to be a major cause of fatigue in RA and does not affect the activity of the disease. The search for an ID is of limited value in exploring fatigue of RA patients.

REFERENCE:

- [1] Institut National de Veille Sanitaire. Etude Nationale Nutrition santé, ENNS 2006.

Disclosure of Interest: None declared

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AB0346 INVESTIGATION OF ALEXITHYMIA IN PATIENTS AFFECTED BY RHEUMATOID AND PSORIATIC ARTHRITIS: CROSS-SECTIONAL OBSERVATION

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Background: Rheumatoid arthritis (RA) and Psoriatic arthritis (PsA) are chronic inflammatory diseases that lead to an overthrow of articular structure, functional limitation and disability. Alexithymia is a personality trait characterised by deficits in cognitive processing and regulation of emotions. A broad association between alexithymia and symptoms as depression, inflammation and pain has been demonstrated.

Objectives: to evaluate the prevalence of alexithymia in patients affected by Rheumatoid and Psoriatic arthritis.

Methods: We prospectively enrolled, from January to December 2017, patients affected by RA diagnosed according to the ACR revised criteria and PsA diagnosed according to the CASPAR criteria referred to the out-patients clinic of the Rheumatology Unit of Policlinico Tor Vergata, Rome. The 20-item Toronto Alexithymia Scale (TAS-20) was used to assess alexithymia. Disease activity, function and quality of life, clinimetric tests as well as ESR and CRP were assessed.

Statistical comparisons were performed using Pearson's Coefficient of Skewness, the unpaired t-Test and Mann-Whitney test.

Results: A total of 50 RA patients and 51 PsA patients were enrolled (table 1). The TAS-20 score showed that 38.6% (39/101) of patients had alexithymia, 26.7% (27/101) patients were in the borderline of alexithymia and 34.7% (35/101) patients had not alexithymia. A statistical significant association was observed between alexithymia and inflammatory indexes (ESR: p=0.029, CRP: p=0.043, figure 1 and 2) and also between alexithymia and clinimetrics parameters (ptVAS, pVAS, GH, p<0.0001 for all comparisons). No correlations were observed between alexithymia and disease duration, gender, therapies with bDMARDs. A significant trend has been demonstrated between alexithymia and corticosteroidal therapy

Abstract AB0346 – Table 1. Characteristics, therapies and clinimetric evaluation of the study population

	RA	APs	Total
Female Sex - No. (%)	41 (40.6%)	31 (30.7%)	72 (71.3%)
Male Sex- No. (%)	20 (19.8%)	9 (8.9%)	29 (28.7%)
Age (years) in mean ± (DS)	59.5 ± (11.46)	52.6 ± (12.84)	56 ± (12.66)
Mean Disease Duration ± (DS)	6.19 ± (3.82)	6.29 ± (3.96)	6.24 ± (3.89)
Patients on csDMARDs - No. (%)	10 (9.9%)	34 (33.6%)	44 (43.5%)
Patients on bDMARDs - No. (%)	12 (11.8%)	38 (37.6%)	50 (49.5%)
Patients on steroids - No. (%)	37 (36.6%)	12 (11.9%)	49 (48.5%)
patient VAS (0-100)	42.6 ± (20.95)	58.23 ± (26.52)	50.49 ± (25.17)
pain VAS (0-100)	38.1 ± (20.87)	56.9 ± (26.59)	47.59 ± (25.71)
GH (0-100)	44 ± (23.08)	49.7 ± (22.58)	46.88 ± (23.01)

Data are expressed as Mean ± Standard Deviation; csDMARDs: conventional synthetic disease-modifying antirheumatic drugs; bDMARDs: biological disease-modifying antirheumatic drugs; VAS: Visual Analogic Scale; GH: Global Health; percentages calculated for total population.

Abstract AB0346 – Figure 1

Conclusions: This study suggests that alexithymia assessment should be a part of the comprehensive care of patients with RA and PsA. We are in the process of extending this investigation on a larger sample population to improve our investigation field and to consolidate our dates.

Disclosure of Interest: None declared

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AB0347 BODY COMPOSITION IN PATIENTS WITH RHEUMATOID ARTHRITIS KAZAKH NATIONALITY

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Background: Chronic inflammation in rheumatoid arthritis (RA) leads to a decrease in fat and muscle mass [Baker J.F., Von Feldt J. Mostoufi-Moab S. et al., 2014 Low muscle mass in RA is considered as the main criterion of sarcopenia.

Recently, much attention has been paid to various phenotypes of sarcopenia, among which osteopenic sarcopenia, sarcopenic obesity and osteosarcopenic obesity (most unfavourable in terms of functional disorders) are distinguished.

In the modern literature there are works devoted to changes in the composition of the body in the aspect of abdominal obesity and its influence on cardiovascular risk in RA [Crowson C.S., Myasoedova E., Davis J.M., 2011]. Studies with the evaluation of muscle mass and sarcopenia in RA are few. In Kazakhstan, the composition of the human body was not studied.

Objectives: The purpose of the study was to study the body composition (muscle and fat mass) of patients with RA of Kazakh nationality using bioelectrical impedance analysis.

Methods: In our study we used Bioimpedance analyzer 101 (BIA 101, Italy).

Bioimpedansometry was performed in 585 participants, including 295 patients with RA and 290 of their siblings.

Results: In patients with RA, in contrast to the comparison group (sibs), BMI (pro-bands – 25.34±5.1, siblings – 24.86±4.45), the girth of the waist and hips were slightly higher than those of the siblings. The ratio of RT/OB in both groups was virtually the same. At the same time, a decrease in the lean mass was found