Abstract AB0360 – Table 2. Echocardiographic findings

	RA (n=63)	Control (n=41)	p
Left atrial dilation, n (%)	9 (14.3)	0 (0)	0.011
Mitral regurgitation, n (%)	39 (61.9)	7 (17)	<0.001
LVMI (gm/m ²), mean±SD	70.96±18	70.29±16.3	0.854
Diastolic dysfunction, n (%)	34 (53.9)	14 (34.1)	0.07
LVCR, n (%)	21 (36.8)	6 (15)	0.022
LVCR or LVCH, n (%)	27 (42.8)	7 (17)	0.01

LVCR – Left ventricular concentric remodelling, LVCH – Left ventricular concentric hypertrophy, LVMI – Left ventricular mass index

Conclusions: LA dilation is more prevalent in RA-patients when compared to matched controls. Prospective studies are needed to evaluate the influence of this condition in cardiovascular outcomes.

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AB0361

THE IMPACT OF OBESITY IN CLINICAL AND ULTRASONIC ACTIVITY OF TUNISIAN RHEUMATOID ARTHRITIS

K. ben abdelghani, A. feki, A. fazaa, K. ouenniche, S. miladi, S. kassab, S. chekili, A. laatar, L. zakraoui. *Rheumatology, Mongi Slim Hospital – La Marsa, Tunis, Tunisia*

Background: Obesity is one of the most frequent comorbidities among patients with rheumatoid arthritis (RA). It has been proposed as a risk factor of poorer response to treatment and lower likely chance of achieving RA disease remission.¹

Objectives: The objective of this study was to evaluate the effect of obesity on clinical and musculoskeletal ultrasound (MSUS) disease activity.

Methods: Cross-sectional clinical and laboratory data were collected on 44 RA patients. MSUS assessment of power Doppler (PDUS) and grey scale (GSUS) hypertrophy and effusion was performed on 11 joints of dominant hand (wrist, metacarpophalangeal 1–5 and proximal interphalangeal 1–5). PDUS and GSUS were scored semi-quantitatively on a scale of 0–3. The max score of the views obtained for each joint was computed and then was theses maximums were summed across all 11joints to obtain total PDUS (range 0–33) and GSUS (range0–33) scores. DAS28/ESR was calculated. Patients were categorised by BMI (kg/m²): <25 (group 1), 25–30 (group 2), and >30 (group 3). Demographic, clinical and ultrasonographic characteristics were compared across BMI groups. P values<0.05 were considered statistically significant.

Results: The overall cohort was 88.6% female, 43.2% ACPA positive and 63.6% RF seropositive with a mean age of 53.8 and disease duration of 12.9 years. The mean BMI was 28.6. Eighty two percent of patients were on sDMARD, 18.2% were on Biologics, and 68.2% of patients were on prednisone. There were no significant differences in these characteristics across the BMI categories. The overall median and interquartile ranges (IQR): 4.1 (1.3) for DAS28/ESR, 3.9 (4.1) for GSUS scores and 4 (5.1) for PDUS scores. The disease activity as measure was not significantly different across the BMI groups (p=0.61). Both GSUS and PDUS scores were not significantly different across BMI groups. Concerning GSUS score: the median (IQR) scores was 5.3 (5.4) for group1, 4.4 (4.3) for group2 and 2.6 (2.7) for group3 (p=0.41). For the PDUS scores the median (IQR) scores was 6 (8.6) for group1, 4.3 (4.1) for group2 and 2.3 (2.7) for group3 (p=0.37). There was no statistically significant correlation of BMI with ultrasound scores (r = –0.19, p=0.2 for GSUS score and r = –0.22, p=0.14 for PDUS score).

Conclusions: Our study didn't proved differences in clinical or ultrasonic disease activity of RA among BMI. This finding doesn't exclude the hypothesis suggesting that obesity is risk factor of refractory RA which requires a larger number of patients to confirm.

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AB0362

FACTORS ASSOCIATED WITH THE DEVELOPMENT OF ARTHRITIS IN PATIENTS WITH ARTHRALGIAS CLINICALLY SUSPECTED OF EVOLVING INTO ARTHRITIS: EXPERIENCE OF A PRE-ARTHRITIS CLINICS

L. Nuño, D. Peiteado López, I. Monjo Henry, A. Villalba Yllán, M.E. Miranda Carús, P. Fortea Gordo, E. De Miguel Mendieta, A. Balsa Criado. *Rheumatology, Hospital Universitario La Paz, Madrid, Spain*

Background: Despite the fact that genetic and serological risk factors have been studied in rheumatoid arthritis (RA), the symptoms phase of preclinical RA is poorly characterised. Taking into account the importance of early diagnosis and effective treatment for the prevention of structural damage and long-term disability in RA, it is important to find clinical or image variables that identify patients with clinically suspected arthralgias at risk of developing a chronic arthritis (CSA).

Objectives: To identify baseline clinical, immunological and ultrasound variables in patients with arthralgias clinically suspected of progression to chronic arthritis.

Methods: Longitudinal prospective study of patients with CSA and follow-up from November 2015 in pre-arthritis clinics. Patients were assessed at baseline and every 6 months until 2 years, with clinical, laboratory and ultrasound data using standardised protocols. The criteria for eligible patients for inclusion in the study were: ≤12 months of symptoms onset, inflammatory arthralgias (predominance in nights or mornings, improvement during the day or with movement, and morning stiffness of ≥30 min), and the involvement of small joints of hands or feet. Patients with clinical synovitis at baseline visit, patients with fibromyalgia or osteoarthritis were excluded.

Results: Twenty-six patients were recruited in 26 months of the study (1 male, 25 female), with an average baseline age of 44.7±12.6 years, an average delay time of symptoms to first visit of 8.7±3.3 months, a mean follow-up time of 7.7±8.1 months an average body mass index (BMI) of 27.7±7.2. Five patients had familial background of autoimmune diseases in first degree relatives (RA, psoriasis, inflammatory bowel disease), 6 (23.1%) were seropositive (RF and/or ACPA), 7 (26.9%) had increased baseline acute-phase reactants (PAR), and 11 (47.8%) were smokers or former smokers. Most of the patients reported a progression of the arthralgias (55%) and a subjective joint swelling at some point (70%). Of 24 patients, 8 (33.3%) developed clinical arthritis (7 RA, 1 undifferentiated arthritis), with a longer follow-up (15.7±7.4 vs. 7.5±7.2 months, p=0.016), greater baseline HAQ (11.8±8.3 vs. 3.9±4.8, p=0.033) and higher percentage of moderate inflammatory activity in the baseline ultrasound (83.3% vs. 8.3%, p=0.004), compared to patients that didn't develop arthritis. There was a trend towards a higher seropositivity, (37.7% vs. 18.8%), a higher patient global disease assessment (45±29 vs. 30±27 on a 100 mm scale), higher patient pain scores (using a visual analogue pain 100 mm scale) (58±41 vs. 34±23) among patients who eventually developed arthritis, although not statistically significant. No differences were found with PAR, BMI, age, smoking habit or painful joint count at baseline visit.

Conclusions: In our pre-arthritis clinics of patients with clinically suspicious arthralgias, 33% progressed to arthritis, underlying the importance of these clinics. Functional disability and ultrasound at baseline visit are especially useful in predicting future progression to arthritis. It is necessary to recruit more patients in order to obtain more robust conclusions.

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AB0363

RHEUMATOID ARTHRITIS AND SICKLE CELL DISEASE: CLINICAL, BIOLOGICAL, RADIOLOGICAL AND THERAPEUTICS SPECIFIC ASPECTS. A RETROSPECTIVE OBSERVATIONAL STUDY

L. Steffo-Comte¹, F. Eymard¹, A. Habibi², F. Galacteros², M. Michel³, X. chevalier¹, P. bartolucci¹, S. guignard¹. ¹rhumatologie; ²maladies génétiques du globe rouge; ³médecine interne, APHP, Créteil, France

Background: Thanks to medical advances in sickle cell disease (SCD) treatments, practitioners have to be aware of new comorbidities, as rheumatoid arthritis (RA).

Methods: We conducted a retrospective, observational and monocentric study about clinical, biological and radiological specific aspects of RA in SCD patients and studied the impact of anti-rheumatic drugs, comparing the number of SCD