AB0366

CLINICAL, EPIDEMIOLOGICAL CHARACTERISTICS AND COMORBIDITIES IN A COHORT OF PARAGUAYAN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic rheumatic inflammatory disease with a higher risk of developing some cardiovascular pathology compared to the general population. The presence of comorbidities in patients with RA represents an increase in the cost of care, work disability and hospital admissions.

Objectives: To describe clinical, epidemiological characteristics, frequency of comorbidities and their association with clinical and analytical characteristics in Paraguayan patients with rheumatoid arthritis.

Methods: Descriptive, cross-sectional study of a cohort of patients with established rheumatoid arthritis, followed in the Department of Rheumatology of the Hospital de Clínicas. epidemiological (i.e. sex, age, origin), clinical (i.e., comorbidities (i.e. HBP was defined as BP $\geq 140/90$), obesity BMI ≥ 30 , dyslipidemia according to lipid profile levels), time of evolution of the disease, DAS28, etc.), laboratorial (i.e. RF, anti-CCP) and radiographic variables were recorded. Qualitative variables were expressed in frequencies and percentages and quantitative variables were characterised by their means and standard deviations. The comparison of clinical, epidemiological, serological variables was performed using the chi-squared test and the student test respectively for qualitative and quantitative variables. The statistical analysis was performed with the statistical program SPSS V.23.0.

Results: 177 patients with RA were included, 82.5% were women, with a mean of age at onset of 44.8 $\pm$ 13.8 years, mean disease duration of 8.64 $\pm$ 8.3 years. 68.3% came from Asunción and Gran Asunción, 44.6% of the patients were married, the average number of children per patient was 3.55 $\pm$ 2.2. Most of the patients (43.6%) were from social stratum 1–2, according to the GRAFFAR questionnaire. Family income with minimum salary or less was found at 55, 7% of patients with an average household income of 2.350.515 $\pm$ 1.6220.409 Guaranies. Most patients work at home, 54. 5% were housewife, and only 11.9% had a university degree. Only 15.3% had extra-articular manifestations, mainly rheumatoid nodules. The average body mass index was 29.6 $\pm$ 12.7. 75.9% were RF positive, with a mean of level of 436.7 $\pm$ 301 UI/L and 85% were anti-CCP positive, with a mean of level of 224.7 $\pm$ 201 UI/L. Methotrexate was the most frequent treatment (87%), 57.7% were using prednisone, with a median dose of 7.9 $\pm$ 4.8 mg. 40.9% had erosions. In this cohort median disease activity was 3.5% $\pm$ 1.2. 30.7% of patients were in remission by DAS 28 (<2.6). Regarding comorbidities, 38% presented hypertension, 11.9% had dyslipidemia, 5.3% type-2 Diabetes Mellitus, 39.4% were obese and 35% were overweight. Only 5% were smoker, and 16.5% had osteoporosis. When comparing the presence or absence of comorbidities with the clinical, epidemiological, serological and radiological characteristics, we did not find significant differences between them.

Conclusions: In this cohort of patients with established RA a little more than half receive a monthly income less than or equal to the minimum salary, and only the minority had university studies. The most frequent comorbidities were obesity, hypertension and dyslipidemia. One third of patients were in clinical remission, only with DMARDs.

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AB0367

"THE STRUCTURAL INDEX SCORE – SIS" FOR RHEUMATOID FOOT AND ITS RELATION TO FOOT FUNCTION, DISABILITY AND PHYSICAL PERFORMANCE TESTS

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Background: Feet are involved in 90% of Rheumatoid arthritis (RA) patients. The Structural Index Score (SIS) is a score that evaluates forefoot and rearfoot aspects. Although it has been used as a clinical tool to quantify foot deformities in RA, its relevance in clinical practice is uncertain.

Objectives: The aim of this study was to evaluate the relation of SIS with foot function, disability and physical performance tests in RA.

Methods: 104 RA patients of the outpatient clinic of Rheumatology/Unicamp were evaluated for SIS total, forefoot, rearfoot and its items (hallux valgus, metatarsophalangeal (MTP) subluxation, 5th MTP exostosis, claw/hammer toe deformities, calcaneus varus/valgus angle, ankle range of motion (ARM) and planus/cavus foot deformity). Subjects also performed Foot Function Index-FFI, Health Assessment Questionnaire Disability Index-HAQ-DI, lower limb HAQ-LL-HAQ and physical tests: Berg Balance Scale-BBS, the Timed Up and Go-TUG and the 5-time sit down-to-stand up-SST5 tests. SIS items were compared with HAQ, LL-HAQ, FFI and physical tests through Kruskal-Wallis test and Spearman correlation coefficient with a 5% level of significance.

Results: SIS-Forefoot score did not correlate with any variables. Among the SIS-forefoot items, hallux valgus was associated with FFI-pain ($p=0.007$), FFI-disability ($p=0.005$) and FFI-total ($p=0.016$); MTP subluxation was weakly correlated with FFI-disability ($r_s=0.196$) and 5th MTP exostosis was associated with FFI-pain ($p=0.018$). SIS-Total, SIS-Rearfoot and its associated and correlated items are shown in table 1.

Abstract AB0367 – Table 1

Variables	SIS-Rearfoot items			SIS-Rearfoot total score	SIS-Total
	Planus/Cavus foot deformity	Calcaneus valgus/varus angle	Ankle range of motion		
	p-value ^a	r_s #/p-value	r_s #/p-value	r_s #/p-value	r_s #/p-value
LL-HAQ	0.016	0.103/0.294	0.338/0.000**	0.392/0.0001**	0.195/0.046**
HAQ-DI	0.023	0.073/0.457	0.306/0.001**	0.346/0.000**	0.144/0.142
FFI-Pain	0.038	0.213/0.029**	0.257/0.008**	0.257/0.008**	0.256/0.008**
FFI-Disability	0.052	0.228/0.019**	0.293/0.002**	0.293/0.002**	0.233/0.017**
FFI-Activity Limitation	0.307	0.060/0.542	0.259/0.007**	0.259/0.007**	0.087/0.375
FFI-Total	0.094	0.203/0.038**	0.307/0.001**	0.307/0.001**	0.231/0.0178**
TUG	0.642	0.052/0.599	0.248/0.011**	0.248/0.011**	0.016/0.868
SST5	0.716	0.047/0.630	0.306/0.001**	0.306/0.001**	0.024/0.808
BBS	0.063	-0.107/0.276	-0.360/0.000**	-0.360/0.000**	-0.055/0.574

^a Mann-Whitney's test; # Spearman's rank correlation coefficient; ** significant p-value

Conclusions: It is not clear if the use of SIS may be related to function and disability in RA. Forefoot SIS did not show correlation although hallux valgus, MTP subluxation and 5th MTP exostosis may be related to foot function. Rearfoot SIS and its items seem to be most correlated with function and disability in RA.

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AB0368

THE OCCURRENCE OF ANTIBODIES DEPENDING ON THE DURATION OF RHEUMATOID ARTHRITIS

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Background: Recently heterogeneous nuclear ribonucleoproteins (hnRNPs) were identified as antigenic targets for autoantibodies in RA. Autoantibodies to RNP B1, B2 and heterogeneous complex A2/b are the most studied and are referred to as "antigen RA33". Clinical value of anti-RA33 in RA continues to be studied, so the question is about the diagnostic and pathogenic significance of these autoantibodies in patients with RA remains open.

Objectives: The aim of this study was to investigate the frequency of occurrence of anti – RA33y patients with RA and compare them with clinical manifestations and immunological parameters of disease.

Methods: The study included 139 patients with RA. The diagnosis was verified according to the classification criteria of ACR/EULAR 2010 Autoantibodies to RNP B1 IgG was assessed in samples of blood serum by enzyme immunoassay (ELISA; Medipan AG, Germany). A recombinant human RNP antigen B1 was used as the antigen, which was synthesised in the E. coli. system of the protein production. Anti-CCP, RF and antibodies to Sa-antigen (anti-Sa) was evaluated by ELISA according to the manufacturer's instructions (Euroimmun AG company, Germany). The results were expressed in relative units (U/ml). Statistical data processing was carried out using the software Statistica 7.0 (StatSoft, USA) and