REFERENCES:

Disclosure of Interest: None declared

ACR/EULAR criteria 2010 and randomly-chosen controls by matching on age and disease duration between 2000 and 2014. The assessment of EAM was systematically done in RA diagnosis and during management. We compared 2 groups of RA patients according to the presence or not of EAM.

RESULTS: We enrolled 422 women and 78 men with mean age of 53.3 years (21–83) and mean disease duration of 12 years [2–40]. RA was Rheumatoid Factor positive and erosive in 71.4% and 90% cases respectively. A surgical procedure was considered necessary in 59 cases (11.8%). An EAM was diagnosed in more than a half of patients (62.4%) with a predominance of ocular and bone manifestation, mainly xerophthalmia (173 cases, 34.6%) and osteoporosis (120 cases, 24%). Secondary Sjögren’s syndrome was confirmed in 70 cases. Pulmonary manifestations related to RA were noted in 70 patients (14%), especially diffuse interstitial pulmonary in 48 cases (9.6%). Renal involvement was present in 45 patients, of which interstitial renal disease was the most common manifestation (29 patients, 64.4%), Rheumatoid nodules (4.6%) and small vessel vasculitis (0.6%) were the most frequent skin manifestations. A significantly higher incidence of joint surgery was noted in osteoporotic RA patients (OR=1.91; p=0.029). There was no significant correlation between joint surgery and other EAM (table 1).

Abstract AB0386 – Table 1. Correlation between EAM and joint surgery during RA

<table>
<thead>
<tr>
<th>EAM (N)</th>
<th>Joint surgery (+)</th>
<th>Joint surgery (-)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xerophthalmia</td>
<td>22</td>
<td>151</td>
<td>0.075</td>
</tr>
<tr>
<td>Secondary Sjögren’s syndrome</td>
<td>9</td>
<td>61</td>
<td>0.033</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>31</td>
<td>89</td>
<td>0.029</td>
</tr>
<tr>
<td>Pulmonary manifestation</td>
<td>3</td>
<td>67</td>
<td>0.061</td>
</tr>
<tr>
<td>Renal manifestation</td>
<td>3</td>
<td>42</td>
<td>0.027</td>
</tr>
<tr>
<td>Skin manifestation</td>
<td>1</td>
<td>25</td>
<td>0.052</td>
</tr>
</tbody>
</table>

Conclusions: Our study concluded to a higher incidence of EAM during RA management. Osteoporosis was the only EAM associated to greater frequency of joint surgery.

Disclosure of Interest: None declared

AB0388

SLEEP DISTURBANCES IN INFLAMMATORY RHEUMATIC DISEASES

O. Addimanda1,2, M. Burati1,2, L. Baldelli1,2, G. Chiari1,2, E. Pignotti2, P. Prov1,2, R. Meloni1,2.
1Department of Biomedical and Neuroromotor Sciences, University of Bologna; 2Medicine and Rheumatology Unit, Rizzoli Orthopaedic Institute, IRCCS; 3Neurology Unit, Institute of Neurological Sciences, Bellaria Hospital, Bologna, Italy

Background: Inflammatory rheumatic joint diseases such as Ankylosing Spondylitis (AS) and Rheumatoid Arthritis (RA) have recently been found to be associated with sleep disturbances especially obstructive sleep apnoea.

Objectives: The aim of our study was to evaluate the occurrence of sleep disturbances, especially REM Sleep Behaviour Disorder (RBD), in inflammatory rheumatic diseases, (rheumatoid arthritis -RA and Spondyloarthritides -SpA).

Methods: We enrolled 103 consecutive patients affected by inflammatory rheumatic diseases [RA (64, 62.1%) or SpA (39, 37.9%)]. Patients underwent a neurologic and psychopathological examination, including identification of sleep disorders by means of the Pittsburgh Sleep Quality Index (PSQI), the Berlin and the REM sleep behaviour disorder (RBD) questionnaires, a structured interview on sleep terrors and sleep paralysis, Beck Depression Inventory (BDI-II) and the Spielberg State-Trait Anxiety Inventory (STAI). Statistical analysis was performed utilising SPSS software.

Results: No significant differences were found between RA and SpA patients in age at diagnosis, disease duration, smoke habit, alcohol consumption, anamnesis of comorbidities (especially metabolic diseases, anxiety or depression), disease activity/remission and biologic Disease Modifying Anti-rheumatic Drugs use. No differences demonstrated in BDI-II, STAI, PSQI and RBD questionnaires; only the Berlin Questionnaire showed significant differences (17.2% in RA vs 35.9% in SpA, p=0.036). No differences in sleep paralysis (10.9% in RA vs 7.7% in SpA, p=0.74) and sleep terrors (37.5% in RA vs 20.5% in SpA, p=0.0826) which were found to be increased if compared with general population (2.6%).

Conclusions: Our data show an increased prevalence of sleep terrors in rheumatic patients when compared to the general population although no differences were highlighted between RA and SpA; also increased risk of sleep apnoea (Berlin Questionnaire) has been demonstrated in patients in SpA compared with RA.

REFERENCES:

Disclosure of Interest: None declared