REFERENCES:

Disclosure of Interest: None declared

AB0386

RELATIONSHIP BETWEEN EXTRA-ARTICULAR MANIFESTATIONS AND JOINT SURGERY IN RHEUMATOID ARTHRITIS

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Background: Extra-articular organ involvement is a serious condition in rheumatoid arthritis (RA) associated with increased mortality. These manifestations may affect the course of the disease, but could they accelerate the joint destruction and shorten the pre-joint surgical period?

Objectives: Our objective was to study the impact of extra-articular manifestations (EAM) on joint surgery during RA management.

Methods: It is a retrospective comparative study involving 500 RA patients (according to 1987 ACR or 2010 ACR/EULAR criteria) in rheumatology department 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 manifestations, mainly xerophtalmia (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 resort 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>Xerophtalmia</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>0.633</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>0.050</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

AB0387

IS RHEUMATOID ARTHRITIS A RISK FACTOR FOR DEMENTIA?

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Background: A direct link between chronic inflammation and dementia was well established by different epidemiological studies. Nevertheless, data on impaired cognitive function during rheumatoid arthritis (RA) are still controversial and doubtful.

Objectives: To assess the association of RA and impaired cognitive function.

Methods: This is a case-control study involving patients with RA according to ACR/EULAR criteria 2010 and randomly-chosen controls by matching on age and gender during 4 months. The Mini Mental State Examination (MMSE) was used to evaluate cognitive functions. Cognitive impairment was defined by a MMSE score lower than 24 (or 26 in patients with primary education). The activity of RA was evaluated using Disease activity score (DAS28).

Results: A total of 20 RA patients (12 women and 8 men) with a mean age of 52.6 years [31–72] and 20 healthy controls (15 women and 5 men) with a mean age of 55.8 years [50–77] were included. No significant differences for age or gender between RA patients and controls were observed. Rheumatoid factor was positive in 95% of cases. Mean disease duration was 3.2 years [2–6]. Thirteen RA patients had active disease with mean DAS28 of 4.73. Three-quarters of RA patients had been treated with methotrexate and only 8 patients received biopharmacy: 5 anti TNF alpha and 3 Rituximab. Forty percent of RA group were illiterate versus 49% in control group. Eleven RA patients (55%) had a normal cognitive function versus 15% (7/5) in control group. A moderate cognitive impairment (mean MMSE of 18.62) was found in 8 RA patients (40%) and 2 controls (10%) primarily affecting constructional apraxia. No severe cognitive impairment was found in the 2 groups. Significant positive association was found between cognitive impairment and RA (p=0.001). Patients with RA using methotrexate had higher risk for cognitive impairment comparing to patients using biotherapy (p=0.02).

Conclusions: Our study highlighted a serious psychological expression of RA which was early onset of cognitive impairment and dementia. This is a possible effect of inflammation and vascular disease caused by RA.

Disclosure of Interest: None declared

REFERENCES:

Disclosure of Interest: None declared