Conclusions: Only 32% patients had received both influenza and pneumococcal vaccinations. The uptake rate for influenza vaccination was reasonable at 64%, however the rate for pneumococcal vaccination was only 28%. Vaccination assessment should be performed routinely for all RA patients in clinic, and in particular those on biologic medications to reduce the risk of developing these infections in this high risk cohort.

REFERENCES:

- [1] Blumentals W, et al. Rheumatoid arthritis and the incidence of influenza and influenza-related complications: a retrospective cohort study. *BMC Musculoskeletal Disorders* 2012;13:158.
- [2] Malemud C. Pneumonia and influenza vaccination in rheumatoid arthritis patients. *Glob Vaccines Immunol* 2016;1(3):60–62.
- [3] van Assen S, et al. EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases. *Ann Rheum Dis* 2011;70:414–422.

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AB0400 HIGH PREVALENCE OF COMORBIDITIES IN PATIENTS WITH RHEUMATOID ARTHRITIS IN SOUTH AFRICA

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Background: Patients with rheumatoid arthritis (RA) are at increased risk to develop comorbidities. Data on the prevalence of comorbidities in RA patients in South-Africa is lacking.¹ Poorly controlled joint inflammation, common use of glucocorticosteroids and nonsteroidal anti-inflammatory drugs, a high prevalence of smoking and obesity, together with a high burden of infectious diseases may be important risk factors for comorbidities in this population.

Objectives: To assess the prevalence of comorbidities in RA patients in Cape Town, South-Africa and the association with disease activity and DMARD use using the METEOR (Measurement of Efficacy of Treatment in the 'Era of Outcome' in Rheumatology) database.

Methods: This is an ongoing cross-sectional study. Data from 109 RA patients from regular clinic visits at Groote Schuur Hospital in Cape Town, South Africa have been entered in the Meteor database (from December 2016). The Meteor database is a free online tool that was developed to improve the management of RA patients by helping rheumatologists to register, monitor and tightly control disease activity. The tool is currently widely used in other countries, but has it has not yet been described in any African countries. Information on the following parameters were reported: demographics, disease duration, disease activity (CDAI), current DMARDs used and comorbidities.

Results: The mean age (SD) was 57.6 (14.7) years, disease duration (SD) 14.1 (14.6) years, female gender 86.7%, RF positive 85.1% and ACPA positive 80.4%. The average (SD) CDAI was 13.1 (9.8) and 49.3% were smokers. Current DMARDs used was Methotrexate (72%), Sulphasalazine (29%), Chloroquine (67%), Low dose corticosteroids (47%), Leflunomide (11%), Etanacept (1%), but no other biological agents (0%). At least one comorbidity was present in 69% of the patients, two in 40%, three in 26%, four in 13% and five in 2% of the patients. The most frequently observed comorbid diseases were hypertension (45.5%), tuberculosis (TB) (11.1%), Diabetes Mellitus Type 2 (10.9%) and osteoarthritis (10.9%). Other diseases included hypercholesterolemia (7.1%), gastro-oesophageal reflux disease/peptic ulcer (6.1%), COPD/emphysema (6.1%), HIV (4.0%), hypothyroidism (4.0%), ischaemic heart disease (3.0%), liver disease (3.0%), DVT/pulmonary embolism (3.0%), malignancies (3.0%), asthma (2.0%), discoid lupus erythematosus (2.0%), interstitial lung disease (1.0%), anaemia (1.0%), rheumatic heart disease (1.0%), cerebrovascular accident (1.0%) and depression (1.0%).

Conclusions: This study shows a high prevalence of comorbidities among indigent patients with RA in South Africa. In particular, hypertension, TB and osteoarthritis were very common. More patients will be included in this study in the next few months. Furthermore, we will assess the association between comorbidities, disease activity and DMARD use. The METEOR tool offers the unique opportunity to study daily practice care as well as research questions in real life setting in a South African clinic. This study will provide information that is necessary to address the burden of comorbidities in patients with RA in South Africa.

REFERENCE:

- [1] Dougados M, Soubrier M, et al. Prevalence of comorbidities in rheumatoid arthritis and evaluation of their monitoring: results of an international, cross-sectional study (COMORA). *Ann Rheum Dis* 2014;73:62–8.

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AB0401 ECHO-CARDIOGRAPHIC ABNORMALITIES IN RHEUMATOID ARTHRITIS PATIENTS COMPARED TO AGE AND SEX-MATCHED CONTROLS

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disease of the joints with several extra-articular features. Cardiovascular disease (CVD) mortality accounts for 40%–50% of all deaths in RA. Apart from atherosclerotic heart disease other cardiac abnormalities had been found to be prevalent in RA; including, pericarditis, heart failure, coronary vasculitis and valve disease.

Objectives: Due to scarcity of data regarding cardiac disease in the Middle East population, we studied echocardiographic features in RA patients compared to their age, sex, and traditional CVD risk factors matched controls.

Methods: In a cross-sectional study, we recruited 39 RA patients meeting the 1987 revised criteria of RA and 37 age, sex and traditional CVD risk factors matched controls. Standard trans-thoracic echocardiography examination was carried out by a specialties cardio-sonographer who was blinded to the status of the participants. Left ventricular dimensions, wall geometry, ejection fraction, diastolic parameters, right ventricular size and function, valve structure and function, pericardium, pulmonary pressures and aortic root dimensions were assessed by echocardiography. t-test and chi-2 test were used to compare the echocardiographic findings between the two groups. P value of <0.05 was considered significant.

Results: Thirty-nine RA patients (34 F, 4 M) and 37 controls (32 F, 5 M) were studied. Among RA, 27 (69%) were RF positive. The two groups were similar in terms of age (p=0.86), gender (p=0.71), and traditional cardiovascular risk factors. No significant difference was found between RA and the controls in term of left ventricular ejection fraction, wall geometry, diastolic parameters, right ventricular size and function, valve disease, pulmonary pressures, pericardium and aortic root dimensions. However, left ventricular end-diastolic diameter (43.11±1.14 vs. 39.35±0.84 mm respectively, p=0.01), end-systolic diameter (24.39±0.70 mm vs. 26.96±0.96, respectively, p=0.03) and Left ventricular mass index (79.83±5.11 vs. 63.64±3.15, respectively, p=0.01) were significantly higher in RA patients than in the controls.

Conclusions: Patients with rheumatoid arthritis have higher left ventricular end-diastolic and end-systolic dimensions, and greater left ventricular mass index compared to their age, sex and traditional CVD risk factors-matched controls. As the increase in the left ventricular mass index is a predictor of cardiac sudden death, echocardiography might be a simple non-invasive tool for cardiac risk screening in RA.

Disclosure of Interest: None declared

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AB0402 RECENT ONSET RHEUMATOID ARTHRITIS HAVE AND INCREASED LEFT ANTERIOR DESCENDING CORONARY ARTERY WALL THICKNESS: EVIDENCE OF SUBCLINICAL CORONARY ARTERY DISEASE

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Background: Rheumatoid arthritis (RA) is associated with increased cardiovascular disease (CVD). Using different methods, presence of sub-clinical atherosclerosis changes have been reported in RA. As no previous study has measured left anterior descending (LAD) coronary artery thickness in RA

Objectives: this study aimed to investigate atherosclerotic changes of coronary artery in early RA of 12 months of symptom onset.

Methods: 15 RA patients and 20 control subjects who matched 10 RA participants were included in the study. Demographic details, RA characteristics, and laboratory values of 15 RA patients at first presentation. None of the patients or the control participants had previous CVD/cerebrovascular events or diabetes and matched 10 of the RA group for age and sex. LAD coronary artery wall thickness compared between RA and their matched control. Among early RA patients, Correlation was assessed between LAD coronary artery wall thickness and the demographic features, RA activity features, and cardiovascular risk factors.

Results: Within early RA, LAD coronary artery wall thickness was related to Disease Activity Score (p=0.025, β -coefficient 0.066, CI:0.010–0.122) and to the patient global assessment of disease activity at RA onset (p=0.006, β -coefficient 0.003, CI:0.001–0.005), in a positive linear relationship. LAD wall thickness was