Abstract AB1040 – Table 1. US signs in groups; Group I- pts.with acute gout attacks; II- pts.without acute gout attacks

Joint	"Double contour", N (%)		Synovial fluid, N (%)		Synovial hypertroph, N(%)		PD signal, N(%)	
	Group		Group		Group		Group	
	I	II	I	II	I	II	I	II
Wrist	14 (35%)	11 (25%)	8 (21%)	6 (14%)	5 (13%)	5 (11%)	4 (10%)	1 (2%)
MTP1	31 (78%)	30 (65%)	34 (85%)	28 (61%)	23 (58%)	22 (49%)	22 (55%)	10 (20%)
TT	18 (46%)	15 (32%)	10 (25%)	8 (18%)	6 (16%)	5 (12%)	5 (14%)	1 (2%)
Knee	27 (68%)	24 (53%)	17 (43%)	17 (37%)	11 (28%)	9 (20%)	3 (8%)	0 (0%)
P	>0.5		>0.05		>0.05		<0.05	

Conclusions: Our results show the presence of laboratory and ultrasound indicators of joint inflammation in gouty patients at the interclinical stage as well as in patients with acute gout attack. The results of this study show that gout is a chronic inflammatory disease of low activity.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2969

AB1041 OCCURRENCE OF MAJOR CARDIOVASCULAR EVENTS IN PATIENTS WITH GOUT TREATED WITH FEBUXOSTAT

N. Quilis¹, M. Andrés^{2,3}. ¹Seccion De Reumatologia, Hospital Universitario del Vinalopó, Elche; ²Dpt Medicina Clínica, Universidad Miguel Hernández; ³Seccion De Reumatologia, Hospital General Universitario De Alicante-ISABIAL, Alicante, Spain

Background: Controversy persists regarding the use of febuxostat (FBX) in patients with gout and the development of cardiovascular (CV) events. In both APEX¹ and FACT² trials a higher risk was identified in those on the FBX arm compared to those on allopurinol, but this was later not confirmed in CONFIRMS trial³ and the extension phases. Recently, the FDA has published a warning on the risk of CV death in relation to FBX, based on preliminary data of a safety study enrolling 6000 participants.⁴

Objectives: To assess the occurrence of CV events in patients with gout after been prescribed with FBX in clinical practice.

Methods: Retrospective review of patients with crystal-proven gout enrolled in an inception cohort since January 2014. Epidemiological (age, gender), clinical (CV risk factors, CV disease background), and laboratory variables (serum urate – SU –, glomerular filtration rate – GFR) were registered. The primary endpoint was the occurrence of CV events (death, coronary heart disease (CHD), congestive heart failure (CHF), stroke, peripheral artery disease (PAP)) developed during treatment with FBX. A comparison on secondary study variables regarding the development of CV events was performed by Mann-Whitney's U, chi-square and Fisher's exact tests.

Results: In the cohort, 43 patients were treated with FBX, but three were excluded (two early stopped FBX because of rash, and one was lost of follow-up), so finally 40 patients were analysed. Their median age was 76 years (p25–p75 70–79), being 24 of them men (60%). CV risk factors were prevalent, especially hypertension (87.5%), and 20 of them (50%) had established CV disease. Median time since first gout attack was 1.5 years (p25–75 0.0–9.5) and 14 patients (35.0%) were tophaceous. After initiating FBX, 7 cases (17.5%, 95% CI 5%–30%) of CV events were identified: three of CHF (7.5%), two of CHD (5.0%) and one stroke (2.5%), with no PAP events. Five CV-related deaths (12.5%) were noted. The occurrence of CV events significantly associated with an older age and background of established CV disease (table 1).

Abstract AB1041 – Table 1

	No CV events	CV events	P
AGE*	74 (67–79)	80 (78.2–81.0)	0.049
HT*	28 (84.8%)	7 (100%)	0.565
DM*	14 (42.4%)	3 (42.9%)	1.000
DLP*	21 (63.6%)	4 (57.1%)	1.000
SMOKING*	12 (38.7%)	3 (42.9%)	0.711
PRIOR CV DISEASE*	13 (39.4%)	7 (100%)	0.008
BASELINE GFR*	37.4 (20.7–53.1)	28.0 (22.5–37.3)	0.530
BASELINE SU*	8.9 (7.7–10.7)	10.7 (8.4–14.6)	0.147
GOUT DURATION*	2.5 (0–10)	1 (0–8)	0.147
TOPHI*	12 (38.7%)	2 (40.0%)	1.000

*median (p25–75);+n(%)

Conclusions: In our cohort, about one on six patients treated with FBX suffered from a CV event, some being fatal. The development associated with older age and CV disease background, so it merits a cautious use in this setting, although whether these CV events are directly related to FBX needs further clarification.

REFERENCES:

- [1] Arthritis Rheum 2008; 59 (11):1540.
- [2] N Engl J Med 2005; 353 (23):2450.
- [3] Arthritis Res Ther. 2010;12(2):R63.
- [4] US Food and Drug Administration. Febuxostat (Brand Name Uloric): Drug safety Communication – FDA to Evaluate Increased Risk of Heart-related Death. <https://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm585281.htm> [accessed at 2018, 29 January].

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3993

AB1042 PATHOLOGIC MUSCULOSKELETAL ULTRASOUND FINDINGS IN PATIENTS WITH CHRONIC KIDNEY DISEASE ON DIALYSIS- A PILOT CONTROLLED STUDY

R.D. Decianu¹, M. Bojinca², C.A. Capusa³, A. Zugravu³, V.C. Bojinca¹. ¹Internal Medicine and Rheumatology, Sf. Maria Clinical Hospital; ²Internal Medicine and Rheumatology, Dr I. Cantacuzino Clinical Hospital; ³Nephrology, Carol Davila Clinical Hospital, Bucharest, Romania

Background: There are numerous studies about the musculoskeletal abnormalities associated with dialysis, but most of them target osteoporosis and the bone metabolism. While this is, in fact, of great importance, we consider that the abarticular anomalies should also be taken into account. Because of the pain they cause and the quality of life impairment in patients already affected in this domain, suffering from depression or at its' edge.

Objectives: We aimed to detect the dialysis associated soft tissue abnormalities, using musculoskeletal ultrasound(MSUS) scanning of patients diagnosed with late-stage chronic kidney disease(CKD) on dialysis. In order to achieve this, we compared the data obtained from this group, to a control group of pre-dialysis late-stage CKD.

Methods: Over the last 8 months, we ran a prospective study including 102 patients. The study group included 52 patients with stage G5D (GFR <15 ml/min/1.73 m², on dialysis – hemodialysis (HD)/peritoneal dialysis (PD)), while the control group included 50 patients with stage G5 (GFR <15 ml/min/1.73 m², pre-dialysis). Each patient had 68 joints scanned with a Samsung HM70A machine, by the same ultrasonographer, in order to avoid the inter-observer variability. Also, each patient completed a visual analogue scale (VAS) for evaluating pain.

Sex study group: M: 30 (57.69%) F: 22 (42.3%)

Sex control group: M: 28 (56%) F: 22 (44%)

Age (years) study group: 62.52^{30–82}

Age (years) control group: 64.1 (33–84)

HD/PD study group: HD: 46 (88.46%) DP: 6 (11.53%)

Time on dialysis (years) study group: 6.41 (0.5–22)

Results: The findings included median nerve entrapment (71.1% – study group, 18% – control group), tendon calcifications (61.5% – study group, 38% – control group), degenerative abnormalities (57.6% – study group, 50% – control group), synovitis (32.6% – study group, 22% – control group) and tenosynovitis (13.4% – study group, 8% – control group). There were no particular abnormalities found only in the study group, but the percentages of the common findings were significantly higher.

The VAS results were split in three groups: low, moderate and high. Among the patients on dialysis, 46.1% declared a low VAS, 36.5% moderate and 17.3% a high VAS, while in the control group the distribution according to VAS was 46% in the low lot, 34% in the moderate and 20% in the high lot.

Conclusions: We detected soft tissue abnormalities in an important percentage of patients on dialysis, but the results were disproportionate to the algo-functional symptoms. We found a higher percentage of low VAS then we were expecting. Considering the results, we plan to continue our study, aiming to create a rehabilitation programme adapted to the needs of the dialysed patient.

REFERENCES:

- [1] Gheita TA, Sayed S, Al-ghitany A, et al. Musculoskeletal Manifestations in Renal Hemodialysis Patients. Ann Rheum Dis 2016; 75(2):1260.
- [2] Yamazaki T, Kawahara N, Arai K, et al. Utility of Ultrasonography of the Median Nerve With a High-Frequency Probe for the Diagnosis of Dialysis-Related Carpal Tunnel Syndrome, Ther Apher Dial 2016; 20(5):483–491.