ABSTRACTS

Abstract AB1315 – Table 1RD-related medication dispensing prevalence by pregnancy period (N=71)

<table>
<thead>
<tr>
<th>Pre-pregnancy</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAIDs</td>
<td>27 (38.0)</td>
<td>24 (33.8)</td>
<td>24 (33.8)</td>
</tr>
<tr>
<td>Corticosteroids</td>
<td>31 (43.7)</td>
<td>24 (33.8)</td>
<td>24 (33.8)</td>
</tr>
<tr>
<td>cDMARDs</td>
<td>17 (23.9)</td>
<td>15 (21.1)</td>
<td>14 (19.7)</td>
</tr>
<tr>
<td>Tacrolimus</td>
<td>1 (1.4)</td>
<td>1 (1.4)</td>
<td>1 (1.4)</td>
</tr>
<tr>
<td>Cyclosporin</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Hydroxychloroquine</td>
<td>17 (23.9)</td>
<td>14 (19.7)</td>
<td>13 (18.3)</td>
</tr>
<tr>
<td>Sulfasalazine</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>1 (1.4)</td>
</tr>
<tr>
<td>Others</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>bDMARDs</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Ileal BDMARDs</td>
<td>2 (2.8)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Others</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

Conclusions: Medications are frequently prescribed during pregnancies of women with RD. RD are a significant burden for pregnant women requiring increased number of medication use.

REFERENCES:

Disclosure of Interest: None declared

HOSPITAL ADMISSION TRENDS AND SHORT-TERM IDENTIFICATION OF CARDIOMETABOLIC ABNORMALITIES IN THE FIRST VISIT TO A PREVENTIVE CARDIO-RHEUMA CLINIC

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Background: Rheumatoid arthritis (RA) is a chronic, systemic and autoimmune disease associated with articular and extra-articular manifestations. RA is associated with increased prevalence of comorbidities and higher cardiovascular risk when compared to general population. Atherosclerotic cardiovascular (CV) events are the leading cause of death in RA. In a recent meta-analysis, hypertension, type 2 diabetes mellitus (T2DM) and hypercholesterolemia were shown to increase the risk of CV disease in this population.1 A study reported a prevalence of hypertension 49.8%, dyslipidemia 57.1% and T2DM 12.4% in Mexican-mestizo RA patients.2 The cardio-rheuma clinics were designed to provide healthcare for CV diseases in patients with rheumatic conditions. Specific guidelines recommendations have been published to enhance detection and management of specific comorbidities associated to RA.3

Objectives: To identify the prevalence of unknown cardiometabolic risk factors in a Mexican-mestizo cohort with RA.

Methods: Cross-sectional, observational study. Patients who fulfilled the 1987 ACR and/or the 2010 ACR/EULAR classification criteria were consecutively recruited. Patients were divided in two groups, with and without history of cardiovascular risk factors. Clinical history and physical exam were performed by a general physician in a cardio-rheuma clinic. Fasting blood glucose and lipid profile were performed on all subjects. Categorical variables are expressed as percentages and numerical variables as means±standard deviations.

Results: A total of 296 patients were included. Demographical characteristics are shown in Figure 1. Hypertension was the most frequent comorbidity (27.7%), followed by dyslipidemia (28.7%) and T2DM (13.5%). Many of the patients without history of cardiometabolic risk factor had important findings on baseline visit: 18.7% had altered blood pressure without history of hypertension, 76.5% had an abnormal lipid profile without history of dyslipidemia, and 21.5% had an altered fasting glucose without history of T2DM.

Disclosure of Interest: Supported by an unrestricted grant from the Arthritis Foundation of Western Australia. We acknowledge the contribution by Data Linkage WA staff and custodians.

Acknowledgements: None declared

ABSTRACTS

Abstract AB1317 – Figure 1

Background: Rheumatoid arthritis (RA) is a chronic, systemic and autoimmune disease associated with articular and extra-articular manifestations. RA is associated with increased prevalence of comorbidities and higher cardiovascular risk when compared to general population. Atherosclerotic cardiovascular (CV) events are the leading cause of death in RA. In a recent meta-analysis, hypertension, type 2 diabetes mellitus (T2DM) and hypercholesterolemia were shown to increase the risk of CV disease in this population.1 A study reported a prevalence of hypertension 49.8%, dyslipidemia 57.1% and T2DM 12.4% in Mexican-mestizo RA patients.2 The cardio-rheuma clinics were designed to provide healthcare for CV diseases in patients with rheumatic conditions. Specific guidelines recommendations have been published to enhance detection and management of specific comorbidities associated to RA.3

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Disclosure of Interest: None declared
PRACTICAL ASPECTS OF BIOLOGICAL-DRUG RESISTANCE IN BACTERIA ISOLATED FROM J. Gaweda3.

REFERENCES:

Acknowledgements: None
Disclosure of Interest: None declared

AB1318 PRACTICAL ASPECTS OF BIOLOGICAL-DRUG MONITORING IN RHEUMATOID ARTHRITIS AND SPONDYLOARTHRITIS

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Objectives: To isolate bacteria from urine of rheumatoid arthritis patients, determine antibiotic resistance profiles for isolated bacteria and induce ciprofloxacin resistance by exposition to chloroquine.

Methods: Two consecutive samples of morning urine was obtained from 26 RA patients without previous diagnosis at their first visit to a cardio-rheumatology clinic. Informed algorithms have been developed regarding the optimal timing on chloroquine induce bacterial resistance against ciprofloxacin. In RA treatment, a temocillin disc was used. Isolated bacterial strains were cultivated on LB broth supplemented with chloroquine (625 and 1875 µg/ml) for 2 weeks, than incubated on medium with ciprofloxacin (32, 15, 8, 4, 2, 1.5 µg/ml). Growth was measured with spectrophotometer (λ=600 nm) against non- inoculated controls.

Results: Bacteria were cultivated from almost 88% of patients, but only in 26% of them in tier higher than 106 cfu/ml of urine. Bacteriuria were more often in treated individuals. Isolated bacteria belonged to Escherichia coli, Klebsiella pneumoniae, Enterobacter cloacae, Proteus mirabilis, Morganella morganii, Staphylococcus sp. Among tested bacteria 23% were determined as MDRs and one strain was XDR. Screening test detecting OXA-48 revealed that 35% of strains probably possess this resistance mechanism. Selected 10 ciprofloxacin sensitive strains (E. coli, P. mirabilis, E. cloacae, M. morganii) were exposed to increasing concentration of chloroquine. After 2 weeks of passing, 80% of bacteria become resistant to antibiotic (with ciprofloxacin MIC up to 8 µg/ml).

Conclusions: Asymptomatic bacteriuria is general phenomenon in RA patients. This research showed that many of Polish RA patients may be carriers of drug resistant bacteria, including MDR. This phenomenon may be connected with poor compliance of antibiotic policy by patients as well as health service in Poland. Exposure on chloroquine induce bacterial resistance against ciprofloxacin. In RA treatment procedure, a risk of induction of quinolone resistance in bacterial flora should be considered.

REFERENCES:

Disclosure of Interest: This work was supported by grant No. UMO-2011/03/D/ NZ6/00316 from the National Science Centre, Poland

AB1319 DRUG RESISTANCE IN BACTERIA ISOLATED FROM URINE OF RHEUMATOID ARTHRITIS PATIENTS AND INDUCTION OF RESISTANCE BY CHLOROQUINE

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Background: Rheumatoid arthritis (RA) was connected with bacterial infections. Usage of antibiotics generate resistance in pathogens as well as natural microflora. Some anti-rheumatic drug (chloroquine) probably is associated with selection of quinolone resistant bacteria.

Objectives: To isolate bacteria from urine of rheumatoid arthritis patients, determine antibiotic resistance profiles for isolated bacteria and induce ciprofloxacin resistance by exposition to chloroquine.

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REFERENCES:

Disclosure of Interest: None declared

Abstract AB1318 – Figure 1

Conclusions: Informed algorithms have been developed regarding the optimal time for requesting drug levels and anti-drug antibodies in patients with RA and SpA. This recommendations may help in the decision-making process and could be useful as part of future guidelines in the field.

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Disclosure of Interest: None declared