FLARES IN SPONDYLOARTHRITIS: PREVALENCE AND RELATED FACTORS

J. Eddarami, L. Ichchou. Department of Rheumatology, Mohamed V University Hospital, Mohammed I University, Oujda, Morocco

Background: Spondyloarthritis is a chronic condition characterised by alternated periods of flares and stable disease.

Objectives: The aim of this study is to assess the prevalence of patient-reported flares and the validity of this concept through its related factors.

Methods: We have conducted a cross-sectional study over two months in our department of rheumatology. All SpA patients fulfilled ASAS 2009 criteria. They all have had a cardiac check up with research of clinical cardiac manifestation, 12-lead electrocardiogram and trans-thoracic echocardiography.

Data analysis was carried out using the SPSS Statistics 20 software. A univariated analysis as well as multivariate regressions were carried out to identify the factors associated with cardiac manifestations.

Results: We have included 61 men and 31 women with a mean age of 37.34 ±12.77 years old. The mean disease duration was 10.59±7.63. The median CRP was 10.11±3.40 and the mean BASDAS 2.71±1.99. Traditional cardiovascular risk factors in our series included dyslipidemia in 15 patients (18.3%), hypertension in 10 patients (10.9%) and type 2 diabetes in 7 patients (7.6%). Mean BMI was 23.88±5.83 Kg/m². Twenty nine patients (31.9%) were overweight and 10 patients (11%) were obese. Eight patients (8.7%) smoked and 3 patients (3.3%) used alcohol whereas 19 patients (20.7%) had a history of smoking and 6 patients (6.5%) had a history of alcohol use. Cardiac manifestations were found in 12 patients (13.6%): 3 (3.3%) had aortic regurgitation (AR), 1 (1.1%) had aortic dilatation, 1 (1.1%) had aortic thickening, 2 (2.2%) had mitral thickening, 1 (1.1%) had mitral regurgitation (MR), 1 (1.1%) had mitral stenosis (MS), 3 (3.4) had pericarditis and 2 (2.2%) had bundle branch block.

In comparison with the group without cardiac manifestations, axial involvement, current and past flares and extra-articular manifestations were common in patients with cardiac involvement. Furthermore, uveitis was frequent in patients with aortic dilatation and MR. Patients with AR and MS had higher ESR and disease activity compared to the group without heart disease. Patients with pericarditis had an accelerated ESR unlike the group without cardiac involvement.

In univariate analysis, AR was significantly associated with ESR and ASDAS VS (OR=1.03 [1.003–1.063], p=0.028; 2.75 [1.062–7.123], p=0.037, respectively). Pericarditis was significantly associated with ESR (OR=1.03 [1.003–1.062], p=0.029).

In multivariate analysis, cardiac manifestations were significantly associated with current enthesitis and extra-articular manifestations (OR=4.48 [1.078–17.543], p=0.033, respectively).

Conclusions: Heart disease was common in our study and was associated with the enthesitis involvement and the severity of SpA.

REFERENCES:

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L. Quartuccio1, A. Zabotti1, S. Del Zotto2, L. Zanier2, S. De Vita1, F. Valent2.
1Department of Medical Area, Rheumatology Clinic, Udine Academic Hospital
2Central Direction of Health of Friuli Venezia Giulia, Epidemiology Service; 3Institute of Epidemiology, Academic Hospital “Santa Maria della Misericordia”, Udine, Italy

Background: Serious infections are a major concern for patients considering biologic agents for rheumatoid arthritis (RA) or psoriatic arthritis (PsA) or ankylosing spondylitis (AS). Evidence from meta-analyses is consistent with an increased risk of infection.

Methods: The regional health information system was used as the source of data. Administrative data from the hospital discharge records database, the medical prescription database, and the database of exemptions from medical charges were linked at the individual patient level through an anonymous univocal stochastic key. A cohort of patients diagnosed for RA, PsA or AS from 2006 to 2015 was identified from specific national exemption codes (006, 045, 054) and followed up to either the end of 2015, or hospitalisation with the main discharge diagnosis of infection. The most frequent infections were upper and lower respiratory tract infections. This risk is much higher in the elderly. Upper and lower respiratory tract infections associated with bDMARDs and adjusting for age, sex, Charlson comorbidity index, calendar year, prescription of steroids and of csDMARDs. Use of bDMARDs was treated as a time-dependent variable.

Results: Overall, the cohort consisted of 5969 subjects: 3216 (57.5%) with RA, 1702 (30.4%) with PsA, and 678 (12.1%) with AS. Of them, 940 patients (16.8%) had received at least one prescription of a bDMARD during the study period. During follow-up, 193 (3.4%) subjects were admitted to the hospital with a primary diagnosis of infection. The most frequent infections were upper and lower respiratory tract infections (86/193, 44.5%), followed by sepsis (18/193, 9.8%), and soft tissue and skin infections (16/193, 8.3%). After adjusting for the abovementioned variables, when starting a bDMARD, the risk of infections was significantly increased, with an observed increased risk of almost 2-fold by the time of the bDMARD prescription (HR 1.694, 95% CI 1.158–2.491, p=0.009).

Conclusions: Our study shows that assessment of flares may provide a good estimation of disease activity.

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