Methods: 81 patients with RA, aged between 40 and 70 years, were recruited. Body composition was assessed by total body dual-energy X-ray absorptiometry (DXA) for measurement of fat mass index (FM/ Kg/m²) and fat free mass index (FFMI/Kg/m²). The patients were categorized as rheumatoid cachetic if FMFI was below the 10th percentile and BMI above the 25th percentile[1], and if FFMI was below the 25th percentile and BMI above the 50th percentile[2]. Disease features assessed were disease activity score 28 (DAS28). Functional capacity was assessed by muscle strength (hand grip test[kg]) and gait speed (Time up and Go (TUG[ms])), Frequency analysis, McNemar test and GEE analyses were used and statistical significance was considered as p<0.05.

Results: Of the 81 patients analyzed, most were women (88.9%;72/81), with mean age of 56.8±7.3, mean disease duration of time 11.9±9.6 years. At baseline, the prevalences of RA using both diagnostic criteria were similar to the prevalences described in literature (table 1), and they did not change during the 12 month follow-up(p>0.05). In addition, over 12 months and patients with moderate disease activity showed higher FMI when compared with other DAS28 categories (p<0.05). Thus, over 12 months, DAS28 affected FMI, and had no impact on FFMI (p>0.05). Muscle strength decreased significantly after 12 months, and patients with high disease activity showed less muscle strength when compared with other DAS28 categories (p<0.05); Gait speed increased after 12 months (p<0.05).

Table 1

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMFI(kg/m²)</td>
<td>10.8±4.3</td>
<td>11.1±4.2*</td>
</tr>
<tr>
<td>FFMI(kg/m²)</td>
<td>16.3±1.9</td>
<td>16.4±1.8</td>
</tr>
<tr>
<td>RC [1]</td>
<td>12(13.3%)</td>
<td>12(13.3%)</td>
</tr>
<tr>
<td>RC [2]</td>
<td>27(30.0%)</td>
<td>22(24.4%)</td>
</tr>
<tr>
<td>DAS28</td>
<td>3.7±1.3</td>
<td>4.0±1.2*</td>
</tr>
<tr>
<td>Muscle strength(kg)</td>
<td>16.6±10.4</td>
<td>9.7±8.7*</td>
</tr>
<tr>
<td>Gait speed (m/s)</td>
<td>0.5±0.1</td>
<td>0.6±0.1*</td>
</tr>
</tbody>
</table>

*p<0.05 between baseline and 12 months.

Conclusions: In this study, RC prevalence was similar to the prevalence described in literature. DAS28 score of our patients increased over 12 months, and it affected FMI, muscle strength and gait speed of RA patients. However, no effect was observed on FFMI. Our results show that the patients that are not in remission by DAS28 have decreased muscle strength and increased fat mass, possibly due the inflammatory process and the reduced physical activity level, creating a vicious circle. This vicious circle may negatively impact on life quality of RA patients.

REFERENCES:

Disclosure of Interest: None declared

one of the remaining variables may worsen by >30%. Core set criteria were: physician global assessment of disease activity (0–10 cmVAS); parent/patient global assessment of overall well-being (0–10 cm VAS); functional ability; number of joints with active arthritis; number of joints with limited range of motion; and ESR.

Results: All patients completed the study. After 3 months from the initiation of Curcumin therapy, patients in group 1 had an improvement of 75% ACR Pedi30, compared to only 37.5% (p=0.0353) in control group. In the end, ACR Pedi30, 50, 70 and 90 scores improved by 87.50%, 81.25%, 68.75% and 43.75%; compared to only 56.25% (p=0.0508), 50% (p=0.0670), 37.5% (p=0.0815) and 12.75% (p=0.0553) in the control group. Curcumin at 1.8 g/day associated with standard therapy was well tolerated, did not induce major reactions and ultimately reduced rheumatic disease activity scores statistically significant (p<0.05) compared to placebo.

Conclusions: Results proved that curcumin in combination with standard therapy is safe, well tolerated, available at a low cost and has significantly improved the outcome in early stages of OJIA.

REFERENCES:

Disclosure of Interest: None declared


FR0728-HPR

IMPLEMENTATION OF A MODEL FOR THE MEDICATION RECONCILIATION PROCESS IN PATIENTS WITH RHEUMATOID ARTHRITIS
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Background: Medication reconciliation is defined as “the process of identifying the most accurate list of all medications a patient is taking, including the name, dosage, frequency, and route of each medication, and using this list to provide the correct medications for the patient anywhere within the health care system”. It has been demonstrated that inadequate prescribing due to inaccurate medication histories and reconciliation can lead to medication errors, which have been associated with increased morbidity, mortality, and healthcare costs.

Objectives: The aim of study was to design an intervention model leaded by pharmaceutical personnel in order to implement the reconciliation medication process in patients with RA in a specialized center.

Methods: We included patients with RA; we analyzed their particular situation and the corresponding costs per patient have decreased for methylprednisolone (50% of patients, p<0.011), methotrexate decreased by 66.7% in Group I, comparatively to only 29.7% (p=0.0126). Daily functional activity assessed by the CHAQ score improved with 62.7% in Group I, comparatively with 7.5 significantly decreased to 2.5 in Group I (66.7%). Pain level initially estimated at 4.75 improved to 2.5 after 12 weeks in Group I (66.7%) and in Group II (50%) similarly. Clinical improvement was observed in all the cases of JADAS-71 scores, –9.57 significantly decreased to 2.5 in Group I (66.7%), comparatively to the evolution was less favourable (from 14.2 to 7.4). Pain level initially estimated at 4.75 improved to 2.5 after 12 weeks in Group I (66.7%) and in Group II (50%) similarly. Clinical improvement was observed in all the cases.

Results: In the end of study, median JADAS-71 significantly improved (p=0.0028) in Group I (from 13.8 to 2.8), comparatively with Group II, where the evolution was less favourable (from 14.2 to 7.4). Pain level initially estimated at 7.5 significantly decreased to 2.5 in Group I (66.7%), comparatively to the evolution from 7.4 to 5.2 in placebo group (29.7%)p=0.0126. Daily functional activity assessed by the CHAQ score improved with 62.7% in Group I, comparatively with only 13.93% in Group II (p=0.0003). In the end of study the most important economic aspect was that the percentage of patients receiving remissive medications and the corresponding costs per patient have decreased for methylprednisolone by 72.6% in Group I, comparatively with only 35.04% in placebo group (p=0.0111); methotrexate decreased by 66.7% in Group I, comparatively to only 31.25% for placebo group (p=0.0165).

Conclusions: Blue laser and curcumin proved to be a safe, efficient and money saver integrative therapeutic intervention with direct impact on JIA patient’s quality of life.

REFERENCE:

Disclosure of Interest: None declared

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FR0727-HPR

COST-REDUCING AND IMPROVING QUALITY OF LIFE IN JUVENILE ARTHRITIS BY BLUE LASER AND ULTRABIOAVAILABLE CURCUMIN
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Background: Juvenile idiopathic arthritis (JIA) is associated with significant disease- and treatment-related morbidity, despite all modern management efforts. Photo modulation counts today more than 5,000 peer-reviewed published papers, including randomized controlled clinical trials. A review of the literature shows that Curcumin has the potential to be a safe, effective and an affordable alternative in the treatment of chronic inflammation. Its anti-inflammatory mechanism is a molecular response to the down-regulation of enzymatic activity of COX-2, lipoxygenase, and inducible nitric oxide synthase. Photobiomodulation at the maximum absorption spectra of curcumin is an innovative approach due to its complex imuno-modulatory effect.

Objectives: Aim was to investigate the effects of sublingual photo biostimulation with blue laser in association with ultrabioavailable curcumin in extensive oligoarticular and polyarticular forms of JIA.

Methods: 48 children with an average age of 13.8 years, diagnosed with JIA were included in a randomized placebo controlled trial from January 2014 to December 2017. Patients together with the legal owners signed an informed consent. Group 1 (28 patients) was administrated along with the standard treatment. Ultra Bioavailable Curcumin (15,000-fold bioavailability) 1200 mg/day p. o. and after 30 minutes was applied sublingual blue laser (447 nm), 5 mW maximum output power continuously, 10 minutes each session. Patients received one session every two days, 5 sessions per month, repeated monthly, for 6 months. Group 2 (20 patients) as control, received only conventional therapy and placebo.

Disease activity was evaluated at 0, 4, 12 and 24 weeks with JADAS-71 scores, including: physician’s global assessment and parent’s global assessment of well-being, both measured on 0–10 cmVAS, normalized ESR (0–10) and active joint count. Childhood Health Assessment Questionnaire (CHAQ) – Disability Index was calculated as a mean of the eight functional areas, on a 4 point scale of difficulty, scored from 0–3 each. Pain level was quantified on 0–10 cmVAS (0-no pain, 10-severe pain).

Results: In the end of study, median JADAS-71 significantly improved (p=0.0028) in Group I (from 13.8 to 2.8), comparatively with Group II, where the evolution was less favourable (from 14.2 to 7.4). Pain level initially estimated at 7.5 significantly decreased to 2.5 in Group I (66.7%), comparatively to the evolution from 7.4 to 5.2 in placebo group (29.7%)p=0.0126. Daily functional activity assessed by the CHAQ score improved with 62.7% in Group I, comparatively with only 13.93% in Group II (p=0.0003). In the end of study the most important economic aspect was that the percentage of patients receiving remissive medications and the corresponding costs per patient have decreased for methylprednisolone by 72.6% in Group I, comparatively with only 35.04% in placebo group (p=0.0111); methotrexate decreased by 66.7% in Group I, comparatively to only 31.25% for placebo group (p=0.0165).

Conclusions: Blue laser and curcumin proved to be a safe, efficient and money saver integrative therapeutic intervention with direct impact on JIA patient’s quality of life.