AB1414-HPR LONG TERM EFFECTIVENESS OF A TREAT TO TARGET APPROACH AND IMPACT IN OVERALL HEALTH IN PATIENTS WITH RHEUMATOID ARTHRITIS – A 3 YEAR FOLLOW-UP

D Buitrago-Garcia¹, L. Villarreal², M. Cabrera², P. Santos-Moreno³. ¹Epidemiology, SIIES; ²Health services; ³Rheumatology, Biomab, Center For Rheumatoid Arthritis, Bogota, Bogota, Colombia

Background: Rheumatoid arthritis (RA) is a common chronic inflammatory disease. It is characterised by progressive, irreversible joint damage, impaired joint function and pain, the disease causes disability and reduced quality of life. Treat-to-target (T2T) is an acknowledged management strategy for RA. It proposes that the therapeutic target in RA should be a state of remission, or an alternative goal could be a low disease activity, additionally it looks to achieve long-term health quality of life for the patient.^{1,2}

Objectives: To describe the effectiveness of a T2T strategy regarding Disease Activity Score 28 (DAS28) in a 36 month period in patients who receive conventional or biological DMARDs and attend at least at four consults per year in a specialised in RA centre.

Methods: A descriptive cohort study was conducted. Medical records of patients from specialised in RA centre were reviewed between 2015–2017; those patients were followed-up under T2T standards and a multidisciplinary approach. Each patient had a minimum of 4 follow-up visits per year. Clinical follow-up was designed by the authors according to DAS28 as follows: every 3–5 weeks (DAS28 >5.1), every 7–9 weeks (DAS28 ≥3.1 and ≤5.1), and every 11–13 weeks (DAS28 <3.1). Therapy had to be adjusted with DAS28 >3.2 unless patient's conditions don't permit it; We divided patients in four groups: remission (REM), low disease activity (LDA), moderate disease activity (MDA) and severe disease activity (SDA) patients and the aim of the study was to look at what percentage of patients reached a LDA or REM. Descriptive epidemiology was done, we calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We analysed normality for DAS28, in order to compare disease activity at beginning and the end of follow-up.

Results: During three years 1146 patients had confirmed RA and attended to a specialised centre with a minimum of 4 visits per year, 86% were female and 14% were men, mean DAS28 at baseline was 3.69±1.10 with a median of 3.1 while at 3 years mean DAS28 was 2.94±0.87 with a median of 2.79. At baseline 46% were in LDA, 40% in MDA and 13% were in SDA. Regarding pharmacological therapy 63% were receiving conventional DMARDs while 37% were receiving biological DMARDs. When we evaluated the effectiveness of T2T approach in terms of disease activity at the end of 36 months 42% achieved remission and 26% LDA (in total 68.5% of patients improved clinically) see table 1. We performed a Wilcoxon test in order to compare the mean DAS28 at baseline and at the end showing statistical significance (p<0.05).

Abstract AB1414-HPR – Table 1

ACTIVITY LEVEL	AT BASELINE		3 YEARS FOLLOW-UP	
	n	%	n	%
REM			488	42.6
LDA	532	46.42	297	25.9
MDA	462	40.31	336	29.3
SDA	152	13.26	25	2.2

Conclusions: This real-world data demonstrates the effectiveness of a T2T multidisciplinary approach in patients with rheumatoid arthritis who remained in conventional or biological therapy during three years.

Abstract AB1415-HPR – Table 1

	Mean	SD	CI 95%		Mean	SD	CI 95%		
		Control Group				Rheumatoid Arthritis Group			p values
Age(years)	53.8	13.3	49.55	58.05	56.78	14.86	51.83	61.74	0.689
BMI(Kg/m2)	26.9	3.87	28.48	25.49	27.1	2.46	28.74	25.33	0.879
FFI TOTAL	11.08	15.57	6.1	16.05	39.03	26.44	30.21	47.85	>0.001
FFI Pain	14.75	18.8	8.71	20.79	41.16	22.54	33.65	48.68	>0.001
Manchester	52.5	35	10	2.5	54.1	32.4	10.8	2.7	0.986
Hallux Scale %	None	Mild	Moderate	Severe	None	Mild	Moderate	Severe	

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AB1415-HPR DIFFERENCES ON PAIN AND STRUCTURAL ANOMALITIES BETWEEN PATIENTS WITH RHEUMATOID ARTHRITIS AND THOSE WITH INESPECIFIC FOOT PAIN: CROSS SECTIONAL STUDY

G Gijon-Nogueron¹, A. Reinoso-Cobo¹, A.B. Ortega-Avila¹, R. Caliz². ¹Nursing and Podiatry, University of Malaga, Malaga; ²Servicio de Reumatología, Hospital Virgen de las Nieves, Granada, Spain

Background: The presence of foot pain and deformity is ubiquitous in Rheumatoid Arthritis (RA). Epidemiological studies consistently suggest a prevalence of foot pain of 90%.¹ Weight gain, high levels of fatigue and deformities such as hallux valgus and metatarsus primus varus, are very frequent too.²

Objectives: The aim of this study was to analyse pain levels and structural anomalies among subjects with foot pain and patients with RA.

Methods: A sample comprised of 40 subjects was studied. Participants were recruited from a private podiatry clinic and from the Department of Rheumatology (Granada, Spain). The inclusion criteria were subjects with RA with a duration of at least 10 years according to the American Rheumatism Association criteria for RA, while patients with foot pain seeking podiatry services from April 2017 to January 2018 were used as control group. Outcome measures were as follows: foot pain, activity limitation, disability and foot health status by Foot Function Index questionnaire³ and Hallux Valgus by Manchester Hallux Valgus Scale.⁴

Results: As shown in Table 1, we found statistical significant differences for the pain scale(p>0.001) and in total score(p>0.001) in the FFI scale between AR group and the control group, but not between group in the Manchester Hallux Scale (p=0.986)

Abstract AB1415-HPR – Figure 1

Conclusions: We found higher levels of pain in subjects with RA compared to the control group. Furthermore, although there are clinical

differences subjects with RA and with foot pain, we can not conclude strongly that RA increases the possibility of having deformities such as Hallux Valgus.

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AB1416-HPR RISK FACTORS ASSOCIATED WITH FRACTURE RISK IN WOMEN WITH BREAST ADENOCARCINOMA IN A SEVILLE COHORT

G.M.Paz, on behalf of Giannina Del Aguila Biondi, Paloma Muñoz Reinoso, Isabel González Agudo, Juan Piedra, Juan Povedano, Blanca Hernández Cruz. *Rheumatology, Macarena Hospital, Seville, Spain*

Background: Introduction: Women with breast cancer have a higher risk of osteoporotic fractures than the rest of the population of the same sex and age. This problem is due to multiple factors among which are the treatments to which they are subjected. Among them, chemical castration, chemo and/or radiotherapy, corticosteroids, surgery, monoclonal antibodies against HER-2 and aromatase inhibitors are related to increased bone resorption.

Objectives: Objectives: To assess the prevalence of and factors associated with fragility fractures in women with breast adenocarcinoma.

Methods: Patients and methods: Prospective, cross-sectional study in progress. In a multidisciplinary consultation of OP and Oncology of two third-level centres in Seville, women diagnosed with breast cancer are treated. The factors associated with the presence of vertebral and peripheral fragility fractures in these patients at the time of the first evaluation were analysed.

Results: Results: 409 women were included in this analysis, evaluated between September 2014 and December 2017. The median age (Q1-Q3) was 63 55–68 years. 38 (9%) fragility fractures were observed, 22 (5.4%) vertebral and 18 (4.4%) peripheral. Three patients presented peripheral and vertebral fractures. Factors such as smoking, family history, menopause age, exercise, sun exposure, milk consumption or BMI were not associated with fragility fractures. The t-score in the femoral neck or spine was also not associated with fragility fractures. Of the 88 patients treated with tamoxifen, 6 (6.8%) had fragility fractures compared to 32/320 (10%) of those who did not receive tamoxifen ($p=0.367$). They presented fragility fractures 22/215 (10%) women with letrozole compared to 16/194 (8%) that were not treated with letrozole ($p=0.490$). At the time of the first evaluation, the mean (SD) of the FRAX was 6.1 (5.3) in women without fractures and 11.7 (7.7) in those with fragility fractures ($p<0.001$). In the logistic regression, the only variable associated independently was the FRAX [FRAX >10, adjusted OR 8.9 (3.9–20.4), $p<0.001$]. The best logistic regression model explained 12% of fragility fractures

Conclusions: Conclusion: In women with breast cancer, FRAX is the only clinical variable associated independently with the presence of fragility fractures in our

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AB1417-HPR PREDICTORS OF COGNITIVE DYSFUNCTION IN PATIENTS WITH LUPUS

H.Alessi¹, L.A. Dutra¹, L.A. Maria¹, P.C. Coube¹, O.G.P. Barsottini¹, C. Kayser², A. W.S.D.Souza². ¹Department of Neurology and Neurosurgery; ²Rheumatology Division, Universidade Federal de São Paulo – UNIFESP, São Paulo, Brazil

Background: Cognitive Dysfunction (CD) is one of the most common neuropsychiatric manifestations in systemic lupus erythematosus (SLE).

CD occurs independently of structural damage^{1,2} or disease activity³ impacts life quality.⁴ Cardiovascular comorbidities, lower educational level and physical inactivity are risk factors for dementia in elderly worldwide⁶ and are frequently found in SLE patients. Identifying the factors involved with CD in SLE can clarify physiopathological processes and preventive measures.

Objectives: To verify if cardiovascular comorbidities and physical inactivity are predictors of CD in Brazilian patients with SLE.

Methods: a 168 patients and healthy controls between 18 and 59 years were allocated into three groups: CON (n=57), SLEG (n=63) and NPSLE (n=48). Epidemiological information, laboratory results, medication use, cardiovascular comorbidities (hypertension, diabetes, dyslipidemia, previous myocardial infarction), SLICC and SLEDAI scores were compiled from charts. Variables were compared using ANOVA, Kruskal-Wallis, Mann-Whitney and Qui-square, and $p<0.05$.

Results: There were no differences between groups regarding age, educational level. There was also no difference in prevalence of diabetes, myocardial infarction, tobacco use and disease duration. SLEG and NPSLE had more hypertension (CON 18.9%; SLEG 55.6%; NPSLE 39.6%) and dyslipidemia than controls (CON 9.4%; SLEG 36.5%; NPSLE 39.6%). SLE patients presented more depression ($p<0.001$), anxiety (CON 9.5±8.3; SLEG 16.3±13.3; NPSLE 14.1±10.9; $p=0.008$) and lower levels of physical activities than controls. NPLES group presented more CD (CON 21.1%; SLEG 34.9%; NPSLE 62.5%) when compared to CON ($p<0.001$) and SLEG ($p=0.012$). Major neuropsychiatric manifestations (OR 2.460; 95% CI 1.007–6.008; $p=0.048$); low educational level (OR 0.870; 95% CI 0.756–1.000; $p=0.050$), anxiety (OR 1.031; 95% CI 0.994–1.069; $p=0.096$), and disease damage (OR 1.691; 95% CI 1.175–62.435; $p=0.005$) were independently associated with CD.

Conclusions: Neuropsychiatric manifestation, low educational level, anxiety and disease damage are predictors of CD in patients with SLE. Although cardiovascular comorbidity and sedentary lifestyle are a risk factor for dementia in general population, those variables might play a minor role in SLE patients.

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AB1418-HPR LOW BACK PAIN AND INFLUENCE ON THE FUNCTIONAL DISABILITY OF THE ELDERLY POPULATION OF MANAUS – AMAZONAS, BRAZIL: A CROSS – SECTIONAL STUDY

I.M.B.Souza¹, R.D.S.P.Rodrigues², J.W.C. da Silva³, L.R. Merini², S.L.K. Yuan¹, A. P. Marques¹. ¹Physical Therapy, Speech Therapy and Occupational Therapy Department, University of São Paulo, São Paulo; ²Physical Therapy Collegiate, Federal University of Amazonas, Manaus; ³Department of Social Gerontology, Pontifical Catholic University of São Paulo, São Paulo, Brazil

Background: Low back pain (LBP) is the primary cause of disability and absenteeism in the workplace, it is a complex multidimensional phenomenon with staggering social costs. These symptoms reduce functional capacity and limit both physical and psychosocial aspects of elderly life.

Objectives: To identify the influence of LBP on the functional disability in elderly subjects.

Methods: The study was approved by Research Ethics Committee of Medical School at University of São Paulo, Protocol. CAAE.56709716.5.1001.0065. This a cross-sectional study, 700 community-dwelling elderly participated, both genders, ≥60 years old, and functional