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

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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

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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 activity⁽³⁾ impacts life quality.⁽⁴⁾ Cardiovascular comorbidities, lower educational level and physical inactivity are risk factors for dementia in elderly worldwide⁽⁶⁾ 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

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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

disability was measured using the Rolland Morris Disability Questionnaire – Brazil version (RMDQ-BR).

Results: The punctual prevalence of LBP was 42.09%, age 68.61±6.06 years old, women 78.14%, and the functional disability score assessment was 11.26±6.07. About responses frequently items (RMDQ-BR) were: I change position frequently to try to get my back comfortable (84%); I avoid heavy jobs around the house because of my back (75%); Because of my back, I try not to bend or kneel down (73%); Because of my back, I go upstairs more slowly than usual (62%); I walk more slowly than usual because of my back. (57%); Because of my back, I use a handrail to get upstairs (55%).

Conclusions: The data demonstrates that there is a relationship between DL and functional disability in the elderly. It has been verified that the constant change to the maintenance of the posture, the decrease of the walking speed, to climb stairs with assistance, and the accomplishment of the activities of the daily that require movements of flexion trunk or knee have been reported to be difficult to perform. These data may be useful in the development of preventive strategies by health professionals that aim to encourage changes in routine care of daily living activities.

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AB1419-HPR CLINIC OF PREGNANCY AND RHEUMATIC DISEASES: EPIDEMIOLOGIC CHARACTERISATION

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Background: Pregnancy in women with Rheumatic Diseases (RD) is of high risk and requires a close communication between the rheumatologist, obstetrician, and all other specialists involved. It may have an effect on the natural history of autoimmune disease, a phenomenon that is particularly relevant in Systemic Lupus Erythematosus (SLE) and Rheumatoid Arthritis (RA). Additionally, there are consequences that autoimmune disease may yield throughout the course of conception and gestation.

Objectives: To describe the epidemiological characteristics of patients seen at the Clinic of Pregnancy and Rheumatic Diseases (Clínica de Embarazo y Enfermedades Reumáticas, CEER) located in the Jose E. Gonzalez University Hospital in Mexico.

Methods: We conducted a descriptive transversal study of a cohort of 50 adult patients that attended CEER; which were categorised within three consultation groups (reproductive age, with a present or future desire to become pregnant, pregnant or in postpartum period). All patients were evaluated by the Maternal-Fetal Medicine and Rheumatology department. CEER was created in, August 2017 and provided medical follow up for newly pregnant patients, those already pregnant, and patients in the immediate postpartum period. Epidemiological data was collected.

Results: Of the 50 patients, 8 (16%) with a present or future desire to become pregnant, 24 (48%) pregnant, just only one presented gestational diabetes; and 18 (36%) were in the immediate postpartum period. The median age was 32 years ($SD=6.16$). The 18 births were live births obtained by caesarean section, 8 (55.8%) were pre-term (<37WG) and none presented eclampsia or preeclampsia. Of the patients, 22 (44%) had a diagnosis of RA, 10 (20%) had SLE, 10 (20%) had Antiphospholipid Syndrome, and the remaining 8 (16%) had other diagnoses (table 1). Only 18 (36%) had previous abortions.

Abstract AB1419HPR – Table 1. Association between current status and diagnosis

Current status	Systemic Lupus Erythematosus	Rheumatoid Arthritis	Antiphospholipid Syndrome	Other	Total
Reproductive age	0 (0%)	5 (10%)	2 (4%)	1 (2%)	8 (16%)
Pregnant	7 (14%)	6 (12%)	6 (12%)	5 (10%)	24 (48%)
Postpartum	3 (6%)	11 (22%)	2 (4%)	8 (16%)	18 (36%)

Note: n=50

Conclusions: The evaluation of patients with RD requires a close follow-up, which is why the population of reproductive age with RD must be seen early on. Considering that our results revealed a high percentage of preterm live births medical attention must be provided from the pre-conception to the postpartum period.

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AB1420-HPR PATIENT DELAY IN RHEUMATOID ARTHRITIS. A SURVEY ON SYMPTOM INTERPRETATION BEFORE FIRST VISIT TO GENERAL PRACTITIONER

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Background: Early initiation of effective treatment of rheumatoid arthritis (RA) leads to improved clinical and radiological status in the patients. Thus, there is a need to decrease the time from patients experience their first joint symptoms to initiation of treatment. The patient's social context may influence the period from the patients experience their first joint symptoms until they present their symptoms to their general practitioner (GP) (patient delay (PD))

Objectives: Firstly, to explore whether socioeconomic and other factors influence PD in persons referred to a rheumatologist due to suspicion of RA. Secondly, if socioeconomic factors affected whether the patients subsequently received a diagnosis with inflammatory arthritis (IA)

Methods: We developed a survey based on previous Danish^{1,2} and UK³ studies regarding symptom interpretation and PD together with two patient research partners. We asked consecutive patients, referred to a rheumatology outpatient clinic or a private rheumatologist in the Region of Southern Denmark, with a suspicion of RA, to complete the survey online or in a paper version before examination by a rheumatologist. We used STATA/IC 15.0 for descriptive statistics, univariate, and multivariate logistic regression analyses.

Results: From December 2016 to July 2017, 144 patients completed the survey. In total 86 (60%) were female, mean age 55 (SD 15.3). In total 76 (53%) had short PD (0–3 months), 51 (35%) intermediate or long PD (≥4 months) (12% missing answers); 71 (49%) totally or partially agreed that their symptoms had a gradual onset. Three to seven months after the survey, 45 (22%) had received a diagnosis of some sort of inflammatory arthritis (IA). In the following analyses age was dichotomized (<or≥50 years). Age, sex, cohabitant status, educational level and whether patients undertook paid work or not, did not significantly affect