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.

REFERENCES:

Disclosure of Interest: None declared

AB1416-HPR
RISK FACTORS ASSOCIATED WITH FRACTURE RISK IN WOMEN WITH BREAST ADENOCARCINOMA IN A SEVILLE SOPORT
G M Paz, on behalf of Giannina Del Aguila Biondi, Paloma Muñoz Reinoso, Isabel González Agudo, Juan Piedra, Juan Povedano, Blanca Hernández Cruz. Reumatología, 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, chemio and/or radiotherapy, corticosteroids, surgery, monoclonal antibodies against HER-2 and aromatase inhibitors are related to increased bone resorption.

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

Disclosure of Interest: None declared

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. Kayser6, A. WS D Souza2. 1 Department 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), which occurs independently of structural damage(12) or disease activity(3), impacts life quality.(4) Cardiovascular comorbidities, lower educational level and physical inactivity are risk factors for dementia in elderly worldwide, and are frequently found in SLE patients. Identifying the factors involved with CD in SLE can clarify physiological 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=67), SLEG (n=63) and NSPLES (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, Kruskall-Wallis, Mann-Whitney and Qui-square, 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 NSPLES had more hypertension (CON 18.9%; SLEG 55.6%; NSPLES 39.6%) and dyslipidemia than controls (CON 9.4%; SLEG 36.5%; NSPLES 39.6%), SLE patients presented more depression (p<0.001), anxiety (CON 9.5±8.3; SLEG 16.3±13.3; NSPLES 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%; NSPLES 82.5%) 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 depression (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.

REFERENCES:

Disclosure of Interest: None declared

AB1418-HPR
LOW BACK PAIN AND INFLUENCE ON THE FUNCTIONAL DISABILITY OF THE ELDERLY POPULATION OF MANAUS – AMAZONAS, BRAZIL: A CROSS – SECTIONAL STUDY
L M D Souza1, R.D.S P Rodrigues2, J.W.C. da Silva3, L.R. Meirin2, S.L.K. Yuan1, A. P Marques4, 1Physical Therapy, Speech Therapy and Occupational Therapy Department, University of Sao Paulo, Sao Paulo; 2Physical Therapy College, Federal University of Amazonas, Manaus; 3Department of Social Gerontology, Pontifical Catholic University of Sao Paulo, Sao 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 Sao 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 68.6±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 have 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.

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 preconception to the postpartum period.

REFERENCES:

Disclosure of Interest: None declared

Table 1. Association between current status and diagnosis

<table>
<thead>
<tr>
<th>Current status</th>
<th>Systemic Arthritis</th>
<th>Rheumatoid Arthritis</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive</td>
<td>0 (0%)</td>
<td>5 (10%)</td>
<td>2 (4%)</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>Pregnant</td>
<td>7 (14%)</td>
<td>6 (12%)</td>
<td>5 (10%)</td>
<td>18 (36%)</td>
</tr>
<tr>
<td>Postpartum</td>
<td>3 (6%)</td>
<td>11 (22%)</td>
<td>2 (4%)</td>
<td>18 (36%)</td>
</tr>
</tbody>
</table>

Note: n=50

Acknowledgements: To Capes for the scholarship.

Disclosure of Interest: None declared

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

J Primdahl1,2,3, K. Mølbæk1, T. Ellingsen5,6, I.M.J. Hansen6, D.E. Jarbøl7, T. Lottemberger8, J.L. Raviv, K. Harslev-Petersen2,10,11, King Christian X’s Hospital for Rheumatic Diseases, Graasten; 2Institute for Regional Health Research, University of Southern Denmark, Odense; 3Hospital of Southern Jutland, Aabenraa; 4Odense University Hospital, 5Clinical Institute, University of Southern Denmark; 6Svendborg Hospital, Odense University Hospital, 7Research Unit of General Practice, Department of Public Health, University of Southern Denmark, Odense; 8Lillebaelt Hospital, Vejle; 9Lillebaelt hospital, Kolding; 10King Christian X’s Hospital for Rheumatic Diseases, Graasten, Denmark

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 to initiation of treatment. Therefore, the social context may influence the period from the 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 to initiation of treatment. The patient’s social context may influence the period from the 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 to initiation of treatment.