Each patient chose the subject of the interview: compliance, pain or side effects of drugs. Subjective values that determine the choice and behaviour of the patient with dichotomy, for example, taking or missing drugs were revealed.

Results: 162 patients chose the theme of the interview concerning of pain, 50 patients chose the theme compliance with drug therapy, 38 patients - side effects of drugs. The criteria of cognitive dysfunction were the following: inability for the patient to determine subjective values influencing the process of decision-making, repeating one value with inability to build a value hierarchy, a limited number of the levels of the value hierarchy. The indirect criterion was the duration of the structured interview as the measure of patient's and interviewer's efforts. Cognitive dysfunction determined by the method of the structured interview was connected with the low score of the clock-drawing test. Compliance decline was noticed in the presence as well as in the absence of cognitive dysfunction. Determining values and their hierarchy may lead to the increase of patients' compliance.

Conclusions: The method of the structured and algorithms interview with the assessment of the hierarchy of values is used to assess compliance and cognitive functions in patients with rheumatoid arthritis as well as to reveal the ways to increase compliance.

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THU0152 SERUM PRESEPSIN AS A NOVEL BIOMARKER FOR BACTERIAL INFECTION IN RHEUMATOID ARTHRITIS PATIENTS TREATED WITH TOCILIZUMAB

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Background: Tocilizumab (TCZ), an inhibitor of interleukin-6 (IL-6), has been widely used to treat rheumatic diseases such as rheumatoid arthritis (RA) and juvenile idiopathic arthritis. Recently, TCZ was approved for use in patients with giant cell aortitis and Takayasu aortitis. However, TCZ treatment sometimes obscures changes in the conventional biomarkers for infection such as serum levels of C-reactive protein (CRP) and procalcitonin (PCT). Presepsin (P-SEP), a subtype of soluble CD14, has been recently identified as a biomarker for sepsis. In addition, we have reported the usefulness of P-SEP for the diagnosis of bacterial infection in RA patients because it is less affected by the disease activity.

Objectives: To examine the usefulness of P-SEP in RA patients complicated with bacterial infections during TCZ treatment.

Methods: In this study, 49 RA patients with bacterial infections (i+RA), 76 RA patients without bacterial infections (RA) and 23 healthy controls (HC) were enrolled. The presence of infection was strictly diagnosed by bacteriological examinations, typical clinical characteristics such as fever (38.0°C) and/or CRP elevation and/or increased white blood cell count, and improvements of these manifestations with antibiotics. Serum P-SEP levels were measured by an immunoassay. The CRP and PCT levels were measured simultaneously.

Results: The median serum P-SEP levels were 186.0 [interquartile range (IQR), 134.0-236.0], 691.0 [IQR, 345.5-842.0], 154.5 [IQR, 145.8-165.5] l,

and 161.0 [IQR, 146.5-166.0] pg/mL for TCZ (n=25), i+TCZ (pre-antibacterial treatment; n=7), i+TCZ (post-antibacterial treatment; n=7) and the HC group, respectively. The P-SEP levels of the i+TCZ group were significantly elevated compared with those of the TCZ group (p<0.001). The i+TCZ group displayed elevated P-SEP levels despite normal CRP and PCT levels. After antibacterial treatment, P-SEP levels of the i+TCZ group were significantly decreased (p=0.016).

Conclusions: These results suggest that serum P-SEP levels are less affected by TCZ treatment compared with other conventional inflammatory biomarkers such as CRP and PCT. Moreover, P-SEP levels are useful for the assessment of bacterial infections in RA patients treated with TCZ.

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THU0153 THE EFFECT OF 5-YEARS B-DIMARDS TREATMENT ON DIFFERENT 10-YEARS CARDIOVASCULAR RISK SCORES APPLIED IN RHEUMATOID ARTHRITIS PATIENTS

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Background: Patients with rheumatoid arthritis (RA) have an excess risk of cardiovascular (CV) disease.

Objectives: We aimed to assess whether 5 years treatment with biologic DMARDs can impact on the 10 year CV risk assessed with different scores.

Methods: In this monocentric study we retrospectively evaluated data available at 2012 and 2017 to calculate the CV scores according to the Italian CV risk score Cuore project,¹ QRISK2-2017 score² and the score proposed by Solomon DH et al.³ Moreover, RA characteristics were registered and correlated to the risk scores at baseline and after 60 months of treatment with RA approved biologic agents. Any CV event was registered.

Results: 110 patients with RA treated for the first time with a bDMARDs, and no prior CV events were included (mean age 52±11.3 years; 80% women; median disease duration 36 months). During the evaluated period 47 (42%) patients switched to a different bDMARD, 10 (9%) patients stopped the treatment for side effects and 3 (2.7%) patients with high CV risk scores at baseline presented a CV event within 4 years (2 myocardial infarction and 1 stroke). At baseline we observed a mean CV risk of 3.69 (95% confidence interval [CI], 2.70-4.68) assessed as moderate by the Cuore project, 10.64 (95%CI 8.48-12.8) and 10.43 (95%CI 8.61-12.24) considered as high risk according to the QRISK2-2017 and Solomon's scores, respectively. After 5 years we recorded a significant increase in CV risk assessed by the Cuore project and the QRISK2-2017 score [4.20 (95% CI 3.23-5.18) and 13.12 (95%CI 10.72-15.53), respectively; p<0.001 vs