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EXTRA-ARTICULAR MANIFESTATIONS IN RHEUMATOID ARTHRITIS: A COMPREHENSIVE ANALYSIS IN A LARGE COHORT

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Background: Although Rheumatoid Arthritis (RA) extra-articular manifestations (ExRA) occurrence have been decreasing over time, they are still a major mortality risk factor for patients, and also a challenge for rheumatologists.

Objectives: To determine the prevalence of ExRA in a large cohort, and its association with several clinical data.

Methods: A cross-sectional and observational study, based on a multi-centric database from a prospective cohort (The REAL – RA in real life in Brazil), in which 11 public rheumatology centres enrolled RA patients (1987 ARA or 2010 ACR-EULAR). Data collection began in 08–2015, using a single online electronic medical record, and included demographic, socioeconomic, clinical and therapeutic characteristics.

Results: 1116 patients from 11 centres were included: 89% women, age [mean $\pm$ SD] 58.2 $\pm$ 11.5 year, disease duration 14.5 $\pm$ 12.2 year, positive Rheumatoid Factor (RF) in 77%. Regarding ExRA, 334 occurrences (detailed in table 1) were registered in 261 patients, summing for an overall prevalence of 23.4% in our cohort. Comparison among ExRA and No-ExRA groups reveals significant higher age, disease duration, Clinical Disease Activity index (CDAI), Health Assessment Questionnaire (HAQ) and Disease Activity Index (DAS 28) in ExRA group (table 2). Unexpectedly, some well-known factors associated with ExRA, such as Rheumatoid factor (RF) and tobacco use, were similar among the two groups.

Abstract THU0163 – Table 1. - ExRA

Subcutaneous nodules	92		
Anaemia	78		
Sicca Syndrome	65		
Interstitial lung disease	45		
Peripheral neuropathy	15		
Vasculitis	14		
Scleritis/Episcleritis	12		
Pleuritis/Pericarditis	12		
Glomerulonephritis	1		
Table 2	ExRA (n=261)	No-ExRA (n=855)	p
n=1116			
Age [mean $\pm$ SD] yr	60.4 $\pm$ 10.1	57.5 $\pm$ 11.8	0.0003
Sex (female) [n,%]	236 (90%)	762 (89%)	0.645
RF positive [n,%]	204 (78%)	659 (77%)	0.7363
Disease duration [mean $\pm$ SD] yr	17.5 $\pm$ 10.3	13.7 $\pm$ 9.1	0.0001
Smoker, ever [n,%]	110 (42%)	331 (39%)	0.3471
Smoker, current [n,%]	25 (9%)	96 (11%)	0.496
CDAI; DAS28 [mean $\pm$ SD]	18.2 $\pm$ 16; 4.3 $\pm$ 1.6	11.5 $\pm$ 10.6; 3.4 $\pm$ 1.4	<0.0001
HAQ [mean $\pm$ SD]	1.15 $\pm$ 0.8	0.87 $\pm$ 0.7	<0.0001

Conclusions: ExRA still shows an expressive occurrence that should not be underestimated. Our findings reinforce that long-term disease, associated with significant disability and persistent inflammatory activity, are the key factors related to ExRA development. Early aggressive treatment with effective therapies should lower the risk and severity of ExRA.

Disclosure of Interest: None declared

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EFFICACY OF BIOLOGIC DMARDS IN DEPRESSIVE SYMPTOMS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) affects people both physically and psychologically. Comorbid depression is common, with a prevalence of 13%–42%.¹ According to 2015 ACR Guideline, RA patients should be treated with conventional synthetic or biologic Disease Modifying Anti-Rheumatic Drugs (csDMARDs or bDMARDs) according to their disease activity.² Correlating depression with RA disease activity, it is thought that patients with lower disease activity are less likely to be depressed.¹ A study comprising 83 RA patients revealed lower frequency of depressive disorders in anti-TNF group regardless of disease activity, however the data is limited by small case number.³ A review of inflammation in depression in 2016 reported IL-1 β , IL-6, TNF and CRP as the most reliable biomarkers of inflammation in depression.⁴ Thus, chronic inflammatory status in RA might contribute to a high risk of depression.

Objectives: This aim of this study was to investigate the independent effect of the use of bDMARDs on the risk of depression in RA patients.

Methods: Using a cross-sectional study design, patients with definitive diagnosis of RA were recruited during regular outpatient follow-up in a regional hospital in southern Taiwan. Data was ascertained by questionnaires, laboratory measurements, and medical records. RA disease activity and depressive symptoms were recorded with the Disease Activity Score 28 (DAS 28) and the depression sub-scale of the Hospital Anxiety and Depression Scale (HADS-D), respectively. Patients were considered to be depressive cases if their HADS-D score >11. Patients who were prescribed with csDMARDs were considered as the non-biologic group, and those who were under bDMARDs or combination of csDMARDs and bDMARDs were considered as the biologic group.

Results: A total of 378 RA patients were recruited with 60 patients in the non-biologic group and 318 patients in the biologic group. Baseline characteristics including sex, educational level, marital status, socioeconomic status, working status, vegetarian dietary habit, and religion were similar between two groups. 4.1% of the biologic patients and 13.3% of the non-biologic patients were classified as depressive. Results from the multiple logistic regression analysis adjusted for the possible confounders including disease activity showed that biologic treatment was significantly associated a lower risk of depression (odds ratio=10.11, 95% CI=2.72–37.64, p=0.001).

Conclusions: Patients receiving bDMARDs showed a significant lower risk of depression, despite their higher RA disease activity. Further studies on the association between the use of bDMARDs and risk of depression are warranted.

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