Conclusions: There was no marked difference in the US findings and the disease activity between the tendon sheath synovium and the joint synovium. However, there were differences in the local disease activities between the synovia. These results show that the tendon sheath synovium lacked acute inflammation.

Disclosure of Interest: None declared


FR00110 PREDICTION OF RADIOGRAPHIC PROGRESSION IN PATIENTS WITH RHEUMATOID ARTHRITIS BY BOTH MAGNETIC RESONANCE IMAGING AND ULTRASOUND


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Background: Magnetic resonance imaging (MRI) and ultrasound (US) are both useful modality to monitor disease status of RA whereas combination analysis of both modalities is very limited. The purpose of this study was to develop a radiographic outcome in the disease process for RA patients with erosive RA.

Methods: Thirty-three patients with active RA, managed with a treat-to-target strategy and checked disease activity score every three months along with examination of both MRI and US, were enrolled from June 2010 to June 2016 and observed for 12 months. US of wrist and finger joints were examined every three months. MRI and radiograph were done every six months. US were evaluated by synovitis score of semi-quantitative manner by gray-scale (GS) and power Doppler (PD) proposed from EULAR. In MRI, synovitis, bone oedema and bone erosion were assessed by the Rheumatoid Arthritis Magnetic Resonance Imaging Scoring system (RAMRIS). Radiographic bone erosion and joint space narrowing (JSN) were scored by Genant-modified Sharp Score (GS). Radiographic progression was defined as delta radiographic score >0.5. Multivariate analysis was employed to clarify independent predictors for radiographic progression at 12 month.

Results: Seventeen patients were treated with methotrexate monotherapy and eighteen were received combination of methotrexate and biologics. Three were given biologic monotherapy. Median of age was 57.0 years and that of disease duration was 9.0 years. Of the 35 enrolled patients, 20 (57.1%) had erosive disease activity between the tendon sheath synovium and the joint synovium. How- ever, no significant difference was observed in the local disease activities between the synovia. These results show that the tendon sheath synovium lacked acute inflammation.

Disclosure of Interest: None declared


ULTRASONOGRAPHIC CRITERIA FOR THE DIAGNOSIS OF EROSVIE RHEUMATOID ARTHRITIS DISEASE USING OSTEOTRANSFER BURDEN OF RHEUMATOID PATIENTS AS CONTROLS Compared to Validated Radiographic Criteria


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Background: Rheumatoid arthritis (RA) is the most prevalent chronic inflammation disease responsible for structural damage. Radiography (RX) is considered as the gold standard for visualising and quantifying bone erosions in RA.3 Musculoskeletal ultrasound (US) is booming in clinical practice for the diagnosis of RA, US can detect more erosions than RX at the joint level, especially at an early stage of the disease.

Objectives: To determine thresholds for the diagnosis of erosive RA by US in RA and osteoarthritic (OA) patients and to compare these US thresholds with RX ACR/EULAR 2013 criteria for erosive RA.

Methods: Patients fulfilling ACR 1987 and/or ACR/EULAR 2010 criteria for RA or hand OA criteria were prospectively included. A modified Sharp erosion score was assessed by two blinded readers and one adjudicator for discordant cases (number of eroded joints three). Erosions in US were scored on six bilateral joints (MCP2-3, S; MTP2-3, S) with a four-grade scale to calculate total US score for erosions (USSe).

Results: A total of 168 patients were included: 122 RA (32 early RA >2 years; 90 late RA >2 years); 46 OA patients. On RX: 42 RA patients (6 early; 36 late) and 5 OA patients were eroded according to ACR/EULAR 2013 criteria with sensitivity at 34.4% and specificity at 89.1%. On US, 95 RA patients (21 early; 78 late) and 12 OA patients were eroded. Considering at least two joint facets eroded or at least one joint facet eroded at grade 2 on US, sensitivities were good (68%–72.1%) and specificities excellent (89.1%–100%). Agreement between RX and US was excellent (90%–92%). US diagnosed two times more patients than RX as erosive disease in both early and late RA patients.

Conclusions: USSe can differentiate RA from OA in erosive disease and detect two times more patients with erosive RA than RX with excellent specificity and agreement, according to two different criteria (number of facets eroded and severity of erosion at the joint facet level).

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Disclosure of Interest: None declared


FR00112 SHARING THE BURDEN OF RHEUMATOID ARTHRITIS THROUGH REMOTE MONITORING OF RHEUMATOID ARTHRITIS (REMORA): IMPLICATIONS FOR PATIENTS AND CLINICIANS


Background: People living with rheumatoid arthritis (RA) experience continuous, daily symptoms that fluctuate over time. Clinical decisions made by healthcare professionals are based on a clinical assessment that can be subjective and unreliable. Developing tools to share the burden of RA through remote monitoring of RA (REMORA) have the potential to improve patient care and reduce the burden of disease.

Objectives: The primary objective of this study is to describe the development and evaluation of a self-management tool for RA, REMORA, and to examine its impact on RA disease activity, self-efficacy, and satisfaction with care.

Methods: The development of REMORA was informed by the RA population and healthcare professionals. REMORA is a web-based platform that allows self-monitoring of joint pain, joint tenderness, sleep quality, and global health perceptions. Data is collected through a mobile app and is linked to an online journal. Patients are given access to their data, which is shared with healthcare professionals. The impact of REMORA was assessed through a mixed-methods approach, including patient surveys, interviews, and focus groups.

Results: REMORA has been successfully developed and tested with RA patients and healthcare professionals. The platform is user-friendly and accessible, and it has been well-received by patients and healthcare professionals. The impact of REMORA on RA disease activity, self-efficacy, and satisfaction with care is being evaluated in a prospective cohort study.

Conclusions: REMORA has the potential to improve patient care and reduce the burden of disease in RA. Further research is needed to determine the long-term impact of REMORA on patient outcomes and healthcare delivery.

Disclosure of Interest: None declared