Higher uric acid is associated with a lower disease activity in rheumatoid arthritis patients

**Background:** An association between serum uric acid (UA) and disease activity in rheumatoid arthritis (RA) patients has not been well studied.

**Objectives:** We describe RA patients with high and normal UA and study its association with RA activity.

**Methods:** Adult RA patients from The Kuwait Registry for Rheumatic Diseases (KRRD) who satisfied the ACR classification criteria for RA from four major hospitals were studied from February 2013 through April 2017. Patients with recorded UA were identified. Visits with documented UA levels were included. UA of ≥357 μmol/L (6 mg/dL) was considered high. Statistical correlations were made.

**Results:** Data of 49 RA patients and 88 OA patients were available for analysis. The rate of APL was 36.7% in the RA and 13.6% in the OA group (p=0.002). This was explained by a much higher rate of APL in the TKA group (RA: 34.4%; OA: 6.5%; p=0.001), while the rates in the THA group were only numerically different (RA: 41.2%; OA: 30.8%; p=0.528).

In the RA group one year time integrated SDAI was significantly higher prior to loosening than in controls without loosening (p=0.043). In the Cox model, SDAI was also significantly related to time to APL with a Hazard ratio of 1.125 (95% CI 1.021–1.241) (p=0.018). Figure 1 depicts cox regression adjusted for AUC SDAI 3, 13 and 26 separately for TKA and THA.

**Conclusions:** RA is not only a risk factor for infectious complications after TJA, but also for APL after THA or TKA. This effect might—at least partly—be explained by systemic and local inflammation in RA patients as depicted by higher levels of disease activity in RA patients with APL. In the context of treatment-to-target of RA, the presence of an arthroplasty should be considered as an indication for even more stringent control of disease activity.

**References:**


**Disclosure of Interest:** None declared

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**THE CHANGING FACE OF RHEUMATOID ARTHRITIS AT THE END OF THE 20TH CENTURY – A COMPARATIVE POSTMORTEM CLINICOPATHOLOGIC STUDY OF 237 RHEUMATOID ARTHRITIS PATIENTS WITH AA AMYLOIDOSIS AND SYSTEMIC VASCULITIS**

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**Objectives:** Most clinicians accept that the course of rheumatoid arthritis (RA) has changed in the last decades. The aim of this study was to verify this clinical impression characterised by systemic vasculitis (SV) and AA amyloidosis (AAa).

**Methods:** At the National Institute of Rheumatology 12 138 patients died between 1969 and 2000; among them 237 with RA, who were autopsied. RA was complicated in 53 (22.36%) by SV, and in 49 (20.68%) of 237 patients by AAa. RA and AAa was confirmed clinically according to the criteria of the American College of Rheumatology.

**Results:** During these four periods of time (from 1969 to 2000) the average age of patients, who died during four periods of time (8-8-8-8 years) covering 32 years (between 1969 and 2000).

**Conclusions:** During these four periods of time (from 1969 to 2000) the average age of RA patients with SV continuously increased from 57.00 to 68.00 years, and with AAa from 56.71 to 64.08 years. The prevalence of SV and AAa and the proportion of severe cases in% of RA patients are demonstrated on figure 1.