FRI0074

FACTORS ASSOCIATED WITH THE DEVELOPEMENT OF SEVERE RESPIRATORY INFECTIONS IN PATIENTS WITH RHEUMATOID ARTHRITIS INCLUDED IN A VACCINATION PROGRAM

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Background: Rheumatoid arthritis (RA) patients are at increased risk of severe infections. Besides the disease itself, the immunosuppressive treatment appears to play an important role in the risk of infections. Vaccination programs are designed to decrease the risk of infections in these patients.

Objectives: Our aim was to assess the incidence of severe respiratory infections in patients with RA and to determine the underlying risk factors for the development of these complications.

Methods: Retrospective study of 401 patients diagnosed with RA who were invited to participate in a vaccination program from October 2011 to October 2016. The follow-up was made until June 2017 with a minimum follow-up period of 8 months and maximum of 5.5 years.

Information on severe respiratory infection episodes was retrieved from the hospital medical records. Serious infections were defined as those that required hospitalisation or at least one dose of intravenous antibiotic treatment at the emergency room.

Only 7 patients refused vaccination (2%). Information was not obtained in 4 of the remaining 394 patients. Therefore, these 4 patients were not included in the assessment.

Results: 390 patients (307♀/83 ♂) average age 61.28±12.9 years were vaccinated a followed-up. The main features at the time of vaccination were: median disease duration (4 years), positive rheumatoid factor (56.7%), subcutaneous nodules (4.9%), erosive arthritis (36.9%), pulmonary fibrosis (3.8%), Sjögren syndrome (5.1%) other extraarticular manifestations (14.6%) and rheumatoid vasculitis (5.6%). Most patients had received immunosuppressive drugs before the vaccination program. The most frequently used were systemic corticosteroids (n=228), methotrexate (n=362) and biologic agents (40.3%).

During the follow-up, 42 patients (10.7%) had required hospital admissions due to infections, 17 of them were severe respiratory infections (4.35%) The remaining 25 admissions were in the setting of urinary tract infections (n=12), intraabdominal infections (n=7), skin and soft tissues (n=12) and articular (n=1). Also 12 of these patients had a zoster herpes.

The presence of anti-citrullinated protein antibodies (ACPA) was associated with an increased frequency of admissions due to these infections. It was also the case for the presence of a history of biologic therapy prior to vaccination. No association of severe respiratory infection with rheumatoid factor, erosions or pulmonary fibrosis was found. (table 1).

Abstract FRI0074 – Table 1

Admission for severe respiratory infections	Crude OR (CI 95%)	p	Adjusted OR* (CI 95%)	p
RF positivity	2.13 (0.67-6.83)	0.2011	2.26 (0.69-7.84)	0.1799
ACPA positivity	3.73 (1.04-13.43)	0.0441	4.49 (1.2-16.83)	0.0259
Erosions	2 (0.71-5.64)	0.1898	2.16 (0.75-6.25)	0.1573
Rheumatoid vasculitis	1.48 (0.40-5.42)	0.5527	1.38 (0.37-5.22)	0.6336
Pulmonary fibrosis	4.27 (0.87-20.91)	0.2932	2.45 (0.46-13.05)	0.2932
Biologic treatment before vaccination	3.02 (1.01-9.02)	0.0476	2.61 (0.85-8.07)	0.0947

*adjusted by age and sex.

Conclusions: Vaccinated patients with RA present a low incidence of severe respiratory infections. Positivity for ACPA and the use of biologics prior to vaccination are associated with increased risk of severe respiratory infections in these patients. Therefore, vaccination should be performed prior to the onset of biologic treatment.

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FRI0075

RISK OF HEPATITIS B INFECTION REACTIVATION IN RHEUMATIC DISEASES PATIENTS TREATED WITH ANTI-CD20 THERAPY

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Background: It has been widely established that the risk of hepatitis B reactivation is high in haematological patients receiving ANTI-CD20 therapy. For these patients the use of prophylaxis with antiretroviral drugs is recommended, and the same approach is also advocated in patients affected with rheumatic diseases, although the real risk seems to be lower.

Objectives: To evaluate the risk of HBV infection reactivation in patients with rheumatic diseases undergoing treatment with ANTI-CD20 therapy.

Methods: Retrieved data including demographical, therapeutic and clinical features as well as serological data were collected in 92 patients with different rheumatic diseases who underwent treatment with ANTI-CD20 from January 2009 to December 2016. Occult HBV infection at baseline (HBsAg negative, anti-HBcAg positive with or without anti-HBsAg and undetectable HBV-DNA) was observed in 25 patients (18 rheumatoid arthritis, 4 vasculitis, 2 systemic sclerosis and 1 dermatomyositis), none of them was treated with antiretroviral prophylaxis. HBV-DNA value was recorded at least every year, whereas HBsAg together with anti-HBsAg every six months and ALT every three months.

Results: During the whole observation period (mean time 39.28±26.6 months) none of the 25 patients (mean age 58.64±8.58 years; 68% women) had hepatitis B reactivation or HBsAg seroreversion. During the evaluated period 2 patients dropped out therapy, 1 stopped treatment for adverse event and 1 for ineffectiveness. After 70 months of therapy 1 patient presented low fluctuation of HBV-DNA title (13 IU/ml), that spontaneously returned negative after 3 months without therapeutic changes. In addition 1 patients shown an ALT increase unrelated to HBV reactivation.

Conclusions: In line with previous data, our experience suggests that the risk of hepatitis B reactivation in rheumatic patients undergoing treatment with ANTI-CD20 combined with sDMARD is very low. The regular monitoring of transaminases and hepatitis markers (HBsAg, antiHBsAg and HBV-DNA) during treatment has to be preferred to universal prophylaxis.

Disclosure of Interest: None declared

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FRI0076

CHRONIC WIDESPREAD PAIN IN PATIENTS WITH RHEUMATOID ARTHRITIS: A SEVEN YEAR FOLLOW-UP OF PAIN DISTRIBUTION AND FACTORS FOR IMPROVEMENT

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Background: The knowledge of chronic widespread pain and factors associated to improvement of pain in patients with RA is sparse, in particular regarding longitudinal studies.

Objectives: To describe the change of pain distribution reports over time and to identify factors that predict improvement from chronic widespread pain in patients with RA.

Methods: Two postal questionnaires were sent out to patients included in the BARFOT (Better anti-rheumatic pharmacotherapy) study, the first in 2010 and the second in 2017. The questionnaire included a pain mannequin, NRS scales of pain, patient global assessment (PatGA) and fatigue, health assessment questionnaire (HAQ), health related quality of life measured by EQ-5D and patient reported BMI and 28-joint count of tender (TJC) and swollen joints (SJC). The responders to both questionnaires were divided into 3 groups according to the reported pain duration and distribution at each time point— patients having no chronic pain (NCP), chronic widespread pain (CWP), and chronic regional pain (CRP).