additional criteria is needed to evaluate CV risk in RA-patients. A presence of atherosclerotic plaque (API) or intima-media thickening, assessed by carotid ultrasonography, may be used as a high CV risk marker after adjustment by age and sex factors.

Objectives: To investigate the prevalence of carotid intima-media thickening, using regional age- and sex-specific criteria.

Methods: One hundred forty eight Caucasian patients with RA (age – 53 years;⁴⁰; ⁶⁰ DAS28 5.01 [3.91; 5.90]) without (API) were included in our study. Patients had ACR-defined RA (1987 classification criteria). All patients gave written informed consent before enrollment. SCORE with multiplying coefficient 1.5 was used for the CV risk determining. Range of atherosclerotic progression was assessed by ultrasonography with measurement of carotid intima-media thickness (IMT). IMT measured had been compared with ranges followed: <35/35–44/45–54/55–64/65–74/>75 age – 0.55/0.72/0.72/0.80/0.86/1.0 mm for the right artery and 0.53/0.65/0.73/0.85/0.89/1.0 mm for the left one (men); 0.47/0.51/0.71/0.78/0.87/0.87/0.87 mm for the right artery and 0.50/0.55/0.71/0.80/0.91/0.98 for the left one (women), respectively.³ Descriptive statistics, Chi-squared test, Spearman rank correlation coefficient were used for data analysis. Results are presented as median and 25th/75th percentiles (Me [25th percentile; 75th percentile]).

Results: IMT significantly correlated with age ($\rho=0.63$; $p<0.001$), systolic blood pressure ($\rho=0.22$; $p=0.017$), but not with other parameters (sex, smoking, cholesterol, etc). Risk was evaluated by SCORE for 109 RA patients elder than 40 years (age – 57 years⁵⁰; ⁶³) and was 0%>15% (1.95%–3%) for all young patient. An intima-media thickening had been revealed in 86 from 109 (78.9%) patients and correlated with SCORE value ($\rho=0.42$; $p<0.001$). 34 patients (23.0%) were younger than 40 years (age – 30.5 years^{28.0}; ^{36.0}), therefore the relative CV risk scale had been used for ones. Risk evaluated was medium (1.5%–3%) for all young patient. An intima-media thickening had been revealed in 31 from 34 (91.2%) patients and didn't correlate with SCORE value ($\rho=0.37$; $p=0.104$). Number of patients with carotid thickening between two groups didn't significantly difference ($p=0.13$).

Conclusions: Using age- and sex-specific criteria for the IMT evaluation may be useful in young patients with RA.

REFERENCES:

- [1] Conroy RM, et al. Estimation of ten-year risk of fatal cardiovascular disease in Europe: The SCORE project. *Eur. Heart J.* 2003;24(11):987–1003.
- [2] Lunzer R. 2016 updated EULAR evidence-based recommendations for the management of gout. *J. fur Miner* 2016;23(3):108.
- [3] Malyutina S. K., et al. Sex- and age-specific reference criteria of carotid arteries intima-media thickness in typically Russian population. *Ultrasonic and functional diagnostics* 2015;(5S):107b.

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FRI0088 PSYCHOLOGICAL IMPACT IN RHEUMATOID ARTHRITIS: ROLE OF SPECIFIC TREATMENT AND ASSOCIATED MEASURES

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Background: Psychological issues in rheumatoid arthritis (RA) are often spontaneously mentioned by patients or identified by rheumatologists. Besides classic follow up parameters like DAS28, we have to consider those issues to improve our patients psychological well-being.

Objectives: Explore reasons of psychological impact in RA. Analyse in a quantitative way symptoms of discontent and their repercussions. Evaluate consequences of disease treatment on those symptoms and propose recommendations for rheumatologists.

Methods: RA cases were collected by a group of 20 private practice rheumatologists in the Paris area. Basic informations about the patient and his disease were provided by his rheumatologist. Questionnaire including 14 items about psychological and life quality involvement was filled in by the patient.

Results: 167 cases collected : 82% women, mean age 57 years, 56% moderate and 14% severe disease, 76% ACPA positive, 73% structural damage. Initial DAS28 4.7. Post treatment DAS28 2.7. Drugs: classic DMARDs 95%, corticosteroids 73%, biological DMARDs 22%, combination therapy 76%.

In 82% of the cases, the rheumatologist recommends more than only specific RA drug treatment: rest (47%), physiotherapy, ergotherapy, balneotherapy (42%), adapting professional activity and environment, help for housework (33%), psychological support or psychoactive drugs (19%), yoga or other relaxation exercises (11%), balneology...

Psychological repercussions are spontaneously mentioned by 71% of the patients.

Psychological state is altered by : disease announcement, pain (85%), physical fatigue (71%), handicap (58%), other people's attitude.

Are limited : housework (51%), getting about (44%), do-it-yourself (55%), sports (61%), artistic activities (41%), professional activity (29%).

Social life is affected by : lack of being listened to (72%), lack of being understood (68%), lack of empathy (49%).

RA treatment reduces all those factors by at least one third, except impact on family relations.

Before treatment, RA patients report: sleeping trouble (70%), anxiety (57%), lack of motivation (55%), dependency (49%), frustration (42%), lack of self-esteem (37%), concentration problems (35%), disillusion (31%), depression (30%), family tension (29%), isolation (27%) and libido decrease (23%).

After treatment, all those factors are 41%–55% less frequent, except libido decrease (–28%).

55% sleep better, 49% aren't depressed anymore, concentration problems diminish by 48% and social life is improved by 50%.

Conclusions: There is a major psychological impact in RA patients, with repercussions on their well-being and life quality. This can be improved by specific anti RA treatment, but we must also consider other measures and, if necessary, psychological support and/or psychoactive drugs. All chosen items are improved, except impact on family relations.

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FRI0089 ASSESSMENT OF COGNITIVE FUNCTION IN RHEUMATOID ARTHRITIS

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Background: For long, rheumatoid arthritis (RA) was thought not to associate with central nervous system (CNS) involvement. In recent years some studies suggest that cognitive function is impaired in RA patients. Accelerated atherosclerosis and reduced function of intracranial vessels in RA can be associated with vascular dementia.

Objectives: We assessed RA patients and healthy controls by neuropsychological tests, cognitive function such as attention, intelligence, memory tests and also by anxiety and depression tests. We wished to explore the prevalence of neuropsychiatric manifestations and cognitive impairment in patients with RA. Intracerebral vascular lesions were investigated by brain MRI.

Methods: Sixty RA female patients were included. Among them, 20 were MTX-treated, biologic-free, 40 patients received biologics. The controls included 39 non-RA healthy women. The following standardised tests were used: the Montreal Cognitive Assessment (MoCa) Test, the Victoria Stroop Test (VST), the Spielberger State-Trait Anxiety Inventory (STAI), the Benton Visual Retention Test (BVRT), the Beck Depression Inventory (BDI), the Brigg's and Nebe's Test, the Trail Making Test (TMT) A and B, the Word fluency with the letter (WF-L) and with category naming tests (WF-C), the Rey-Osterreich Auditory Verbal Learning Test (RAVLT), the Weschler Adult Intelligence Scale (WAIS). We also performed brain MRI in all patients in order to associate cognitive function with MRI changes.

Results: The MoCa total score was significantly lower in RA patients (23.3±3.8) especially in biologic-treated group (22.6±4.3) compared to controls (25.6±2.4) ($p=0.002$; 0.001). The attention MoCa test score was significantly lower in biologic- (4.5±1.6) compared to MTX-treated patients (5.7±0.6) ($p=0.001$). The STAI scores were significantly higher in RA (STAI-S: 45.5±8.5; STAI-T: 48.0±11.0) compared to controls (STAI-S: 36.9±9.1; STAI-T: 41.1±9.0) ($p<0.001$; 0.002). The BDI score was significantly higher in RA (13.2±8.8) and in biologic-treated patients (13.7±8.7) than in controls (8.9±6.5) ($p<0.05$). The TMT scores were significantly higher in RA (TMT-A: 69.0±26.3; TMT-B: 100.2±48.5) compared to controls (TMT-A: 53.1±14.3; TMT-B: 53.1±22.7) ($p<0.05$). The VST scores were also significantly higher in RA vs controls. The WAIS and Benton scores were significantly lower in