Objectives: To analyze the incidence and trend of hospital admissions for CVDs in patients with RA in Spain during the period between 1999 and 2015.

Methods: We performed an observational retrospective population study analyzing the spanish administrative database that includes a Minimum Basic Data Set (MBDS) of hospital admissions of patients with RA 1999-2015. We selected the MBDSs for CVDs, myocardial infarction (MI), ischemic heart disease (IHD), congestive heart failure (CHF), cerebrovascular disease (CVD) and aortic and aneurysm (AA). Cases were identified by the presence in primary and secondary diagnosis of ICD9 codes. The population at risk was estimated through the population census with an estimated prevalence of RA of 0.5% (0.8% women, 0.2% men). Crude and adjusted rates were calculated, and the trend was analyzed using the Generalized Linear Model (GLM) with the year as the analysis variable. SPSS statistical package version 20 (SPSS Inc, Chicago, IL) was used.

Results: 338,343 RA hospital admissions were detected in the period, being 207,591 (61.3%) due to CVDs. Table 1 summarizes the data of the six subgroups of CVDs.

Conclusions: CVDs were the first cause of hospital admissions in Spain in RA patients during the period 1999-2015. Moreover, in that period there was an increasing incidence of hospital admissions due to CVDs in all the studied subgroups, being strikingly higher among age-adjusted rates. An annual rate increase is estimated in all the different studied subgroups oscillating between 5 and 9% annual increasing.

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.2664

SAT0130 IMPROVEMENT OF NUTRITIONAL CONDITIONS IN PATIENTS WITH RHEUMATOID ARTHRITIS STARTING FIRST DISEASE MODIFYING ANTI-RHEUMATIC DRUGS

D. Kobayashi1,2, S. Itô2, E. Hasegawa1,2, I. Naito1, K. Nakazono1, 2

1Division of Clinical Nephrology and Rheumatology, Niigata University Graduate School of Medical and Dental Sciences, Niigata; 2Rheumatology, Niigata Rheumatic Center, Shibata, Japan

Background: Rheumatoid arthritis (RA) is a chronic inflammatory condition, and has been associated with decreased life expectancy. Although life expectancy has improved in many RA patients recently, the reason for this is not entirely clear.

Objectives: We hypothesized that better disease activity control of RA led to relief from chronic inflammation, which resulted in better nutritional conditions, and contributed to longer life expectancy. The aim of this analysis was to examine the relationship between RA disease control and the improvement of nutritional conditions.

Methods: We analyzed data obtained from 111 patients with RA (male 44, female 67) who were referred to our hospital and received first disease modifying anti-rheumatic drugs (DMARD) in 2016 and 2017, retrospectively. The patient data were obtained retrospectively from medical records for a 6-month period starting at the date DMARDs were initiated. We chose serum albumin (Alb), total lymphocyte count (TLC), and hemoglobin (Hb) concentration, as the indicators of the nutritional condition. Furthermore, D-values and nutrition index 40 (N.I.40) indicators of anastomotic leakage after gastrointestinal surgery were also analyzed.

Comparisons between the two hands were performed using Mann-Whitney U test. Comparisons between the parameters at different time points were performed using Wilcoxon signed-rank test. The association among the ordered European League Against Rheumatism (EULAR) response rate and the magnitude of improvement in the nutritional condition were analyzed by using the Jonckheere-Terpstra test. Data on each patient’s age and duration of RA were calculated as median(IQR;25%-75%).

Results: The mean age was 64.0 (50.4-74.5) years, and the duration of RA was 3.0 (1.0-7.0) months. Oral prednisolone (PSL) was used in 51 patients. Other drugs administered to patients over the 6-month period included: methotrexate (63 patients), ibuprofen (63 patients), buphenilamine (29 patients), sulfasalazine (25 patients), tacrolimus (8 patients), and bDMARD (13 patients). The level of C-reactive protein (CRP) and the disease activity score for 28 joints based on theory-throcyte sedimentation rate (DAS28-ESR) before and 6-months after the initiation of DMARD treatment improved from 5.0 (0.12-1.7) mg/dL to 0.10 (0.010-0.20), p<0.001, and from 4.62 (3.51-5.52) to 2.52 (1.53-3.13), p<0.001, respectively. The EULAR good response was achieved in 59 patients, and moderate response was achieved in 31 patients. Serum Alb level, Hb concentration, D-value, and N.I.40 showed significant improvement 6 months after the starting of DMARD (3.9 (3.6-4.0) mg/dL vs. 0.155 (-0.47-0.91) vs. 0.26 (-0.72-0.18), p<0.001; 47.2 (41.8-51.1) vs. 49.8 (46.1-52.2), p<0.001, respectively). Furthermore, we found a significant trend towards improvement of serum Alb level, Hb concentration, D-value, and N.I.40 in patients with a better EULAR response (p value for trend=0.0124, 0.033, 0.0057, and 0.0040, respectively).

Conclusions: There was a statistically significant trend towards better nutritional improvement in patients with a better EULAR response. Control of RA may contribute not only to joint deterioration prevention, but also may help to improve the nutritional condition of patients.

Disclosure of Interest: None declared