SAT0155

TRADITIONAL AND NONTRADITIONAL CARDIOVASCULAR RISK FACTORS IN PATIENTS WITH EARLY ONSET ARTHRITIS OF THE PANLAR-EOA

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Background: Inflammation plays a significant role in atherosclerosis and cardiovascular disease (CVD). Patients with chronic inflammatory diseases are at increased risk of CVD, but it is debated whether this association is causal or dependent on shared risk factors or inflammatory pathways.

Objectives: Identify the mScore value and the association between traditional and nontraditional cardiovascular risks factors (CVRF) in an early onset arthritis (PANLAR-EOA)

Methods: Prospective, longitudinal cohort study. Patients were protocolled according to the PANLAR-EOA project. For this analysis only patients with 12 and 24 months follow up were included. Patients were registered in REPANARC (www.panlareoa.org) database. The mScore evolution and the nontraditional CVRF linked to the disease (i.e. DAS28) association with the traditional CVRF (i.e. obesity) were studied. The Wilcoxon Test and the Spearman correlation test, depending on whether the variables were categorical or numerical, were utilized.

Results: Initially 136 patients with early onset arthritis were included, out of which 88 completed the 12 months follow up and 58 the 24 months one. There was a female predominance 86% (117/136) of patients, with a median age of 44.80 ±14.47 years. When comparing the change ratio of the values obtained with the mScore on the initial, the 12 months and 24 months visit, the results were not statistically significant (p=0.106 at 12 months and p=0.175 at 24 months). An association between the elevated erythrocyte sedimentation rate and obesity (p=5.807e-03) and diabetes (p=3.739e-02) was found in the initial visit. An association between elevated prednisone doses and high levels of total cholesterol (2.084e-02), high levels of diastolic blood pressure (p=1.967e-02) and low HDL values were observed (7.706e-03). At 12 months a significant association between obesity and high CRP (p=3.649e-02) and between high glycaemia levels with elevated prednisone doses and high CRP levels (p=2.549e-02). In the 24 months visit analysis, an association between elevated HDL-cholesterol with high prednisone doses (p=5.016e-03) and elevated CRP levels (3.492e-02).

Conclusions: An increment in Cardiovascular Risk (CVR) was not found at 12 and 24 months follow up according to the mScore. We have observed that there is an association between traditional and nontraditional CVRF. Therefore, the prevention strategies should be aimed not only towards the control of traditional CVRF, but also against the nontraditional CVRF associated with disease activity, which in a certain way could influence over the previous ones and modify the global CVR of patients with EOA

Disclosure of Interest: None declared

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SAT0156

ASSOCIATION BETWEEN CUMULATIVE METHOTREXATE DOSE, NON-INVASIVE SCORING SYSTEM AND HEPATIC FIBROSIS DETECTED BY FIBROSCAN IN RHEUMATOID ARTHRITIS PATIENTS RECEIVING METHOTREXATE.

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Background: Methotrexate (MTX) is recommended by recent ACR and EULAR guideline as a first-line drug for RA. Liver fibrosis, which occurs as long-term side effect is one of the most concerns.

Objectives: To find the association between clinical parameters, cumulative MTX dosage, liver fibrosis scoring systems and the presence of liver fibrosis assessed by transient elastography (TE; Fibroscan®).

Methods: Rheumatoid arthritis, prescribed MTX, patients had been evaluated of liver fibrosis with TE. Two subgroups of patients were compared: non-fibrosis and fibrosis (TE >7 kPa). Univariate and multivariate logistic regression analysis were performed to identify factors associated with liver fibrosis.

Results: One hundred and eight patients were recruited. Twenty-nine patients (26.8%) were classified by transient elastography as liver fibrosis cases. The multivariate analysis demonstrated only the statistically significant of the association in BMI (OR=1.217; 95%CI 1.048–1.414; P=0.010); fatty liver (OR=2.318; 95%CI 0.584–9.189; P=0.232); ALT (OR=1.044; 95%CI=1.003–1.087; P=0.036) and cumulative MTX dosage (OR 1.001; 95%CI 1.000–1.001; P=0.001).

Conclusions: Liver fibrosis measured with Fibroscan was associated with cumulative MTX. RA patients with metabolic syndrome including high BMI, IFG, fatty liver had higher risk of MTX-induced hepatic fibrosis. RA patients with high cumulative MTX dose, especially patients with concurrent metabolic syndrome should be cautiously monitored for liver fibrosis.

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SAT0157

THE PREVALENCE OF DYSLIPIDEMIA AND DAILY NUTRITIONAL INTAKE IN RHEUMATOID ARTHRITIS PATIENTS: A STUDY OF THE KOREAN NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (KNHANES)

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Background: Lipid metabolism appear to be changed in rheumatoid arthritis (RA) patients because of disease activity and inflammation.

Objectives: It was not clear in the previous studies that lipid profiles status is associated with nutritional intake in RA patients.

Methods: We analyzed RA, dyslipidemia, serum lipid profiles (total cholesterol, TG, HDL, and LDL) and nutritional intake data related lipid from the data of

Abstract Sat0156 – Table 1. The univariate and multivariate logistic regression analysis of factors associated with significant liver fibrosis.

Parameter	Univariate Odds ratio	Logistic 95% confident interval	Regression P-value	Multivariate Odds ratio	Logistic 95% confident interval	Regression P-value
Body weight(kg)	1.042	1.002–1.083	0.039	-	-	-
BMI (kg/m ²)	1.266	1.107–1.449	0.001	1.217	1.048–1.414	0.010
IFG	3.400	1.240–9.320	0.017	-	-	-
Fatty liver	3.652	1.114–11.971	0.032	2.318	0.584–9.189	0.232
HLP	4.397	1.803–10.722	0.001	-	-	-
RA duration (y)	1.122	1.022–1.233	0.016	-	-	-
MTX duration (wk)	1.005	1.002–1.008	0.001	-	-	-
MTX cumulative dose (mg)	1.001	1.000–1.001	0.000	1.001	1.000–1.001	0.001
Prednisolone dose(mg/d)	2.235	0.939–5.319	0.069	-	-	-
Statin	3.391	1.374–8.370	0.000	-	-	-
TJC	1.305	1.012–1.682	0.040	-	-	-
AST (IU/L)	1.047	0.998–1.098	0.058	-	-	-
ALT (IU/L)	1.040	1.008–1.074	0.014	1.044	1.003–1.087	0.036
GGT (IU/L)	1.131	1.080–1.184	0.000	-	-	-
INR	48853.68	169.313–1.41e	0.000	-	-	-
Ultrasound	6.961	2.666–18.175	0.000	-	-	-
AST/ALT ratio	0.420	0.156–1.128	0.085	-	-	-