Conclusion: Among patients with knee or hip OA in our setting, current SES is a significant predictor of functional status, quality of life and disability, while childhood SES – best modeled by maternal education – is a significant predictor of quality of life. More research is needed to elucidate the relationship of SES throughout the life course with outcomes among patients with OA.

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ACTIVATION AND LEUKOCYTE ADHESION IS ASSOCIATED WITH VASCULAR DAMAGE IN PATIENTS WITH RHEUMATOID ARTHRITIS AND PSORIATIC ARTHRITIS

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Background: Patients with inflammatory rheumatic diseases, such as rheumatoid arthritis (RA) or psoriatic arthritis (PsA), have a higher cardiovascular risk than the general population. There are data in other pathologies about the role of leukocyte adhesion on endothelial damage.

Objectives: To evaluate the relationship between leukocyte adhesion and subclinical vascular damage in patients with RA and PsA.

Methods: Observational, cross-sectional exploratory study. Patients with RA and PsA who had at least one previous vascular study were recruited in a tertiary hospital during a period of 3 months. All of them donated a sample of fresh blood. Neutrophils were isolated and perfused on a monolayer of healthy endothelial cells of the umbilical cord vein to evaluate its degree of activation, determining the leukocyte adhesion parameter. The expression of different adhesion molecules was analyzed by flow cytometry. We also gathered demographic (sex, age, BMI), clinical (disease duration, classical CV risk factors) and analytical (CRP, ESR) variables. The previous vascular study consisted of an exploration of the extracranial carotid tree with an Esaote MyLab70XVG ultrasound scanner with a linear probe (7–12MHz) and an automated program for measuring the carotid intima-media thickness (CIMT) using ("Quality intima media thickness in real-time, QIMT"), the presence of atheroma plaques as per the Mannheim consensus and the measurement of pulse wave velocity (VOP) using the Mobil or graph® device. We consider as pathological the vascular study with the presence of abnormal plaque and/or IMT (> 900µ) and/or VOP (≥ 10m/s). The statistical analysis was performed with the SPSS Statistics 22.0 program.

Results: We included 27 patients, 18 women and 9 men, with a mean age of 58.07 (SD 11.64). Eight patients were diagnosed with RA and 19 with PsA, with mean disease duration of 14 years (SD 7.14). Of these 27 patients, 15 were on biologics, 11 were treated only with DMARDs and one patient was naïve for any immunomodulatory treatment. In addition, 14 (51.9%) were taking NSAIDs and 7 (25.9%) glucocorticoids. Regarding cardiovascular risk factors, 51.9% were exposed to tobacco, 25.9% suffered hypertension, 37% were dyslipidemic, 11% were diabetic and 11% were obese, with an average of 1.41 classic cardiovascular risk factors (SD 1.36) per patient. The previous vascular study had been considered pathological in 44.4% of the patients.

A tendency to greater leukocyte adhesion was observed in those patients with pathological IMT values ($p = 0.059$) and in those patients who presented atheromatous plaque ($p = 0.66$). No significant associations were found in relation to the rest of the adhesion parameters analyzed, nor could subanalysis be performed due to the small sample size.

Conclusion: Our preliminary data suggest that an increase in leukocyte adhesion on the endothelium is involved in the mechanisms of subclinical

atherosclerosis in patients with RA and PsA. Studies with a larger sample size will allow us to confirm these findings, as well as the factors implicated in their development.

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TREATMENT WITH BIOLOGIC DRUGS OF PREGNANT WOMEN WITH AUTOIMMUNE DISEASE, EXPERIENCE OF A REFERENCE CENTER IN HIGH RISK PREGNANCY AND AUTOIMMUNE DISEASES

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Background: Autoimmune diseases predominantly affect women of child-bearing age. These women must be without clinical activity before conception, which is usually achieved thanks to immunosuppressive drugs. Also, information on new drugs does not include their possible effects on pregnancy because pregnant women are usually excluded from clinical trials.

Objectives: The aim of the study is to evaluate the safety of biological drugs (BD) in pregnant patients with different autoimmune diseases (AD).

Methods: Patients were prospectively followed in a reference Spanish center for high-risk pregnancies and AD. Follow-up was performed by a multidisciplinary team with at least one obstetrician and one expert clinician in autoimmune diseases. Females exposed to BD during the periconceptional period or during pregnancy were included in the study. Obstetric and neonatal outcomes were assessed.

Results: Between 2015 and 2018 we identified 37 exposed pregnancies in 35 women affected by different AD. At the start of pregnancy, 18 patients were taking infliximab, 11 adalimumab, 3 natalizumab, 2 rituximab, 1 etanercept y 1 tocilizumab.

The AD that required BD were Crohn's disease (20 patients, 54.1%), ulcerative colitis (7, 18.9%), rheumatoid arthritis (4, 10.8%), ankylosing spondylitis (3, 8.1%) and multiple sclerosis (3, 8.1%).

Regarding pregnancies, 5 (13.5%) had left the BD just before the pregnancy. Of these, 1 remained stable and 4 (80%) had a flare during pregnancy requiring restart of BD. Of the 32 pregnancies who took the BD during pregnancy, 8 (25%) abandoned the treatment after knowing the pregnancy, meaning that 2 of them flared; 10 (31.5%) continued with the treatment until the end of the second trimester (week 25-26) and 14 (43.7%) continued during the third trimester, 4 of them kept the drug during the entire gestation due to disease activity.

In our study there was a positive correlation between preconceptional abandonment of the BD and the risk of presenting a flare ($p=0.003$), specially in the first and second trimesters ($p=0.024$). However, no relationship was found between BD and infections in the newborn ($p>0.05$), nor between each of the BD with the risk of infections.

Preconceptional treatment reduced the risk of flare (OR 0.545, 95%CI) and the risk of maternal complications (OR 0.5, 95%CI). Indeed, the presence of a flare during pregnancy increased the risk of maternal complications (OR 2.0, 95%CI).

Pregnancies under BD were compared to healthy controls adjusted by age finding no differences in the preterm delivery rate ($p>0.05$), in the induction rate of delivery ($p>0.05$) nor in the cesarean section rate ($p>0.05$).

Conclusion: In our series, the use of preconceptional BD and/or during pregnancy is not associated with an increase of maternal or fetal complications. However, fewer flares were observed. This may imply that BD can be a good tool for the treatment of women of childbearing age since control of the disease resulted in better maternal-fetal outcomes. However, more studies are needed to determine the usefulness and safety of these treatments during pregnancy.

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