FACTORS ASSOCIATED TO DEVELOPING CVD AND STROKE IN PATIENTS WITH ESTABLISHED RHEUMATOID ARTHRITIS: A BARFOT COHORT STUDY

Ioana Filip1, Stefan Bergman2,3, Maria Andersson4,5, BARFOT study group.

Background: Patients with rheumatoid arthritis (RA) have a higher risk of cardiovascular diseases (CVD) and stroke. The profile of TNF receptors (TNFR1, 2) co-expression is changed in RA. This mechanism may reflect the ability of the cells to react on certain TNF-alpha concentration or anti-cytokine therapy.

Methods: A questionnaire was sent twice to patients with established RA in patients with established RA.

Results: Twenty-two patients (3%) developed CVD and 55 (6%) patients were old and more often not treated with any DMARD, 30% vs. 18%, p=0.069. There were no other significant differences between the groups.

Conclusion: Knowledge about factors associated to cardiovascular disease is important when treating patients with established RA. Long-term treatment with corticosteroids seems to increase the risk to develop CVD. Treatment with DMARDs, especially conventional DMARDs, seems to decrease the risk to develop stroke. There were no association between developing CVD or stroke and NSAIDs in this study.

Disclosure of Interests: None declared


SAT0076 EARLY REMISSION IS ESSENTIAL TO PREDICT LONGTERM REMISSION. CLINICAL RESULTS OF THE BELGIAN CAP48 RA COHORT

Tatiana Sokolova1, Aleksandra Avramovska2, Pascalis Sidiras3, Sandra Kleimberg3, Stephanie Dierckx4, Laurent Mercic de Bellerfont5, Serge Schreiber6, Clio Ribbens7, Michel Malaise8, Maria Stoenuiu9, Silvana Di Roman1i, Valérie Bado9, Patrick Durez10.

Background: Early therapeutic intervention is crucial for patients with early rheumatoid arthritis (ERA). The goal of remission is achievable in a proportion of ERA patients.

Objectives: To evaluate the rate of patients in remission at 6 months and to correlate the 3 year remission rate. To identify baseline characteristics differences between patients achieving remission or not, and to report the best remission composite criteria to be used in daily care.

Methods: The Belgian CAP48 cohort supported by the French speaking radiotelevision (RTBF) is a unique prospective observational study of patients less than 50 years old with a recent diagnosis of ERA. All patients are naïve to DMARDs therapy and were recruited in different rheumatologic centers in Brussels and Wallonia. At baseline and every 6 months, demographic, specific clinical evaluation, questionnaires and laboratory were completed and treatment was adapted according each physician decision.

Results: 207 RA patients from 16 centers were analysed (162 F, 45 M, mean age 36.0 years, 27.8% with baseline erosion, 62.3% with ACPA, 59.9% with FR, mean HAQ 1.9, mean DSAS28-CRP 4.54, mean SDAI 24.9 and mean CDAI 23.4) history) and a group of 106 patients less than 50 years old with a recent diagnosis of ERA. All patients are naïve to DMARDs therapy and were recruited in different rheumatologic centers in Brussels and Wallonia. At baseline and every 6 months, demographic, specific clinical evaluation, questionnaires and laboratory were completed and treatment was adapted according each physician decision.

Results: of 43 patients.

Correlation between early 6 months response and long-term remission at 36 months was performed in 106 patients: 63 patients achieved DSAS28-CRP remission at 36 months versus 43 patients. DSAS28-CRP and SDAI composite remission criteria observed at 6 months could predict long-term remission observed at 36 months (Figure). Correlation between early 6 months response and long-term remission at 36 months was performed in 106 patients: 63 patients achieved DSAS28-CRP remission at 36 months versus 43 patients. DSAS28-CRP and SDAI composite remission criteria observed at 6 months could predict long-term remission observed at 36 months (Figure).