Conclusion: The findings of this biochemical marker analysis suggest that withdrawal from GC after achievement of LDA or remission with TCZ results in increased bone remodeling, with a trend toward an anabolic window and reduced cartilage degradation. Given that it could take a year to recover from increased fracture risk after cessation of GC therapy, our results offer further insight on the reversible risk of systemic harm to noninflamed bone versus benefits for inflamed joints in the context of LDA or remission.

REFERENCES:


When rheumatoid arthritis (RA) does not walk alone: new data on comorbidities in RA

Disclosure of Interests: None declared

Background: Understanding the timeline of comorbidity development in patients with RA may inform disease pathogenesis and help identify targets for improving outcomes (1).

OBJECTIVES: We first aimed to compare the prevalence of a comprehensive list of comorbidities in RA cases versus controls. Second, we aimed to investigate the time association of comorbidity development relative to RA onset to identify which comorbidities might predispose to developing RA and comorbidities that might inform disease pathogenesis and help identify targets for improving outcomes (1).

Methods: We performed a case-control study using a biobank at a single center, identifying 821 cases of RA (143 incident) using a rules-based algorithm combining two diagnosis codes with use of a DMARD (PPV = 95%). We matched each case to three controls based on age, sex, and location of residence at the time of the biobank survey. Participants self-reported the presence or absence and age of onset for 77 comorbidities on the survey.

RESULTS: Among the 3,276 RA cases and controls, mean age was 62 years, and 73% were female. Cases with RA had the same number of comorbidities as controls before RA diagnosis (median 1.0 vs 1.0, P = 0.49) but had more comorbidities by the time of the survey (median 5.0 vs 4.0, P < 0.001). At the time of the survey, several comorbidities were more common in participants with RA than controls (Table1). Cancer was not more common in RA cases than controls (31% vs 32%, p = 0.80), even among all cancer subtypes. The only comorbidities that appeared to be different trends in hip fracture rates for women and men and by age groups. The factors contributing to the observed recent increases in hip fracture rates among women and men ages 40-59 yrs warrant further attention. As suggested by others, there may be a recent plateau vs. slight increase in hip fracture rates in older women, which we noted in women age > 80 yrs since 2010. The decrease in hip fractures in older men, particularly in those age > 80 yrs, may reflect improved awareness in recent years of osteoporosis in men with initiation of treatment or better mitigation of risk factors, but warrants further review.

REFERENCE:

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Background: Prevalence studies of metabolic syndrome (MetS) in early rheumatoid arthritis (ERA) are sparse and estimates are variable. Differences by sex and with psychiatric comorbidity in pre-menopausal women.

Results: The systemic inflammatory process and the "traditional" cardiovascular (CV) risk factors could synergize the enhancement of CV burden in rheumatoid arthritis (RA) [1].