Methods: Peripheral blood samples were collected from 27 bDMARD responders and 12 non-responders RA patients at the indicated time points. Multidrug activity factors (MAFs) were measured from CD3+ and CD19+ lymphocytes by using SOLVO MDQ Kit™. Cut-off values were determined by using ROC curve analysis.

Results: Before starting bDMARD therapy, MAFCD3 and MAFMRP1 values of CD3+ cells were higher in non-responders as compared with responders. Six weeks after starting therapy, the same pattern was detected in case of MAFCD3, MAFMRP1 and MAFMPD1 in both investigated cell types. ROC analysis revealed that when MAFCD3 value is higher than 21.3 in CD3+ cells before starting bDMARD therapy are likely to be non-responders. At later time points, MAFCD3 values above 20.3 and MAFMRP1 above 6.0 and MAFMRP1 values above 13.9 in CD3+ cells also predict unfavourable treatment response. Of note, these cut-off values are all below the respective reference ranges in healthy individuals established in our earlier study [3].

Conclusion: Importantly, little is known about the relation of MDR activities and therapeutic success to bDMARDs. Proinflammatory mediators and cytokines may serve as an interface between pharmacological activity of bDMARDs and MDR transporters [4–6].

REFERENCES

Disclosure of Interests: None declared


SA0542 DETECTION OF SUBCLINICAL LV MYOCARDIAL DYSFUNCTION IN RHEUMATOID ARTHRITIS PATIENTS BY SPECKLE TRACKING

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Background: Patients with rheumatoid arthritis (RA) have shorter life expectancy and their risk of cardiovascular (CV) death is more than 50% higher than the rest of the population. Early myocardial dysfunction may be detectable more precisely and sooner using speckle tracking echocardiography.

Objectives: This study was designed to assess myocardial (LV) systolic function by STE (speckletracking echocardiography) strain imaging in patients with RA without known CVD and to correlate the findings with characters of the disease.

Methods: Cross-sectional observational study enrolled 60 patients with RA (mean age 46.22 ± 8.14 years) without known CVD, and 20 healthy controls. All subjects underwent a standard echocardiographic examination as well as the speckle tracking assessment of left ventricle strains.

Results: Speckle-tracking assessment of LV systolic function revealed decreased GLS among the patients group (-16.80% vs. -22.35%, P<0.001). There was a negative correlation between the duration of RA and the GLS (r = -0.301). Receiver operating characteristics (ROC) curve was used to define the best cut off value of GLS which was -20, with sensitivity of 76.7%, specificity of 80%, positive predictive value of 92%, negative predictive value of 63% with diagnostic accuracy of 83.9%.

Conclusion: The speckletracking method for myocardial strain analysis showed unambiguously systolic impairment of longitudinal strain parameters. So, patients with RA should undergo a full comprehensive echocardiographic study for assessment of LV systolic function.

REFERENCES