on enrichment culture only n=3 or an alternative clinical diagnosis was clearly documented n=4. One case was incorrectly labeled as a joint aspirate. The remaining positive samples, 17 in 12 patients, came from prosthetic joint aspirates.

**Conclusion:** In line with known literature, *staph.aureus* was the most common pathogen\(^1\), however there were a number of other bacteria identified which needs to be taken into account when formulating local antimicrobial guidelines. Current literature reports surgical treatment as not superior to medical\(^2\), yet 65% of cases here under went joint lavage in theatre. This information will be used to inform local clinical practice, and, guide recruitment targets for a large multi-centre study collecting data and samples from patients presenting with a hot swollen joint, with the aim of identifying a specific biomarker for SA.

**REFERENCES**


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**Diabetes Mellitus** 319 5
**Sjogren Syndrome** 162 4
**Chronic Renal Failure** 54 0.83
**Cerebrovascular Disease** 30 0.46

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**Conclusion:** As other studies have shown high blood pressure is the most common disease among patients with RA followed by osteoporosis (1, 3). According to these results it is important to consider the patient’s context, medical conditions, and the number of comorbidities in order to understand the complexity of the management of patient with RA. Additionally, it is important to explore barrier and health care services in order to plan a realistic plan where a patient is managed with all comorbidities.

**Disclosure of Interests:** Anggie Aza: None declared, Michael Cabrera: None declared, Fernando Rodriguez: None declared, Pedro Santos-Moreno Grant/research support from: Dr Santos has received speaker fees from Sanofi, Lilly, Bristol, Pfizer, Abbvie, Janssen and UCB

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**SAT0698-HPR**

**COMMON COMORBIDITIES IN PATIENTS WITH RHEUMATOID ARTHRITIS IN A UNICENTRIC BIG COHORT**

**Anggie Aza**, Michael Cabrera, Fernando Rodriguez, Pedro Santos-Moreno

**Background:** Rheumatoid arthritis (RA) is a common systemic autoimmune disease characterized chronic joint inflammation. RA and ageing are associated with comorbidities such as cardiovascular disease, malignancies and osteoporosis, these conditions have an important effect on the management of RA. These comorbidities can be associated with higher mortality, poor life quality, and the increasing of costs for the health system.

**Objectives:** To describe the prevalence of comorbidities and characteristics of a Colombian unicentric big cohort that assist to a RA specialized center.

**Methods:** We performed a descriptive analysis; our main goal was to provide real-life data regarding characteristics of patients with RA. We collected sociodemographic information, DAS28, and prevalence of comorbidities regarding hypertension, cerebrovascular disease, diabetes mellitus, osteoporosis, renal chronic disease, or Sjogren’s syndrome. We calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We estimated the prevalence of comorbidities and performed a bivariate analysis.

**Results:** We reviewed the medical charts of 6541 patients, 82% were female and 18% male; median age was 60 years RIQ (50-67), regarding disease activity, mean DAS28 was 3.34 ± 1.28. The prevalence of comorbidities was 36%, the most common disease was high blood pressure followed by osteoporosis, see table 1. When we compared DAS28 and comorbidities 11% of patients who were in moderate or severe disease activity had one or more comorbidities. The relationship between disease activity and comorbidities was not associated and it was not statistically significant (\(P>0.05\)).

**Table 1. Comorbidities in patients with RA**

<table>
<thead>
<tr>
<th>Comorbidity</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>1589</td>
<td>24</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>804</td>
<td>12</td>
</tr>
</tbody>
</table>

**SAT0698-HPR**

**SYSTEMATIC LITERATURE REVIEW AND META-ANALYSIS OF INFECTION TYPES AND THE EFFECT OF MEDICATIONS ON INFECTION IN SYSTEMIC LUPUS ERYTHEMATOSUS**

**Nashia S. Barroso**, Aly M. Aly, Ethan Zaccagnino, Li Wendy, Harsh Agrawal, Sarah M. Doaty, Daniel Furst

**Background:** The infection incidence rates are high in systemic lupus erythematosus (SLE) patients\(^1\) and the medical literature documents broad categories of specific bacterial infection risks for SLE patients.\(^2\)\(^4\) However, there has not been a detailed incidence of infection types and infection predictors.

**Objectives:** In a systemic literature review (SLR) and meta-analysis, to describe the types and incidences of infections in SLE patients and to examine the effect of medications used to treat SLE.

**Methods:** An SLR of SLE and infection articles generated through a search of MeSH terms using PubMed and Medline generated 1,211 articles. Using predefined Incl/Exc criteria, data from 32 accepted articles were double-extracted and descriptive and multivariable analyses were conducted. Relative risks between drug classes were estimated using Arm-Based Network Meta-Analysis. Hypothesis tests were two-sided and a p-value <0.05 was statistically significant. Analysis was conducted in the R Statistical Computing Environment (R Core Team; Vienna, Austria).

**Results:** 4,130 patients were considered, 91% females, average age: 36.8 (10.9) years, mean disease duration: 6.9 (6.1) years, SLEDAI mean: 11.7 (4.6). In drug trials, 775 used conventional synthetic DMARDs (csDMARDs), 1,809 (43.8%) used biologic DMARDs (bDMARDs), 691 (16.7%) used placebo and the rest were in non-specific drug specific observational studies. 90.4% used background corticosteroid therapy.

**Bacterial infections occurred most commonly, 61% of the total of 315 non-serious infections, of which 28.4% were gram negative and 15.3% gram positive. 135 (42.9%) had viral infection**


\[^2^\] Ravindran V, Logan I, Bourke B E. Medical vs Surgical treatment for the native joint in septic arthritis: A 6 year, single UK academic centre experience. Rheumatology Oct 2009 48(10):1320-1322

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