respectively, of RA patients, without significant differences between mono and combination therapy. Considering baseline biomarkers predictive of LDA at 12 months, IL23 and BAFF plasma levels >43.6pg/ml arose as potent predictor [OR(95%CIs):20.0(1.9-211.2)], whereas the best predictors of DAS-R were baseline BAFF plasma levels ≥563.3pg/ml [OR(95%CIs):3.9 (1.1-14.3)] and IL23 plasma levels ≥43.6pg/ml [OR(95%CIs):4.1(1.1-15.2)]. In addition, Albumin levels ≥4.25g/dl at 3 months FU, arose as a biochemical parameter predicting DAS-R [OR(95%CIs):26.0(3.0-171.3)] and SDA-R [OR(95%CIs):5.5(1.2-22.9)] at 12 months FU.

Conclusion: IL23 and BAFF related inflammation are targets of IL6 blockade that significantly increases Albumin levels. High plasma levels of IL23 and BAFF at baseline represent biomarkers for LDA and DAS-R achievement in RA inflammation driven by IL6. Albumin after three months of therapy represents the strongest predictor of remission at 12 months.

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AB0254

NEUTROPHIL-LYMPHOCYTE RATIO AND PLATELET-LYMPHOCYTE RATIO IN PATIENTS RECEIVING ANTI-RHEUMATIC THERAPY: RELATIONSHIP TO CLINICAL AND LABORATORY MARKERS OF DISEASE ACTIVITY

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Background: The use of antirheumatic drugs is key to limit or prevent inflammation and joint damage in rheumatoid arthritis (RA). Recently, neutrophil-lymphocyte ratio (NLR) and platelet-lymphocyte ratio (PLR) has been considered as markers of clinical activity in RA1, however its relationship with serological and clinical parameters in patients receiving disease modifying drugs (DMARDs) therapy has been poorly evaluated.

Objectives: To analyze the association of NLR and PLR with serological and clinical parameters related to the clinical prognosis in RA patients with antirheumatic treatment.

Methods: A cross-sectional study was carried out in 150 women with RA (mean age of 45.5 years, and mean duration of disease of 8 years) all diagnosed according to ACR/EULAR 2010 criteria and receiving DMARDs and corticosteroids (Cs) therapy. The clinical features and DSAS-28 scores were analyzed by a rheumatologist professional. The NLR and PLR, as well as the erythrocyte sedimentation rate (ESR), high sensitivity C reactive protein (hsCRP) levels, rheumatoid factor (RF) and anti-cyclic citrullinated peptides (anti-CCPs) antibodies, were determined in the laboratory.

Results: Of the medical schemes prescribed commonly were: Methotrexate (MTX) monotherapy and MTX combination with chloroquine, sulfasalazine, leflunomide and Cs. The NLR was correlated with DSAS28-ESR and DSAS28-hsCRP scores. The values of NLR >2.2 (percent neutrophil/percent lymphocyte) were associated with hsCRP >12 mg/L (OR=2.45, p=0.036), DSAS28-hsCRP >6.0 (OR=0.07, p=0.007) and with anti-CCPs-positive (>5 U/mL) (OR=1.57, p=0.41). While, PLR >10.4 (platelet count/10^3/mm^3/percent lymphocyte) was too associated (OR=3.72, p=0.004; OR=2.51, p=0.08; OR=2.96, p=0.07, respectively). Serological autoantibodies, when was considered in combination, the anti-CCPs/RF-positive patients showed a higher correlation between NLR and PLR with the parameters of clinical activity [tender joints count (r=0.19, p=0.036; r=0.16, p=0.07), swollen joints count (r=0.15, p=0.08; r=0.14, p=0.11) and DSAS29-hsCRP score (r=0.16, p=0.08; r=0.17, p=0.05)], however this correlation was higher in anti-CCPs-positive but RF-negative patients. In addition, was observed that patients with DMARDs combination and a greater number of drugs had increased NLR and PLR.

Conclusion: NLR and PLR could be considered markers for the evaluation of the clinical course and response to therapy DMARDs in RA patients.

References:

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AB0255

CLINICO BIOLOGICAL PROFILE OF RHEUMATOID ARTHRITIS WITH PERIODONTITIS AND PORPHYROMONAS GINGIVALIS

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Background: The Periodontitis is currently defined as a risk factor of occurrence of the rheumatoid arthritis (RA). The porphyromonas gingivalis (P. gingivalis) figure among the main germs incriminated in the occurrence of the PD. Previous studies have shown that antibodies to P. gingivalis are associated with anti-CCP antibody in patients with RA. However others studies have not demonstrated this association.

Objectives: The aim of this study was to seek for a possible association between clinico-biological parameters of the RA and the presence of the P. gingivalis.

Methods: We conducted a prospective study of 69 patients with early rheumatoid arthritis (≤2 years), naive of biotherapies. Smokers, diabetics, and subjects who received dental care and those who used antibiotics in the previous 6 months were not included. Periodontal status, demographic, clinical activity and anticyclic citrullinated peptide antibodies (anti-CCP) parameters were determined. The P. gingivalis has been searched in patients with a PD. The P. gingivalis has been detected in 59% of PD. The mean titre was 201.

Results: The mean age of our patients was 40.75 ± 12.04, the mean duration of the illness was 14.30± 6.76 months (extremes: 1-24 months). ACPA was detected in 88% of patients and the mean titre was 255.57±409.78. ACPA was detected in 43% of patients have presented a PD. The P. gingivalis has been detected in 59% of PD. The mean DSAS28 of patient with and without P.gingivalis is respectively > 4.40±1.32 and 4.15±1.45, and there was no significant difference (p=0.65). There was no association observed between anti CCP and the presence of P.gingivalis (the mean titre of anti CCP was 249.47±294.58 with P.gingivalis and 258.67±93.48 without P.gingivalis, p= 0.74).

Conclusion: This study showed that periodontitis is frequent in rheumatoid arthritis. More than half of our patients suffering of periodontitis were infected by porphyromonas gingivalis. Rheumatoid disease activity does not seem to be related to porphyromonas gingivalis. In addition there was no association between anti-CCP antibody and the presence of porphyromonas gingivalis.

References:

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