RHEUMATOID ARTHRITIS IN HISPANIC PATIENTS: DEMOGRAPHIC AND BASELINE CLINICAL CHARACTERISTICS IN AN EARLY REFERRAL COHORT IN MEXICO VERSUS ROUTINE CARE IN THE UNITED STATES

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Background: Hispanics are the largest minority group in the United States (US) and his percentage is expected to increase (28.6% by 2060)1, being Mexicans the largest group (67.9%). RA patients from Latin-America have distinctive features from White patients. The literature highlights a younger age at presentation and a different clinical expression compared with White2 but few data for Hispanic patients in US are available.

Objectives: We compared baseline demographic, clinical features and disease management among Hispanic RA patients from two well-characterized cohorts, in the USA and Mexico city.

Methods: An early arthritis clinic (EAC) was established at Site 1 (Mexico City); patients with recent-onset RA (<1 year of symptoms) had a standardized assessment and received “treat to target” treatment. At Site 2 (US), a “routine care” cohort was initiated in 2011, and all patients completed a multidimensional health assessment questionnaire (MDHAQ) as part of their routine care. Patients from both sites had baseline complete laboratory data, and tender joint counts. Initial treatment was noted. Data from both sites were compared and appropriate statistics was used.

Results: 201 patients from site 1 and 179 from site 2 were included (table 1); among them, 105 (52%) and 37 (19%), respectively, were DMARD-naive at baseline. Patients from site 1 were older and had longer disease duration, however demographic characteristics did not differ. Naïve DMARDs patients from site 2 scored significantly higher pain-VAS and tender joint counts, and had higher ESR values (p<0.05, Mann-Whitney); a similar tendency was seen for other PROs. Time to DMARDs initiation was shorter in the EAC.

Table. Demographic and clinical characteristics at first rheumatology visit for RA patients. All data as median (IQR) unless otherwise indicated. *p<0.005. NA, not applicable.

<table>
<thead>
<tr>
<th>Site 1: Mexico-Early Arthritis Clinic</th>
<th>Site 2: US-RA Routine Care</th>
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<tbody>
<tr>
<td>Patients on DMARD</td>
<td>Patients on DMARD</td>
</tr>
<tr>
<td>N=105</td>
<td>N=142</td>
</tr>
<tr>
<td>DMARD</td>
<td>DMARD</td>
</tr>
<tr>
<td>Naive</td>
<td>Naive</td>
</tr>
<tr>
<td>N=96</td>
<td>N=94</td>
</tr>
</tbody>
</table>

DEMOGRAPHICS

Age, years, mean (SD) 38.6 (13) 38.8 (13.2) 67.9 (12.6)
Female,% 87.5% (93%) 87.7% (83%)
Yrs of formal education 12 (9,16) 12 (9,14) 12 (9.5, 14)
Symptom duration-first visit, mo 5.6 (3.9, 7.9) 5.5 (2.5, 8) 7.5 (4.7, 8.5)
% treated as early RA (<6m) 59.4 70 NA 34

PROs

Pain (0-10) 4.2 (2.4, 6) 6.2 (3.8, 7) 6 (2.7, 8) 8 (6, 6.5)
Patient global assessment (0-10) 4.4 (2.3, 6.8) 6.7 (3.9-8.2) 5.5 (2.5, 8) 7.5 (4, 8.5)
Tender Joint Counts (TJC28 or self-reported RADA418) 11.0 (6.8-16.3) 10.3 (6-20) 12 (10, 21.5) 10.5 (8, 14.3)
RAPID3 (0-30) 2.2 (1.4) 3.1 (3.0, 4.2) 2.4 (1.2, 4.8)

SEROLOGIC DATA

RF,% 82 82 75 72
ACPA,% 84 86 67 81
ESR, mm/hr 215 (11, 46) 231.5 (12.5, 38) 35.5 (14, 55)

Conclusion: Hispanic patients with RA from different regions in America may differ in their initial presentation. Naïve DMARDs patients belonging to an early RA cohort had shorter presentation to rheumatology resulting in earlier treatment initiation, which has been associated to better outcomes. EACs facilitate the identification of patients with recent-onset disease and help provide early access to effective therapies.

REFERENCES


Disclosure of Interests: None declared

EFFECT OF DISEASE DURATION AND OTHER PATIENT GALLEN, St Gallen, Switzerland

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44 joints; LDA: low disease activity (definition not specified in article); M: months; W: weeks.

Odds ratios are shown as diamonds: White diamonds represent univariate analyses; black

interval.

different outcome criteria and at different time points, in odds ratios with 95% confidence 

Figure 1


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DISCRiminant Validity of the HandGrip strength test in patients with rheumatoid arthritis: a cohort study

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Background: Hand involvement is one of the major determinants of disease outcome affecting the ability to perform activities of daily living and other functional activities in rheumatoid arthritis (RA). Handgrip strength (HS) provides a clinically validated marker of functional disability.

Objective: The aim of this study was to assess discriminant validity of HS and to compare it with the Quick Disabilities of Arm Shoulder and Hand (Quick-DASH) (1), Arthritis Impact Measurement Scales 2 (AIMS-2), Hand Health Assessment Questionnaire (Hand HAQ) and Recent-Onset Arthritis Disability (ROAD) upper extremity index (2).

Methods: In this transversal study, a total of 291 patients with RA responding to the ACR 2010 criteria were evaluated. HS was measured twice for both hands by the use of an electronic grip device. The instrument consists of a cylindrical-shape grip device made of 5 force sensors connected to a microcontroller. The correlations between indices were studied through the Pearson’s correlation coefficient (r). The discriminatory ability of HS [cut-off values, male ≤ 27 Kg, female ≤ 16 Kg], QuickDASH [range 0-100], AIMS-2 hand/finger function [range 0-10], Hand HAQ [range 0-21], and ROAD upper extremity function [range 0-10] were assessed using receiver operating characteristic (ROC) curves analysis. The external anchor was the general question on Patient Acceptable Symptom State (PASS) (3).

Results: The 239 female and 52 male patients (sex ratio: 4.5f:1m) were of a mean age of 56.5 ±12.3 years (20–81) and a disease duration of...