Results: A total of 44 patients with SA were included (average duration 9 ± 8 years), 56 patients with RA (average duration $11 \pm$ nine years). They were all asymptomatic on the cardiac level and without a cardiovascular history. The population was homogeneous, concerning the presence of the cardiovascular risk factors, except for the diabetes, more frequent in the RA groups. The proportions of extra systoles, atrioventricular blocks (2.2% in the SA group, 1.4% in the RA group), complete or incomplete left branch block (respectively: 0.7%, 0.6%), complete right limb block or left branch block (respectively: 0.8%, 2.7%) and abnormality suggestive of myocardial ischemia (5.2%, 10.8%)

Conclusion: In patients with no history of cardiovascular disease who are asymptomatic, performing a systematic ECG does not reveal the increased risk of specific cardiac complications related to these conditions in patients with SA and RA.

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AB0303

METABOLIC SYNDROME IN TUNISIAN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The rheumatoid arthritis (RA) is responsible of a high cardiovascular morbi-mortality. This could be related to an increased prevalence of metabolic syndrome in patients with (RA)

Objectives: The aim of our study was to determine the prevalence of metabolic syndrome in RA, to identify factors associated with its presence and to evaluate the influence of antirheumatic drugs on its occurrence.

Methods: A cross-sectional study was conducted in the Internal Medicine department over a period from July 2016 to June 2017, including 50 RA patients classified according to the 1987 ACR and/or 2010 ACR/EULAR criteria. We used the National Cholesterol Education Program/Adult Panel Treatment III 2005 (NCEP/ATP III 2005) definition for the metabolic syndrome.

Results: There were 50 patients (sex-ratio = 0.28) with a mean age of 50.84 ± 12.52 years. The mean age at the onset of RA was 42.04 ± 12.76 years with duration of 17.52 months (0.8-120 months). The evaluation of the disease showed an average DAS28-VS score of 5.37 ± 1.24 and a significant functional impact (HAQ score ≥ 1) in 36% of patients. The prevalence of metabolic syndrome in RA was 40%. Its presence was associated with higher age ($p = 0.003$), greater disease activity ($p=0.044$), the presence of a biological inflammatory syndrome ($p=0.032$) and hyperuricemia ($p=0.005$). An association was also found with long-term corticosteroid use ($p = 0.03$).

Conclusion: Our results are consistent with most of the literature data. Throughout our study, we emphasize the importance of continuous monitoring of disease activity and the need for cortisone-sparing.

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AB0304

EXTRA-ARTICULAR MANIFESTATIONS IN A COHORT OF PATIENTS WITH RHEUMATOID ARTHRITIS RECEIVING BIOLOGIC TREATMENT

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Background: Extra-articular manifestations (EAM) in rheumatoid arthritis (RA) are more prevalent in patients with seropositive, nodular and long term disease. Around 40% of patients with RA can develop EAM, although the incidence has decreased with the “treat to target” strategy.

Objectives: To describe EAM in a cohort of patients with rheumatoid arthritis.

Methods: Retrospective descriptive study of patients diagnosed with RA between 2000 and 2018 who are currently under active biological treatment. Cardiovascular risk factors, baseline characteristics of RA and EAM during their evolution are collected. Statistical analysis is performed with SPSS 24.

Results: We recruited 108 patients, 81.5% female, with mean age at onset of RA of 50 ± 15 years (range 17-82). RF was positive in 84.3% and ACPA in 81.3%. Erosions were observed on hands or feet at diagnosis in 35.2%. Mean follow up period: 12 ± 8 years. The most common initial treatment was methotrexate (82.4%) and 44.4% received other DMARDs: leflunomide (32.3%), hydroxychloroquine (16.2%) and others (9.1%).

DAS28VSG at diagnosis was 4.15 ± 1.18 (1.89-6.02) and at the introduction of the first biological drug it was 5.02 ± 1.16 (mean years since diagnosis 6 $\pm$ 5).

The first biological drug was etanercept (40.7%), followed by adalimumab (17.6%), abatacept (15.7%), rituximab (7.4%), tocilizumab (7.4%) and infliximab (4.6%). 57.4% discontinued the first biologic: secondary failure (58.1%) or adverse effects (20.6%).

65.7% (71 patients) developed some EAM during disease evolution and 14.8% appeared during the first year. During this first year, secondary Sjögren (37.5%) was the most frequent, followed by rheumatoid nodules (18.7%), EPID (18.7%) and osteoporosis (18.7%). Two or more EAMs were present in 33.3% of patients.

Fifty-four patients (56.3%) did not present any EAM at the beginning of the biological treatment and 29.6% (21 patients) developed EAM afterwards, with an average of 1 ± 3 years. Pulmonary involvement was the first EAM to appear after the onset of biological treatment, followed by anemia (both in the first year).

Summarizing the data of all patients over time, the most frequent EAMs were: osteoporosis (28.7%, mean appearance: 5 years from diagnosis); secondary Sjögren syndrome (27.8%, mean 6 years); normochromic normochromic anemia (21.3%, mean 8 years) and pulmonary involvement (17.6%, mean 4 years), presented as EPID (63.3%), NINE (25%), NIU (8.3%) and pulmonary nodules (8.3%). Other EAM observed were: cutaneous involvement in the form of rheumatoid nodules (15.7%, mean 5 years); ophthalmological involvement (6.5%, mean 18 years) (PUK 2.8%, uveitis 1.9%, scleritis 0.9%, episcleritis 0.9%); amyloidosis (3.7%, mean 16 years) and vasculitis (2.4%, mean 14 years).

Conclusion: EAM have a high prevalence in RA patients receiving biologic treatment (76.6%). A third part of patients had 2 or more EAMs. 14.8% develop the first EAM during the first year of evolution of RA and 30% in the first 5 years. The most frequent are osteoporosis and Sjögren's syndrome, according to what is described in the literature. Pulmonary involvement is the most rapid during the evolution of RA with an average of 4 years.

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