AB0305

ALLERGIC SYMPTOMS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: One of the hypothesis of RA pathogenesis is that autoimmune process in rheumatoid arthritis starts within the airways. The factors leading to increased antiCCP antibodies formation within the airways are not fully understood. People with allergies to inhaled allergens suffer from chronic inflammation within upper and lower airways.

Objectives: The aim of this study was to assess the prevalence of symptoms of upper and lower airways allergic diseases in patients with rheumatoid arthritis as compared to general population prevalence.

Methods: The study group consisted of 96 patients with RA (age years – 46,69±15,70 women-93%, men – 7%). Control group consist 1685 subjects from Lodz population (47,89±15,11 women-55%, men-45%). All responders completed a screening test for allergy symptoms, 60 of RA and all controls were asked to complete a detailed survey consisting of 30 questionnaires based on GA²LEN Global Allergy and Asthma Network protocol include diagnoses and separate symptoms of allergic diseases.

Results: In screening questionnaire 16,84% of RA patients and 7,24% control declare that suffer from asthma ($p<0,001$). The incidence of wheezing in both groups was statistically insignificant (30,00% RA vs 20,65% control; $p>0,05$), however the coexistence of dyspnoea and wheezing was more frequent in the group of patients with RA (44,83% vs 14,01%; $p<0,001$) as well as wheezing without symptoms of infection (55,56% vs 15,37% $p<0,001$). The frequency of waking up at night due to dyspnea or coughing did not differ significantly between the study and control group (respectively 18,67% vs 12,82 and 33,33% vs 33,35%). The symptoms of upper airway chronic inflammation were also more prevalent in patients with RA as compared to controls. Chronic sinusitis was declared by 26,67% of patients and 10,62% controls ($p<0,001$), as well as the symptom of post-nasal drip was significantly twice more frequent than in the study group (20,00% vs 9,08%; $p<0,005$). Symptoms of a nasal allergy are insignificantly more often in RA group (38,33 vs 33,06%).

Conclusion: Increased prevalence of symptoms of upper and lower allergic diseases in patients with RA requires further investigation as chronic inflammation within airways can lead to posttranslational modification of proteins and autoantigen formation.

Disclosure of Interests: None declared

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AB0306

DISEASE ACTIVITY AND PREVALENCE OF CAROTID PLAQUE ARE INCREASED IN SEDENTARY RHEUMATOID ARTHRITIS PATIENTS

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Background: Multiple benefits from physical activity (PA) in rheumatoid arthritis (RA) patients have been described; exercise in RA is associated with a cardiovascular (CV) protective role, resulting in lower waist-hip ratio, vascular stiffness and hypertension (1). Other important advantage of PA in RA is the impact observed in disease activity; regular PA is associated with reduced DAS28 (2). There are no previous studies evaluating the effect of exercise on disease activity and carotid Ultrasound (US) findings in Mexican-mestizo RA patients.

Objectives: To compare clinical characteristics and carotid US findings of Mexican-mestizo RA patients who perform PA to sedentary RA patients.

Methods: Cross-sectional, observational, comparative study. We included RA patients aged 40 to 75 years that fulfilled the 2010 EULAR criteria. Patients with prior atherosclerotic CV diseases and overlap syndromes were excluded. Clinical history, blood samples, physical exam and carotid US were performed. Carotid plaque (CP) was defined as a focal narrowing ≥ 0.5 mm of the surrounding lumen or a carotid intima media thickness (cIMT) ≥ 1.2 mm, and increased cIMT was defined as ≥ 0.9 mm. Patients were classified in two groups: those who are sedentary and those who regularly perform PA (defined as ≥ 120 min/week). The Kolmogorov-Smirnov test was used to determine normal distribution. Categorical variables are expressed as total number (%), and numerical variables as

median (q25-q75). Chi square and Mann-Whitney U-test were used to compare groups and considered significant if $p<0.05$.

Results: A total of 334 RA patients were included. Clinical characteristics are shown in table 1. Patients who exercised had lower disease activity and BMI. Carotid US was performed in 127 patients (Table 2). There was a higher prevalence of CP, bilateral CP and increased cIMT in sedentary patients. Sedentary RA patients had an increased risk of CP (OR 3.1 [IC95% 1.0-9.7, $p=0.04$]).

Table 1. Clinical characteristics

Variables	Physically active (n=80)	Sedentary (n=254)	p
Age (years), median (q25-q75)	55.3 (46-58.7)	55.7 (49-61.6)	NS
Women, n (%)	72 (90)	236 (92.9)	NS
Disease duration (years), median (q25-q75)	5 (2-11.3)	9 (3.7-15.5)	0.002
Past or current smoker, n (%)	16 (20)	63 (24.8)	NS
BMI (kg/m ²), median (q25-q75)	26.4 (24.7-29.1)	28 (25.2-31.8)	0.004
Diabetes Mellitus, n (%)	10 (12.5)	38 (15)	NS
Dyslipidemia, n (%)	27 (33.8)	67 (26.4)	NS
Hypertension, n (%)	16 (20)	77 (30.3)	NS
DAS28-CRP, median (q25-q75)	2.6 (1.8-3.8)	3.4 (2.3-4.4)	0.001
CDAI, median (q25-q75)	6 (2-16)	11 (3.7-20.2)	0.005
SDAI, median (q25-q75)	7 (2.5-17.3)	12.5 (4.5-22)	0.004

Table 2. Carotid US

Carotid US findings n (%)	Physically active (n=28)	Sedentary (n=99)	P
CP	4 (14.3)	34 (34.3)	0.041
Increased cIMT	9 (32.1)	55 (55.6)	0.029
Unilateral CP	3 (10.7)	15 (15.2)	NS
Bilateral CP	1 (3.6)	19 (19.2)	0.045

Conclusion: Patients who perform PA had significantly lower disease activity and BMI. A higher prevalence of CP, increased cIMT and bilateral CP was found in sedentary patients. Sedentary RA patients had an increased risk of CP. These results are similar to previously described in other populations and may be indicators of the protective effect of PA in RA patients. Rheumatologists should encourage their patients to exercise regularly.

REFERENCES

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AB0307

A.P.R.A.N. ASSESSMENTS OF TENDER AND SWOLLEN JOINTS COUNT SCORE PERFORMED BY A RHEUMATOLOGIST AND RHEUMATOLOGY NURSES IN PATIENTS WITH RHEUMATOID ARTHRITIS AND PSORIATIC ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a multisystem and debilitating disease. Fortunately, there is now a wide range of available treatments for these patients². Also, guidelines recommend a « treat to target »¹ involving strict follow-up of the patients. The recommended target is remission. But, in Canada, especially in rural areas, there are few rheumatologists facing a growing number of RA patients. Innovative solutions are needed in order to face this challenge. One solution is to work with a nurse assistant performing the joint count evaluation between the rheumatologist's visits. The consistency of examinations and disease activity evaluation is therefore.

Objectives: The primary objective is to validate the accuracy of the assessment of RA and Psoriatic arthritis disease activity by a nurse in comparison to assessments conducted by rheumatologists for CDAI and