DAS-28. The secondary objective is to validate the accuracy of different parts of the CDAI and DAS-28. Comparison with the patient's joint count is done as well.
Methods: The trial was conducted in a private clinic. The patient was examined at first by the physician and afterward by the nurse. The 2 nurses participating to the trial were trained for joint count during a 14 hours course. Finally, a brief training was given to the patient who performed a self-evaluation. The study consisted of one visit where all the different information was collected. The different data collected concerned: the patient's medical history, medication, diagnostic, joint count by the nurse and the physician, VAS by nurse and physician. The patient's self-joint count was done for a subgroup of the patients. The Rho of Spearman was used for the correlation analysis.
Results: The overall correlation between the patient DAS-28 and physician DAS-28 was good (r=0,701) and it was very good between the nurse and the physician (r=0,846).The correlation between the nurse CDAI and the physician CDAI was also very good (r=0,765). The correlation between the different parts of the DAS-28 was less impressive. But in the same way, the correlation was better between the nurse (nr) and the physician, than between the patient (pt) and the physician (MD) and the least between the patient and the nurse. Respectively the correlation for TJC pt-nr is r=0,452, pt-MD is r=0,537, nr-MD is r=0,693, for the SJC the correlation is with pt-nr=0,390, pt-MD=0,414, nr-MD=0,699. The VAS-pt correlates poorly with both the nurse and the doctor VAS, respectively r=0,428 and r=0,392.No significant difference was found between the two nurses.
Conclusion: The primary end point is attained. There is a very good correlation between the nurse and the physician's evaluation. These results are congruent with those of previous studies[3]. So, this study is another argument to work with a nurse assistant and to use DAS-28 or CDAI in order to save time as we can be confident that the results of the nurse examination is accurate and valuable. This team work is a way to improve patient care following the guidelines. Treat to Target is possible even in remote areas lacking of resources.

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AB0308 THE ASSOCIATION OF PARKINSON DISEASE WITH RHEUMATOID ARTHRITIS

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Background: Parkinson disease (PD) is a progressive neurological disease, characterised with tremor, spasticity, arthrosis, dementia, loss of mobility and generalised pain. PD affects mainly elderly population. Activity of PD patients is restricted because of spasticity and severe arthrosis. Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disease which can cause disability in elderly population. Patients with can admit to rheumatology clinics with generalised pain or restricted mobilisation. In contrast, in some PD patients with generalised pain on joints, RA may be overlooked
Objectives: We aimed in this study to evaluate the characteristics of patients with RA and Parkinson patients.
Methods: 842 RA patients screened retrospective for PD from the patient files.10 patients with both RA and Parkinson disease were included to study. 3 female and 7 male patients with **mean age 76,4 (with a standard deviation 5,4) were evaluated. The characteristics of patientsare evaluated from the patient files.**
Results: All patients were older than 75 years. Mean RA duration time was 14 months and PD duration time was 34 months. All patients admitted outpatient clinic with leg pain and inability to walk. 4 of 10 patients had mild dementia. Median ESR was 36 mm/h and median CRP value was 0,68 mg/dl. 6 of 10 patients had positive ANA result with 1/100 ratio, but rheumatoid factor and anti CCP were negative.
Conclusion: PD is one of the disorder that may cause severe disability in very old ages. RA may be an additional factor for pain and loss of function in PD patients. Patients with generalised pain and difficulties with walking should be evaluated for PD especially in old ages. PD patients with generalised pain on joints should be evaluated for inflammatioy arthritis.
Disclosure of Interests: None declared
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AB0309 THE FREQUENCY OF HEMATOLOGICAL MALIGNANCIES IN AUTOIMMUNE RHEUMATIC DISEASES

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Background: Autoimmune rheumatic diseases are associated with increased risk of hematological malignancies. The pathogenesis of autoimmunity can cause of malignancies or immunosuppressive agents may increase the risk of malignancies.
Objectives: We aimed in this study to determine the frequency, type and characteristic of hematological malignancies in rheumatology practice.
Methods: 1640 rheumatology outpatient patient with autoimmune rheumatic diseases (Rheumatoid arthritis (RA), SLE, Sjogren's syndrome (SjS), myositis, systemic Sclerosis, undifferentiated connective tissue diseases (UCTD)) are screened for hematological malignancies. 16 patients are found with hematological diseases. The characteristics of these patients are reported retrospective from their outpatient clinic case files.
Results: The frequency of hematological diseases was found%0.04 in study group. 4 patients had myeloproliferative diseases (1 polycythaemia vera (PV), 1 primary myelofibrosis (MyF), 2 patients with essential thrombocythemia (ET)). Patients with PV and MyF had severe rheumatoid arthritis and because of unresponsiveness of MTX, they used rituximab for severe disease activity. Patient with ET had only minimal arthralgia and are followed under HCQ therapy. As lymphoproliferative diseases 4 patients had chronic lymphoid leukemia (CLL). 3 of them had RA and 1 of them had (SjS). 2 patients had non-Hodgkin lymphoma and these patients are seen after autolog bone marrow transplantation because of arthralgia, bur not detected arthritis. 1 patient had Hodgkin disease in her history, and had both RA and SjS, and receiving MTX therapy. 2 patients had multiple myeloma (MM). One of them is new diagnosis arthritis plus elevated sedimentation rate. Second one was seen with arthralgia after MM treatment and autologous bone marrow transplantation. 3 patients had mycosis fungoides, 1 of them had UCTD and received hydroxychloroquine. The other patient had RA under MTX therapy and one patient received rituximab therapy for severe RA activity.
Conclusion: Hematological malignancies are rare diseases in rheumatology practice, although expected high rate because of using immunosuppressive treatment and autoimmunity. The increased frequency of lymphoproliferative disorders are expected and associated with autoimmunity, but we don't found a high rate for lymphoproliferative malignancies. Myeloproliferative malignancies possibly not associated with the pathogenesis of autoimmune rheumatic diseases.
Disclosure of Interests:: None declared
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AB0310 THE INCIDENCE OF EXTRA-ARTICULAR MANIFESTATIONS IN SOUTHERN CHINESE PATIENTS WITH INFLAMMATORY JOINT DISEASES

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Background: Inflammatory joint diseases (IJDs) are chronic arthritis, but frequently present with co-morbidities of other organs and systems, which is known as extra-articular manifestations (EAMs) [1]. It is still unclear which clinical characteristics or bio-markers can predict the development of EAMs[2].