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 PD can admit to rheumatology clinics with generalised pain or reported mobility problems. 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 patients were 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: RA 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. In generalised pain and difficulties with walking should be evaluated for PD especially in older ages. PD patients with generalised pain on joints should be evaluated for inflammatory arthritis.

Disclosure of Interests: None declared


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.

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 patients were 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: RA 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. In generalised pain and difficulties with walking should be evaluated for PD especially in older ages. PD patients with generalised pain on joints should be evaluated for inflammatory arthritis.

Disclosure of Interests: None declared

HEMOSTASIS IN AFRICAN BLACK COMPARED TO CARDIOVASCULAR RISK FACTORS BEHAVIOR AND

Methods: This was a retrospective cohort study of a total 1135 LJDs patients, including 788 rheumatoid arthritis (RA) patients, 307 ankylosing spondylitis (AS) patients and 40 psoriatic arthritis (PsA) patients. Demographic data, disease characteristics, laboratory blood tests, medical imaging, and the presence of EAMs were recorded.

Results: In white 459 (40.44%) of them presented with EAMs: 30,84% had cardiovascular; 7.67% had pulmonary, 5.29% had osteoporosis/low bone mineral density, 2.29% had ocular, 0.79% had gastrointestinal and 0.26% had renal involvements. Multivariate logistic regression showed older age (OR: 1.05, P<0.001) and higher anti-cyclic citrullinated peptide antibody (anti-CCP) levels (OR: 1.003, P=0.011) were independent risks of EAMs in RA patients. In AS group, older age (OR: 1.07, P=0.001) and higher disease activity (OR: 2.06, P=0.001) were independent risks of EAMs. As in PsA group, longer disease duration (OR: 1.01, P=0.046) and higher disease activity (OR: 1.15, P=0.011) were independent risks.

Conclusion: These results suggested the high prevalence of EAMs, and it is important to regularly screen on EAMs, as it influences treatment decision and impacts on patients’ quality of life.

REFERENCES

Disclosure of Interests: None declared

AB0311 HEMOSTASIS IN AFRICAN BLACK COMPARED TO WHITE PATIENTS WITH RHEUMATOID ARTHRITIS
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Background: Aberrant hemostasis is implicated in the increased CV risk experienced by patients with rheumatoid arthritis (RA) (1). Large circulating concentrations of plasminogen activator inhibitor-1 (PAI-1) predict cardiovascular event rates (2). PAI-1 levels are markedly smaller in blacks, Hispanics and non-Hispanic whites. The Insulin Resistance Atherosclerosis Study. Circulation 2003;107:2422-7.

Objective: To compare the hemostasis factors among African black compared to white RA patients.

Methods: We found 459 (40.44%) of them presented with EAMs: 30.84% had cardiovascular; 7.67% had pulmonary, 5.29% had osteoporosis/low bone mineral density, 2.29% had ocular, 0.79% had gastrointestinal and 0.26% had renal involvements. Multivariate logistic regression showed older age (OR: 1.05, P<0.001) and higher anti-cyclic citrullinated peptide antibody (anti-CCP) levels (OR: 1.003, P=0.011) were independent risks of EAMs in RA patients. In AS group, older age (OR: 1.07, P=0.001) and higher disease activity (OR: 2.06, P=0.001) were independent risks of EAMs. As in PsA group, longer disease duration (OR: 1.01, P=0.046) and higher disease activity (OR: 1.15, P=0.011) were independent risks.

Conclusion: These results suggested the high prevalence of EAMs, and it is important to regularly screen on EAMs, as it influences treatment decision and impacts on patients’ quality of life.

REFERENCES

Disclosure of Interests: None declared

AB0312 CARDBIOVASCULAR RISK FACTOR’S BEHAVIOR AND CARDIOVASCULAR RISK IN HISPANIC EARLY RHEUMATOID ARTHRITIS PATIENTS: A COHORT STUDY
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Background: Rheumatoid arthritis (RA) patients present an increased risk of cardiovascular (CV) morbidity and mortality compared to the general population1. Patients from Latin-America exhibit younger age, female preponderance, less severe disease and dyslipidemia, which are relevant when assessing CV risk 2. In order to impact CV morbidity/mortality, control of reversible CV-risk factors need to be achieved3. Cohorts allow prospective evaluation of long-term outcomes. In 2004 we initiated an early RA cohort. Up to June 2018, the cohort comprised 185 RA patients with prospective assessments of CV risk and at least one year of follow-up.

Objectives: To monitor CV risk-factor’s behavior during the first year of follow-up and to identify if traditional CV risk scores predict major CV events (MACE) in our population.

Methods: Once enrolled patients had complete rheumatic evaluations at regular intervals. Baseline CV-risk factor’s assessments included age, gender, ethnicity, physical activity and history of first-degree relatives with premature heart disease. CV-risk factors assessments at baseline and at least 6 months apart included blood pressure, serum total cholesterol (CHO) and HDL cholesterol (Castelli ratio CHO/HDL was derived), serum glucose (GLU, in mg/dL), body mass index (BMI), CRP (in mg/dL) and at least one of the following comorbidities: Hypertension (HT, and HT treatment), diabetes mellitus (DM), advanced chronic kidney failure (CKF) and atrial fibrillation (AF). Smoking status was assessed at baseline and last follow-up. Incident MACE were defined according to standard definitions4. Cox regression’s model identified predictors of incident MACE. Patients gave written informed consent.

Results: At cohort entry, the 185 patients (all Hispanic) which data were analyzed were primarily middle-aged females (87.6%) and had 5.3 months (3.3-7.1) of disease duration. Most prevalent CV risk factors were CRP >1 mg/dL (90%), Castelli ratio > 3 (84%) and low HDL levels (74%). During the first year of follow-up, smoking status, systolic blood pressure >140 mm Hg, diastolic blood pressure > 90 mm Hg, low HDL, Castelli ratio > 3, high CRP and patients with active disease progressively decreased; meanwhile, the opposite figure was true for BMI > 30 kg/m² and patients on corticosteroids. At 12 months of follow-up, number of patients with incident CV risk factor was higher for Castelli-ratio > 3 (23%), low HDL (16.3%), high CHO (10.6%), BMI > 30kg/m² (10%), CRP >1mg/dL (7.5%) and age >45 years old (3.3%). During the first year of follow-up, 45.8% of the patients had age between 40-79 years old, required to apply American Heart Association (AHA) criteria; these identified 12 patients with high CV-risk.

Up to June 2018, the cohort had 1358 patient/years follow-up and 6 patients had incident MACE after (median, IQR) 6.5 years of follow-up (3.3-9.5). High CV-risk score at baseline failed to predict incident MACE. Meanwhile, BMI >30kg/m² was a predictor of incident MACE in our population.

Disclosure of Interests: None declared