Conclusion: Hispanic RA patients from an early RA cohort present a distinctive pattern of CV risk factors. Due to younger age at RA presentation, a minority of the patients had CV risk scored. Obesity was a predictor of incidental MACE in our population.

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AB0313

THE PREDICTORS OF UNDIAGNOSED DYSGLYCAEMIA IN PATIENTS WITH ESTABLISHED RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory disease with an increased risk of diabetes and insulin resistance.^{1, 2} The prevalence of type 2 diabetes mellitus (T2DM) were demonstrated to be 10.4% as compared to only 7.6% in 1:4 controls matched for age, sex and geographical region, with an odds ratio of 1.4.³

Objectives: To determine the prevalence of dysglycaemia (T2DM, impaired fasting glucose (IFG) and impaired glucose tolerance (IGT)) and the factors associated with dysglycaemia in patients with established RA.

Methods: This is a cross-sectional study conducted in a rheumatology centre in Malaysia. Patients with established RA aged 30 years or more were included. Exclusion criteria were overlap syndrome, pre-existing diabetes or pre-diabetes, pregnant and within 6 weeks of post-partum period. An oral glucose tolerance test (OGTT) was performed for all patients. Comparison of various factors between dysglycaemia and normoglycaemia were analysed. Multivariate analysis was performed using logistic regression analysis to ascertain the true effects of significant factors found on univariate analysis.

Results: The mean age of patients was 57.2 ± 8.1 years and 87.7% were female. Of 155 patients included in this study, 55 (35.5%) were found to have dysglycaemia; 40 (72.7%) had IGT, 11 (20%) had T2DM, 3 had IFG and IGT (5.5%) and 1 had IFG (1.8%). Significant factors between dysglycaemia and normoglycaemia is tabulated in Table 1. The predictors of dysglycaemia were previous or current smoker (OR 4.28, 95% CI 1.02 – 17.90) and raised triglycerides (OR 3.29, 95% CI 1.29 – 8.37).

Conclusion: One third of 155 patients had dysglycaemia and majority had IGT. The predictors of dysglycaemia in patients with established RA aged 30 years and more, were previous or current smoker and raised triglycerides.

Table 1. Factors investigated for differences between dysglycaemia and normoglycaemia.

Risk factors	Dysglycaemia n=55	Normoglycaemia n=100	p-value
Previous or current smoker, n (%)	7 (13.0)	3 (3.0)	0.02
Waist circumference (cm), mean ± SD	89.0 ± 12.5	83.1 ± 9.6	<0.01
Weight (kg), mean ± SD	65.5 ± 12.3	60.7 ± 10.6	0.01
Systolic blood pressure (mmHg), mean ± SD	134.5 ± 17.5	128.2 ± 18.1	0.04
Diastolic blood pressure (mmHg), mean ± SD	79.7 ± 8.7	76.3 ± 10.5	0.04
High density lipoprotein (mmol/L), mean ± SD	1.4 ± 0.3	1.5 ± 0.4	0.02
Triglycerides (mmol/L), mean ± SD	1.3 ± 0.5	1.1 ± 0.5	<0.01

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AB0314

QUALITY OF LIFE IN WOMEN WITH RHEUMATOID ARTHRITIS DEPENDING ON ANXIETY AND DEPRESSION

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Background: Rheumatoid arthritis (RA) is a chronic autoimmune disease that causes joint damage, deformity, and pain. This can lead to loss of functionality and mobility, which entails a decrease in the quality of life and the possible occurrence of anxiety and depressive disorders[1].

Objectives: Assess the quality of life in women with RA, depending on the severity of anxiety and depression.

Methods: The study included 104 women with reliable RA according to the ACR1987 and/or EULAR/ACR2010 criteria (mean age 53.7 ± 10.9 years, mean duration of RA – 10.1 [4;14] years, DAS28 – 4.96 [4.27;5.77]). An assessment of the severity of anxiety and depression was conducted using a questionnaire for the hospital scale of depression and anxiety (HADS). Evaluation of the quality of life of patients with rheumatoid arthritis was performed using the EQ-5D index. Depending on the degree of functional impairment, according to the HAQ questionnaire, were regarded as minimal (0.5-1 point), moderate (1-2) and pronounced (2-3 points), the population norm was 0-0.5 points. The severity of pain was determined by VAS: no pain (0–4 mm), mild pain (5–44 mm), moderate pain (45–74 mm), severe pain (75–100 mm). Statistical processing was performed using the program STATISTICA 10.0.

Results: The frequency of occurrence of anxiety-depressive disorders in patients with RA was determined: clinically significant anxiety was detected in 20 (19.2%) patients, depression - in 19 (17.3%); subclinical anxiety - in 26 (25%), depression - in 27 (25.9%) patients; the absence of reliably expressed symptoms of anxiety in 58 (55.8%) patients, depression - in 59 (56.8%) patients.

HAQ functional impairment was absent in 11 (10.6%) patients, minimal impairment was detected in 20 (19.2%), moderate - in 52 (50%), and pronounced in 21 (20.2%) patients.

Severe pain in the VAS was noted by 38 (36.6%) patients, moderate - 51 (49%), in 15 (14.4%) patients the pain syndrome was weakly expressed.

The HAQ and EQ-5D indices for women were 1.26 [0.88;1.75] and 0.41 [0.07;0.59], respectively. The relationships between the HAQ and EQ-5D indices ($r = 0.67$, $p < 0.05$), the HAQ index and the age of the patients ($r = 0.33$, $p < 0.05$), and the duration of the disease ($r = 0.29$, $p < 0.05$), ESR indicator ($r = 0.28$, $p < 0.05$), CRP ($r = 0.37$, $p < 0.05$), the level of pain in VAS ($r = 0.4$, $p < 0.05$), DAS28 index ($r = 0.32$, $p < 0.05$), anxiety severity ($r = 0.22$, $p < 0.05$), depression severity ($r = 0.31$, $p < 0.05$). The relationship between the EQ-5D index and the age of the patients ($r = 0.29$, $p < 0.05$), with the duration of the disease ($r = 0.22$, $p < 0.05$), CRP ($r = 0.32$, $p < 0.05$), the level of pain in VAS ($r = 0.45$, $p < 0.05$), the severity of anxiety ($r = 0.28$, $p < 0.05$), the severity of depression ($r = 0.35$, $p < 0.05$).

To clarify the relationship between the quality of life of patients and the level of depression and anxiety, two groups were identified: no anxiety-depressive disorders ($N = 43$) and the second group with their presence ($N = 30$). The EQ-5D index in the first group was 0.59 [0.52; 0.62] and in the group with anxiety and depressive disorders it was 0.27 [-0.02; 0.52] ($p = 0.005$). The HAQ index significantly differed in women without anxiety and depressive disorders 1.0 [0.625; 1.5] with the index in the other group 1.75 [1.0; 2.125] ($p = 0.01$).

Conclusion: Thus, every fifth patient with RA suffers from clinically significant anxiety and depression; subclinical anxiety and depression were found in 26% of patients with RA. Interrelations between the indicators of quality of life of patients with RA and the patient's age, duration, activity of RA, severity of anxiety and depressive disorders.