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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.4262

AB0315 EVALUATION OF SLEEP QUALITY, FATIGUE AND SEXUAL PROFILE IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: People over the age of 60 with rheumatoid arthritis (RA) often complain of fatigue, which is considered an extra-articular symptom. This problem has a multidimensional character and sounds on the quality of sleep and on the sexual profile.

Objectives: Our study consists in assessing the prevalence of fatigue and studying the quality of sleep and the sexual profile of patients over 60 years of age with RA compared to subjects suffering from the same illness of younger age.

Methods: This is a prospective study involving 100 patients at the Rheumatology department of Fattouma Bourguiba university hospital in Monastir over a period of 6 months: 40 patients more than 60 years of age with RA compared with 60 patients with RA of younger age. Data collection was based on scales and specific questionnaires (Visual Analogue Fatigue Scale (VAS-F), Multidimensional Fatigue Inventory (MFI-20), Pittsburgh Sleep Quality Index (PSQI), Female sexual Function Index (FSFI), Sexual Health Inventory for Men (SHIM).

Results: The average age was 55.8 years [25-84]. The most represented age group was over 60 (40%). The sex ratio was 5.6.

73% of our patients were married and 81% had children with an average number of 3 children in charge and extremes between 1 and 9. Fatigue, sleep quality and sexual profile were analyzed comparatively and respectively between the 2 groups (1st group ≥ 60 and second < 60 years). The average of the VAS-F was 60.25 compared to 53.5. Fatigue (via MFI-20) was present in all its domains in our patients. General fatigue and physical fatigue were the highest, averaging 13.98 vs. 13.07 and 12.98 vs. 12.33 respectively. Sleeping insomnia (PSQI > 5) was found with the same proportion of 65% in both groups. Low sleep quality was found in 90% versus 93%. A sleep latency > 31 minutes was found in 37.5% against 30%. Sleep duration < 6 hours per night was found in 52.5% versus 50%. Sleep efficiency $< 85\%$ was found at an equal percentage of 75%. Sleep disorders > 10 times in the last 4 weeks were found at an equal percentage of 15%. Regular female sexual activity was found in 42.5% versus 71% and dysfunction (FSFI ≤ 26.55) was noted in 35% against 63.3%. Regular male sexual activity was found in 54.5% against 75% and mild erectile dysfunction (SHIM ≤ 21) was noted in 83.3% against 20%.

Conclusion: A multidimensional approach is needed to explore the different components of fatigue, sleep quality and sexual profile in patients with RA and its very diverse consequences. This should lead to an improvement in the quality of life in the current medical practice.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.5180

AB0316 ESTABLISHED SERONEGATIVE RHEUMATOID ARTHRITIS IS CONSIDERED A MILD FORM OF THE DISEASE, ALSO WILL IT BE THE SAME REGARD FOR VERY EARLY SERONEGATIVE RHEUMATOID ARTHRITIS?

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Background: Established Seronegative Rheumatoid Arthritis (ESNRA) is considered a mild form of the disease with a good prognosis and response to therapy compared with seropositive (SP) form [1]. Lately evidence indicates that seronegative (SN) form of arthritis in early stage is serious and should not be underestimated in terms of disease activity, response to therapy and radiographic damage [2,3,4]. At present, the influence of SN status of clinical course and treatment choice in very early stages, in other words less than 3 months from time at onset of disease, is still controversial [5].

Objectives: To evaluate demographical, clinical and treatment differences between Very Early Seronegative Rheumatoid Arthritis (VESNRA) and Very Early Seropositive Rheumatoid Arthritis (VESPPRA) in a Mexican cohort.

Methods: 64 patients with Very Early Rheumatoid Arthritis [(VERA), < 3 months from time at onset of clinical manifestations] that fulfilled ACR/EULAR 2010 criteria (≥ 18 years) from a Mexican cohort recruited from 2015 to 2018 were examined and followed to 3, 6 and 12 months. Patients without presence of rheumatoid factor (RF) and anticitrullinated protein antibodies (ACPA) were considered SN. Demographic factors, clinical features, disease activity measured using DAS28, functional status evaluated using HAQ, comorbidities and pharmacologic treatments were examined for patients with VESNRA and VESPPRA. Charlson's clinical comorbidity index was used to analyze comorbidities. Chi-square and Student-t test was performed by univariate analysis and logistic regression was used by multivariate analysis, both were adjusted for age and gender. Statistical test were conducted at 5% level of significance.

Results: Of 64 patients with VERA 79% were women. The mean age [standard deviation (SD)] was 49.8 (13.5) years. The mean of time at onset of VERA (SD) was 77.8 (15.5) days. A total of 20 (31.2%) patients had VESNRA. In the univariable analyses VESNRA patients were more likely to have minor disease activity and better functional status during their follow-up to 3, 6 and 12 months [Table 1]. Moreover, VESNRA patients were more likely to present lesser work disability, lower comorbidities including fibromyalgia, to use fewer sulfasalazine, leflunomide, biologic agents and corticosteroids. As expected, the modified Charlson's comorbidity index score was lower in VESNRA patients through all their follow-up. In multivariable analyses less frequently use of corticosteroids (OR 0.68, 95% CI 0.42-0.88, $p < 0.001$) remained significant in VESNRA patients.

Conclusion: This study suggests that in very early stage of disease, SN form presents minor disease activity, better functional status, lower comorbidities, also require less aggressive therapy using biologic agents and corticosteroids than SP form in the course of one year. By these clinical and therapeutic differences should be considered VESNRA a mild form of the disease like as ESNRA. These observations must be confirmed in larger studies with further follow-up.

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Table 1. Disease activity and functional status in VESNRA and VESPPRA Patients

Feature	VERA		p value
	Seropositive	Seronegative n= 44	
	(68.8)	n= 20 (31.2)	
Disease activity (DAS28), mean score (SD)			
<i>Baseline</i>	5.99 (0.85)	5.09 (0.76)	NS
<i>3 months</i>	3.43 (1.09)	2.42 (0.85)	0.003
<i>6 months</i>	2.76 (0.97)	2.04 (0.72)	0.008
<i>12 months</i>	2.25 (0.57)	1.74 (0.22)	0.002
Functional status (HAQ), mean score (SD)			
<i>Baseline</i>	2.19 (0.30)	1.72 (0.28)	NS
<i>3 months</i>	1.86 (0.32)	1.29 (0.33)	0.007
<i>6 months</i>	1.49 (0.42)	0.87 (0.35)	0.019
<i>12 months</i>	0.99 (0.36)	0.56 (0.17)	0.025

VESNRA: Very Early Seronegative Rheumatoid Arthritis; VESPPRA: Very Early Seropositive Rheumatoid Arthritis; **SD:** Standard deviation; **NS:** Not significant

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.1170

AB0317 THE EFFECT OF ANEMIA ON THE CARDIAC FUNCTION IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic disease that is characterized by defeat of the musculoskeletal system and is often accompanied by the anemia.

Objectives: The aim of our study was to determine the effect of anemia on the structural and functional state of the heart in patients with rheumatoid arthritis.

Methods: The 154 patients with rheumatoid arthritis were included in the study: 37 patients with anemia (1st group) and 117 – without systemic manifestations of rheumatoid arthritis (2nd group). RA activity was estimated by index DAS-28. All patients underwent echocardiography.

Results: Both groups were comparable in age, sex, ratio of seropositive and seronegative patients. A comparative analysis of both groups revealed that in 1st group DAS-28 was higher than in 2nd group ($p < 0.05$). According to the results of echocardiography, the left ventricular myocardial mass index was higher in 1st group than in the 2nd group ($p < 0.05$). The same applies to the end-diastolic size of the left ventricle: in patients with anemia, it was more than in patients without it ($p < 0.05$). Our results suggest that patients with anemia often have a violation of diastolic myocardial function, which is accompanied by an increase in myocardial mass. The correlation analysis in both groups revealed a direct relationship between the age and the left ventricular mass index ($r = 0.62$, $p < 0.0005$), between the age and the mitral E/a ($r = -0.55$, $p < 0.00001$). In addition, in 1st group we revealed the inverse relationship between the DAS-28 and the tricuspid E/a ($r = -0.43$, $p < 0.05$).

Conclusion: Thus, regardless of the presence of anemia, the patients with rheumatoid arthritis observed dependence of structural and functional changes in the heart of age: a violation of diastolic function of the left ventricle, an increase of the left ventricular myocardial mass index. However, in patients with anemia, an increase in the activity of the disease is accompanied by diastolic dysfunction of the right ventricle that requires correction in the tactics of patient management.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7862

AB0318

BAROPODOMETRIC COMPARISON OF PLANTAR PRESSURE IN KNEE OSTEOARTHRITIS PATIENTS AND RHEUMATOID ARTHRITIS PATIENTS

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Objectives: To compare the plantar pressure between patients with Knee Osteoarthritis and patients with rheumatoid arthritis

Methods: This is a cross-sectional study, included 41 patients with rheumatoid arthritis (87.8% female, mean age 49 ± 11.9 [27-83] years, median duration of evolution was 9 (4.20) months, and 40 knee osteoarthritis patients (100% female, mean age 57.6 ± 5.2 [50-67] years, median evolution time was 36 (24, 69) months).

The two groups were matched by BMI (27.5 vs. 29.6, $p > 0.05$).

In the rheumatoid arthritis group: The mean DAS28 was 3.9 ± 1.3 [2-6] and the knee joint was affected in 22% of cases.

In the knee osteoarthritis group: The knee osteoarthritis was bilateral in 80% of the cases and the radiological severity (Stages 3 or 4 of Kellgren and Lawrence classification) was found in 27.5%.

The baropodometric study was performed using a PRESSCAM[®] platform (SIDAS[®], 38,000 VOIRON, MEDICAPTEURS[®]). The static analysis was done in free position, for 30 seconds at 50 Hz with measure of plantar pressure parameters.

Results:

Baropodometric characteristics	Rheumatoid arthritis	Knee osteoarthritis	p
Surface of whole foot (cm ²)	105.2	123.7	<0.001
Maximum pressure of whole foot(g/cm ²)	667.8	655.8	0.72
Average pressure of whole foot (g/cm ²)	307.3	307	0.98
Surface of forefoot (cm ²)	39.1	44.5	0.02
Surface of hindfoot (cm ²)	64.1	60.7	0.2
Thrust of forefoot(%)	15.5	23.4	<0.001
Thrust of hindfoot(%)	33.9	29.1	<0.001
Thrust of the whole foot (%)	50.1	52.5	0.06

P significatif si $p \leq 0,05$; Test utilisé : t-student

Conclusion: This comparative static baropodometric study of patients with RA and patients with knee osteoarthritis shows significant differences in bearing surface, which appears to be lower in the RA group, especially in the forefoot. The thrust on the forefoot is also less important in the RA group.

these results could be explain by the rheumatoid forefoot, which decreased support and pressure on the forefoot.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8217

AB0319

ABATACEPT IN RHEUMATOID ARTHRITIS WITH INTERSTITIAL LUNG DISEASE. A MULTICENTRE STUDY OF 181 PATIENTS

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Background: Interstitial Lung Disease (ILD) is a severe extraarticular manifestation of rheumatoid arthritis (RA).

Objectives: Our aim was to assess the efficacy of abatacept (ABA) in RA patients with ILD.

Methods: Retrospective multicenter study of RA patients with ILD treated with ABA. ILD was diagnosed by HRCT. We have analyzed the following variables: **a)** 1-point change the Modified Medical Research Council (MMRC); **b)** FVC improvement $\geq 10\%$; and improvement $\geq 10\%$ in DLCO; **c)** radiological improvement in HRCT scan, **d)** changes in DAS28 score. Values were compared with baseline **e)** prednisone doses

Results: We studied 181 patients (94women/87 men) with ILD associated to RA. The follow-up was $12.1[6.2-24.1]$ months. The mean age was 64.54 ± 9.7 years. The median to progression of ILD was 12 [3-43.75] months. 81 patients were treated in monotherapy, 100 patients in combination therapy. The most frequent pattern was UIP 45.3%.

The most of patients who did not have dyspnea remained asymptomatic. See results in Figure1. DAS28 also improved. We appreciate a decrease in the dose of prednisone compared to the initial dose.

Conclusion: ABA seems to be effective. However, should be verified in prospective and randomized studies.