Objectives: To determine prognostic factors and mortality in patients with rheumatoid arthritis (RA) admitted to intensive care unit of Kyushu University Hospital.

Methods: We examined the treatments of RA and juvenile idiopathic arthritis (JIA), admitted to ICU of our institution from January 2008 to March 2018, for 48 hours and over. The admission to ICU was performed total 77 times because 5 patients were readmitted.

Results: A total of 285 subjects were included, 154 (54%) of them had a history of exposure. Comparisons are shown in Table 1. A significant difference in age was found (p<0.006), this being caused by a difference between the BEI=0 and BEI >30 groups (p<0.001). We also found a higher prevalence of dyslipidemia and hypertension in subjects with a BEI >30 (p<0.05). A significant correlation between a rising BEI and a higher prevalence of dyslipidemia (p=0.011) and hypertension (p=0.007) were found. Comparisons were done by Chi-square and Kruskal-Wallis test and correlation by Spearman’s rho test.

Conclusion: In our cohort of Mexican-mestizo RA subjects, 54% had history of exposure. Subjects with a BEI >30 were older and had a higher prevalence of dyslipidemia and hypertension. A significant correlation was found between higher BEI index and a higher value of ACPA antibodies.
AB0323 CARDIOVASCULAR RISK ESTIMATION IN PATIENTS WITH RHEUMATOID ARTHRITIS TREATED WITH BIOLOGICS OR C-DMARDS

Evangelia Molei,1 Sospasa Gagn1, Dimitra Moschou1, Georgia Mpaib,1 Stavros Theodorakopoulos1, Konstantina Zoupidou2, Nikolaos Kontodimopoulos2,1 KAT General Hospital of Attica, Department of Rheumatology, Athens, Greece; 2 KAT General Hospital of Attica, Division of Management, Athens, Greece

Background: Patients with Rheumatoid Arthritis (RA) are at increased risk of developing atherosclerotic cardiovascular (CV) disease. The impact of treatment with conventional or biological disease modifying drugs (c- or b-DMARDs) on inflammation of systemic circulation is an important question.

Objectives: The aim of this study is to determine the influence of therapy (c-DMARDs or b-DMARDs) on 10 year CV risk in patients with RA, over a period of 18 months.

Methods: A single center, observational study of 229 consecutive RA patients, who were treated with c-DMARDs or b-DMARDs mono/combination therapy for at least 18 months. The 10 year CV risk was calculated with Framingham Risk Score (FRS).

Results: A total of 229 patients were included, 111 received b-DMARDs and 194 c-DMARDs. The mean age was comparable between 2 groups (62.45±12.74 vs 64.56±12.48; p: 0.1596) and 148 (64.63%) were females. Patients receiving b-DMARDs had longer disease duration compared to c-DMARDs group (14.34±9.89 vs 9.99±9.3 years respectively; p: 0.001) and compared baseline FRS 10-year percent CV risk (10.74±8.88 vs 11.68±7.87 respectively, p: 0.3710). Baseline patient distribution across intermediate (9.6% vs 16.6%) and high (10.91% vs 16.16%) FRS 10-year CV risk categories was comparable between treatment groups (b-DMARDs vs c-DMARDs, p: 0.208), except low FRS category (27.51% vs 51.53% respectively, p: 0.001). At month 18, FRS 10-year CV risk category remained stable in b-DMARDs patients (low: 31.68%, intermediate: 10.92%, high: 5.24%, p: 0.47), whereas a significant shift in FRS 10-year CV risk category was observed in c-DMARDs patients (low: 58.1%, intermediate: 17.03%, high: 9.17%, p: 0.001). Within-group the mean (SD) change in FRS 10-year percent CV risk from baseline to month 18 was statistically significant for both b-DMARDs (Δ: 10.74-6.94= 3.81 (1.14), p<0.001) and c-DMARDs (Δ: 11.68-8.73= 2.95 (0.91), p<0.001).

Conclusion: Patients treated with b-DMARDs had lower baseline and month 18 10-year CV risk. However, both treatment arms induced significant improvement of 10-year CV risk at 18 months.

REFERENCES

AB0325 PREVALENCE OF ANXIETY/DEPRESSION IN PATIENTS WITH RHEUMATOID ARTHRITIS AT THE UNIVERSITY OF CHILE`S CLINICAL HOSPITAL AND THEIR ASSOCIATIONS WITH DISEASE ACTIVITY INDEXES AND QUALITY OF LIFE

Anne Marie Chassim-Troubret,1 César Lillo1, Stephanie Prieto1, Ariel Castro2, Hector Galicia3, Pilar Carrasco4, Francisca Bozar5, Francisca Sabujo5, Pamela Wurman1, Julio Cruz1, Silvana Saavedra1, Anneline Goecke1, Hospital Clínico Universidad de Chile, Rheumatology, Santiago, Chile,2Hospital Clínico Universidad de Chile, OAIC, Santiago, Chile

Background: Rheumatoid Arthritis is a chronic inflammatory disease with great impact in quality of life. Anxiety and depression could be frequently present in RA patients and may impact the disease activity evaluation. However psychological evaluation or therapy are not part of the standard of care of RA patients.

Objectives: To evaluate the prevalence of anxiety/depression in rheumatoid arthritis patients in control at the University of Chile’s Clinical Hospital and to investigate the association of anxiety/depression with disease activity and quality of life.

Methods: The Hospital Anxiety Depression Scale (HADS) was applied to measure depression and anxiety in a cross-section patients with RA meeting the ACR/EULAR 2010 criteria in control at the University of Chile’s Clinical Hospital. All patients included gave their informed consent. Demographic characteristics, Disease variables and activity, measure as DAS28-VHS, DAS-28 CRP, CDAI and SDAI and HAQ were evaluated at the same time. Spearman correlation, Fisher exact test, Chi-Square and Kruskal-Wallis test were used according to variables at evaluation. Statistical analysis was perform by stata v12.1 software. The study was approved by the Hospital Ethic Review board.

Results: 122 patients were enrolled in the study between december 2017 and December 2018. 103 (84.45%) were female. 56 (46%) had depression and/or anxiety according to HADS. 24% of the patients (n=24) had only depression. The severity of the depression symptoms was mild in 75% and moderate in 25% of the patients. 42%, 40% and 18%of the patients with anxiety (n=55) had mild, moderate and severe anxiety symptoms respectively. The disease activity was significantly higher in patients with as compared to those without anxiety/depression, measure with all of the following indexes: DAS28-VHS (4.33 vs 2.75, p<0.001, DAS-28 CRP (4.13 vs 2.75, p<0.001), CDAI (15 vs 7 p<0.001)and SDAI (17 vs 7.5, p<0.001). The HAQ was also significantly higher in patients with anxiety/depression (1.18 vs 0.29, p<0.01)

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Disclosure of Interests: None declared