Results: A total of 90 RA patients (women, 83%; mean age, 67.2±12.1 years) were included. The median disease duration was 8.5 (interquartile range (IQR): 4.9, 17) years, the mean DAS28-ESR was 2.92±1.2, and the median MTX dose was 10 (IQR: 8, 12) mg/week. Nineteen patients (21%) used a biologic agent. There was a significant correlation between total hip BMD and bone mass ($r=0.64$, $p<0.001$). The details are shown in Figure 1. Bone mass was significantly correlated with femoral neck BMD ($r=0.62$, $p<0.001$), whole body BMD ($r=0.60$, $p<0.001$), and lumbar BMD ($r=0.49$, $p<0.001$). Bone mass was significantly lower by DEXA (1.9 ± 0.5 kg) than by BIA (2.0 ± 0.4 kg) ($P<0.001$).

Figure 1. Correlation between Bone mass and BMD

Figure 1

Conclusion: There was a significant correlation between bone mass by BIA and BMD by DEXA. Bone mass by BIA and total hip BMD had the strongest correlation. Bone mass is likely to be overestimated by BIA. Thus, we need to evaluate it with appropriate caution.

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AB0337 IS THE RADIAL DEVIATION ASSOCIATED WITH MEDIAN NERVE SWELLING IN PATIENTS WITH RHEUMATOID ARTHRITIS?

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Background: Rheumatoid arthritis (RA) and carpal tunnel syndrome (CTS) are known to be associated and also RA may lead to swelling of the median nerve without the presence of CTS.

Objectives: This study was conducted to test the hypothesis that one of the causes of this median nerve swelling may be radial deviation developing after wrist involvement of RA.

Methods: Of a total of 138 cases, 51 that met the inclusion criteria were included in the study. Electroneuromyography (ENMG) was performed on each patient and those with a CTS diagnosis were excluded from the study. Duruöz hand index, visual analog scale and painDETECT questionnaire was performed in clinical assessment. Radiographic measurements including radial inclination angle were performed with radiography. Using ultrasonography, the median nerve cross-sectional areas (CSAs) of the

patients were measured from the four levels of the distal 1/3 of the forearm, radioulnar joint, pisiform bone and hook of hamate, and the ulnar nerve CSAs were measured from the pisiform bone.

Results: The study completed with 102 hands of 51 patients. 27% of these RA patients without clinical and electrophysiological findings were diagnosed as CTS by ultrasonography. A negative correlation was found between the radial inclination (RI) and the median CSAs measured from the radioulnar joint ($R: -0.49$; $p: 0.00$), the pisiform bone ($R: -0.45$; $p: 0.00$), and hook of hamate ($R: -0.60$, $p: 0.00$). When the hands were divided into three groups according to the ranges of RI specified in the literature, the median nerve CSA was found to be significantly higher in the group with a low RI at these levels ($p < 0.001$).

Conclusion: The median nerve CSAs increased as the radial deviation increased in RA patients. The prevention of disease progression may prevent the increase in median nerve CSA by preventing deviations in patients with RA. And the development of CTS may also be prevented.

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AB0338 ELDERLY ONSET RHEUMATOID ARTHRITIS AND POLYMYALGIA RHEUMATICA: COMPARATIVE CLINICAL STUDY

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Background: Polyarthritis at the elderly people usually has a similar onset with an acute inflammatory character and scapular girdle involvement. Differentiating elderly onset rheumatoid arthritis (EORA) and polymyalgia rheumatica (PMR) can be a diagnostic challenge.

Objectives: To analyse the clinical and analytical differences between EORA and PMR.

Methods: Longitudinal observational study of patients older than 60 years newly diagnosed with EORA (ACR/EULAR 2010) and PMR (ACR/EULAR 2012). Inclusion: consecutive and voluntary. Follow-up time: 12 months. A single rheumatologist made all follow-up visits. The clinical-epidemiological and analytical characteristics were collected. The statistical study was performed with Stata 15.1.

Results: 45 EORA were recruited (53% women; mean age 74.8 ± 7.5) and 20 PMR (85% women; mean age 76.6±5.0).

75% of EORA had scapular girdle involvement, but only 44% of the pelvic girdle. All had peripheral arthritis, and the small joints of the hands were involved in 93.3%, with edema in 46.7%. Forty percent of EORA patients were seropositive (RF> 20 IU/mL and/or ACPA> 20 U/mL): 33% RF positive (132.8 ± 126 IU/mL), 28.9% for ACPA (2 cases [15.4%] from 100 to 250 U/mL and 11 cases [84.6%] above 250 U/mL) and in 10 patients [22.2%] double positive). All patients with PMR patients had shoulder girdle involvement and 90% of the pelvic girdle. None of them had peripheral arthritis. RF was positive in one patient (73 IU/mL) and ACPA in 2 patients (titers between 20-40 U/mL). No patient was double positive. Table 1 and 2.