AB0346 TREND OVER TIME OF AORTIC STIFFNESS IN RHEUMATOID ARTHRITIS PATIENTS AND ITS RELATION WITH CARDIOVASCULAR EVENTS

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Background: Ascending aorta has an increased stiffness (AoSI) in rheumatoid arthritis (RA) patients due to their chronic inflammatory status. We assessed prevalence and modification of AoSI during a follow up period and its prognostic role on cardiovascular events (CVE) in a large cohort of RA patients

Objectives: Prognostic role of AoSI and its modification over time on CVE.

Methods: We prospectively followed 146 RA patients without overt cardiac disease with periodic echocardiographic examination. Abnormally high AoSI was diagnosed if AoSI > 6.07% (95th percentile of the AoSI detected in our reference healthy population). AoSI was assessed at the level of the aortic root by two-dimensional guided M-mode evaluation as part of a thorough echocardiography performed in all patients. CVE information was collected during follow up

Results: Of our 146 RA patients, 89 had a normal AoSI at baseline, in the remaining 57 it was abnormally high. After a mean follow up of 27 months: among patients with normal baseline AoSI it stayed normal in 64 (6 to 5.6%) and in 25 raised to an abnormal high AoSI (from 3.7 to 11.9%); of the 57 patients with baseline abnormal AoSI, 33 went back to normal values (9.4 to 3.1%) and in 24 it remained high. Of these 4 groups divided by AoSI trend over time the group with de novo high AoSI showed the highest prevalence of new CVE (33%), together with the group with persistent high AoSI (16%). Much lower prevalence was observed in the other two groups (persistent normal 5%, normalized at follow up 6%).

Conclusion: Abnormally high AoSI is common in RA patients, rapid increase through time or persistent high AoSI identify those patients that are more prone to develop CVE. On the contrary, patients that showed a normalization of AoSI demonstrated to have a similar low incidence of CVE as patients who ever had a normal AoSI.

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AB0348 PREVALENCE AND SAFETY OF BIologic THERAPY IN A CHILEAN COHORT OF RHEUMATOID ARTHRITIS PATIENT, A RETROSPECTIVE STUDY

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Background: Intestinal lung disease (ILD) is a common extra-articular condition in rheumatoid arthritis (RA). New-onset ILD or ILD worsening has also been reported as a possible consequence of biologic therapy. These associations are based on case reports. The present study evaluated ILD prevalence and exacerbation among users of abatacept (T-cell inhibitor), rituximab (B-cell inhibitor), and anti-TNFα agents in a cohort of adult RA patients.

Objectives: In the present study, we aimed to assess the safety of biologic therapy in patients with ILD associated to RA and patients without a history of ILD.

Methods: Data from RA patients beneficiaries of the Ley Ricarte Soto (LRS) program, at the Hospital Clinico de La Universidad de Chile, who received abatacept, rituximab, or anti-TNFα agents for at least a year, were reviewed.

Results: Seventy four patients were reviewed retrospectively between January 2016 and December 2018 (55 female; mean disease duration, 7 years; mean age, 55 years). Mean (SD) DAS28 ESR was 6.9 (+0.1) previously to initiate therapy. RA was seropositive in 65 patients (87.8%). Eighteen patients (24.3%) had been previously diagnosed with ILD, with a median duration of 4 years. Most common patterns of RA-associated ILD were UIP (n=5 [46%]) and CPFE (n=3 [23.1%]). Patients with ILD at baseline as compared to patients without history of ILD were more frequently males (27.8% vs 7.5%, p < 0.05), had an older age (64±12 vs 52±13, p < 0.005), a higher positivity of anti-cyclic citrullinated protein antibodies (CCP) (87.5% vs 80%, p < 0.005) and a more frequent history of smoking (50% vs 28%, p < 0.005). The treatment received by patients with RA-associated ILD previously to start biologics under LRS program were: methotrexate (MTX) (n=5), leflunomide (LFN) (n=14),