CAN CANCER TRIGGER AUTOIMMUNITY DISEASE?

CAROTID ULTRASOUND IS MORE EFFECTIVE THAN ABPM in patients with RA compared to the controls.

Methods: Study group included 85 patients with RA (77.6% females, age 59.7±14.3 years, THN 65%, median HTN duration 6.6 years, RA duration -7 years, seropositive RA 65%, DAS28(CRP) 3.7±1.1, median hsCRP 10 mg/dl, RF 51.3 IU/ml, all received DMDARs) and control group (40 patients matched by gender, age and risk factors). All hypertensives received antihypertensive therapy. Office CBP was measured with applanation tonometry. CBP elevation was assessed according to individual reference values by gender and age. 24-hour ABPM of peripheral and central BP was performed with BPLab Vasotens. p<0.05 was considered significant.

Results: In patients without HTN mean office brachial and central BP levels were similar in RA and control groups. In patients with HTN corresponding BP levels were: 138±17/82±10 vs 130±16/74±11 mmHg (p=0.04 for SBP;p<0.01 for DBP) and 132±20/82±10 vs 120±17/74±12 mmHg (p=0.01 for SBP;p=0.001 for DBP). Rate of BP control was 58% in RA and 67% in the controls (p=0.48). CBP elevation was observed in 42.4% of RA patients and 17.5% controls (χ²=14.9,p=0.001); 16.7% vs 0% in the normotensive group (χ²=6.0,p=0.01) and 56.4% vs 29.2% in HTN group (χ²=9.9,p=0.002), respectively. In the normotensives the mean daytime, nighttime and 24-h BP levels were similar in RA and control groups. In HTN 24-h brachial SBP levels for RA and control group were 134±17 vs 125±9 mmHg for daytime (p=0.02); 128±11 vs 113±10 mmHg for nighttime (p=0.01) and 131±16 vs 123±19 mmHg for 24-h BP (p=0.02), respectively. The 24-h central BP levels were 124±14 vs 115±14 mmHg for daytime (p=0.02), 121±16 vs 111±10 mmHg for the nighttime (p=0.02) and 123±15 vs 115±8 mmHg for 24-h BP (p=0.02), respectively. Group with RA had higher incidence of masked and isolated nocturnal HTN compared to controls (35.3 vs 17.5% (p=0.05), and 29.4 vs 12.5% (p=0.04). In normotensives corresponding frequencies of masked and isolated nocturnal HTN were 33.3 vs 12.5% (p=0.05) and 26.7 vs 6.3% (p=0.04), respectively. In HTN group rate of masked uncontrolled HTN was 36.3 vs 2.5%, respectively, rate of uncontrolled night HTN-30.9 vs 20.8% (p<0.05).

Conclusion: Despite similar BP control rate, patients with RA were characterized by significantly higher levels of office brachial and central BP, worse control of CBP and higher frequency of masked and isolated nocturnal HTN compared to controls. Hypertensive RA patients had higher 24-h brachial and central SBP. This indicates the importance of 24-h ABPM in RA.

REFERENCES


[2] Herbert A. et al. Establishing reference values for central blood pressure (CBP) monitoring (ABPM) that provides more accurate information about cardiac output than peripheral brachial BP monitoring (ABPM) that provides more accurate information about cardiac output than peripheral brachial BP. J Hypertens 2018;36(10):1953-2041.

AB0356 COMPARISON FOREARM BONE MINERAL DENSITY BETWEEN LUMBAR SPINE AND HIP: A USEFUL TOOL TO SCREEN OSTEOPOROSIS IN FEMALE PATIENTS WITH RHEUMATOID ARTHRITIS
Yu Wang, Zhuoli Zhang. First hospital of Peking University, Beijing, China

Background: DXA is widely used in clinical practise in BMD measurement of osteoporosis. Forearm and axial BMD is the most common site to define in clinical practise. However, the relationship between forearm and axial BMD is not confirmed in RA patients.

Objectives: To compare the forearm (bone mineral density) BMD between lumbar spine and left hip BMD by dual-energy X-ray absorptiometry (DXA), and explore the diagnostic value of the forearm BMD in rheumatoid arthritis (RA) patients.

Methods: In the study, 200 female patients with established RA underwent DXA of the lumbar, left hip and forearm BMD. The diagnosis of osteoporosis detected by the axial DXA scan and forearm.

Results: (1) The mean age of the 200 female patients was (55.9±13.8) years. Twenty (10.0%) patients had the fragility fracture history. Based on their axial DXA data and fracture history, 30 (15.0%) patients had normal axial BMD, 170 (85.0%) patients had abnormal BMD. The T score of the forearm BMD was (-2.6±1.9) g/cm², t=4.35, P<0.01. (2) Compared with abnormal axial BMD group, forearm BMD in normal axial BMD was significantly decreased [(0.33±0.13) g/cm² vs (0.44±0.06) g/cm², t=4.29, P<0.01]. The forearm T score was also significantly decreased [-2.5].

Conclusion: Our study has confirmed that DXA measurement performed of forearm analysis is capable of screening osteoporosis defined by axial BMD in female RA patients.

Disclosure of Interests: None declared