patients were older (mean age 71 (SD 12) and 66 (SD 13) years respectively) compared to AS and PsA (mean age 50 (SD 14) and 55 (SD 13) years respectively). When adjusting for these differences by IAS by sex, both prevalent CVD (stroke, ACS) and all traditional risk factors were more common in gout compared to RA, AS or PsA (Table 1+2), except for alcohol intake in women, where highest use was seen in PsA (Table 2). The male AS patients displayed the highest PA level and the lowest prevalence of stroke (table 1). Smoking was least common in male PsA and female AS and RA patients (table 1+2).

Objectives: We have developed in Leeds a prevention study clinic for the disease. As the test has become more accessible, many patients without clinical specificity for rheumatoid arthritis (RA) and may appear more than 10 years before diagnosis (immunocap method, Phadia assay). Individuals from primary or secondary care who were tested positive for anti-CCP antibodies (CCP positive) were invited to Leeds and followed prospectively in a research, observational study until progression to IA.

Results: As shown in figure 1, the number of patients referred to our study from either primary or secondary care has been increasing gradually. Over the last year, the overall referrals reached 2368 participants, 115 of them from secondary care and 2253 from primary care. Of the 901 CCP positive individuals, 479 met the inclusion criteria and accepted to participate to the study (Table 1). Actually, the mean follow-up time of the overall cohort is 98.5 weeks (SD 105.55) with a cumulative time of follow-up of over 50,000 weeks. There is a female predominance of 72.1% and a mean age of 50.3 years (SD 13.51) at baseline. Of the 165 participants that have been withdrawn from the study, 134 developed IA after a mean time of 83.8 weeks (28.0% of the overall cohort). Currently, 353 anti-CCP positive patients are still being followed. Age and sex of the patients who progressed is similar to the ones still in the study (respectively p=0.798 and p=0.326).

Conclusion: Leeds Teaching Hospital and LIRMM have now been following patients at risk of progressing to IA for more than 10 years. The steady increase in recruitment from both primary care and secondary care centres confers a viable base for recruitment. As prevention is a key aspect in global Health management, our study is a sustainable model for identifying at-risk subjects of progression, a necessary step towards prevention. This increase in overall referrals correlates with a need of recommendation regarding management of patients, especially those at high risk.

REFERENCES
EVALUATION OF ENALAPRIL ON ARTERIAL STIFFNESS IN RHEUMATOID ARTHRITIS IN A RANDOMISED CLINICAL TRIAL

Felipe Perez-Vazquez, Sergio Duran Barragan, Eduardo Gomez-Bañuelos, Elampirai Elangovan, Chia Mun Woo, Chien Joo Lim, Khair Subclinical parameters of arterial stiffness included disease duration, treatment, disease activity, laboratory, anthropometric measurements and determination of cardiovascular parameters [carotid femoral pulse wave velocity (cPWV)], ankle-brachial index (ABI), carotid intima media thickness (cIMT), carotid artery distensibility (CaD), Young’s incremental elastic modulus (Einc)]. The whole set of evaluations were analyzed at the clinical context, might be interpreted as a reduction of 6.4 years of arterial aging.

Background: This is the first study where suboptimal doses of enalapril proved to be successful for the reduction of arterial stiffness in a clinical trial of rheumatoid arthritis (RA) patients.

Methods: Fifty three patients were enrolled in a clinical, randomized, controlled trial. The subjects were randomly assigned to two groups: One receiving 5 mg of enalapril (27) and 5 mg of placebo (26), both twice a day. Clinical assessment included a structured questionnaire to gather demographic and clinical variables, including disease duration, treatment, disease activity, laboratory, anthropometric measurements and determination of cardiovascular parameters [carotid femoral pulse wave velocity (cPWV)], ankle-brachial index (ABI), carotid intima media thickness (cIMT), carotid artery distensibility (CaD), Young’s incremental elastic modulus (Einc)]. The whole set of evaluations were analyzed at the baseline and at the end of 12 weeks of intervention.

Results: A significant reduction in delta CAVI of 0.21 in the enalapril intervention group was found. In contrast, an increase of 0.39 was observed in the placebo group. The delta CAVI reduction was not influenced by age or peripheral systolic blood pressure (pSBP).

Conclusion: Enalapril seems to be effective in CAVI reduction in RA patients. The effect of enalapril intervention on arterial stiffness translated to the clinical context, might be interpreted as a reduction of 6.4 years of arterial aging.

REFERENCES


Disclosure of Interests: None declared


AB1261

CADMIUM TOXICITY AS A PROBABLE CAUSE OF OSTEOPENIA IN ADOLESCENTS AND ITS RELATION TO BAD DIETARY HABITS

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Background: Cadmium is a naturally occurring minor element; it has been recognized as an occupational health hazard for many decades. Water and food are the main source of environmental cadmium exposure in non-smokers in most parts of the world. Cadmium accumulates gradually in the human body, where it gives rise to a number of adverse health effects and especially to kidney and bone. Several studies have addressed a possible association between long-term low-level environmental cadmium exposure and osteoporosis. Osteoporosis is a large and escalating public health problem.

Objectives: This study was conducted to assess the bone mineral status in secondary school students in Egypt and to measure cadmium level in their blood and urine and possible relationship between cadmium retention and bone mineral abnormalities as well as its consumption from some food and drinks commonly utilized by these students.

Methods: Two hundred secondary school students from different secondary schools in Egypt were included in this study(100 males, and 100 females). Bone mineral density (BMD) was assessed in the 200 students by Quantitative Ultrasoundography (QUS) of the calcaneus using the ultrasound bone densitometer unit PEGASUS PRESTIGE, OSTEOMED, FRANCE. Students with abnormal bone mineral status (T score < -1) were considered osteopenic, data obtained from this osteopenic group were compared