handed patients, destruction occurred in the non-dominant wrist. Patients received a mean number of 4.7 DMARDs.

**Conclusion:** Severely destructive unilateral wrist arthritis represents a rare phenotype of RA. In our cohort, this type of joint involvement was only present in women, it occurred primarily in the dominant hand (75%), and in smokers (75%). The mean number of used DMARDs was very high. Further studies for assessing the prevalence of this entity, also in seronegative patients, are required.

**REFERENCES:**
ECHOCARDIOGRAPHIC ABNORMALITIES AMONG INCIDENCE, TREND AND FACTORS ASSOCIATED WITH
Carolina Marlene Martínez-Flores1, Karla Paola Cuéllar-Calderón2, UANL, Cardiology, Monterrey, Mexico

Objectives: To determine the prevalence of echocardiographic abnormalities among RA patients and compare them to matched controls. Methods: Observational, cross-sectional study. RA patients aged 40 to 75 years that fulfilled the 2010 ACR/EULAR classification criteria and matched controls were included. Patients with a poor ultrasound window, mitral and tricuspid valves dysfunction in our population, and greater left ventricular geometry alterations, compared to controls. As the left ventricular ejection fraction is a strong prognosticator for CV disease, echocardiography might be a simple non-invasive tool for cardiac risk screening in RA.

RESULTS:

<table>
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<th>RA (n=85)</th>
<th>Control (n=48)</th>
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<tbody>
<tr>
<td>LV dilated diameter (cm), median (q25–q75)</td>
<td>70.1 (36.5 – 119.4)</td>
<td>72.9 (39.7 – 134.5)</td>
<td>NS</td>
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<td>LV end systolic diameter (cm), mean ± SD</td>
<td>2.8 ± 1.9</td>
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<td>Mitral regurgitation, n (%)</td>
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Conclusion: Genes related to bone metabolism may have a considerable contribution to the already high risk of low-energy fractures in RA.

REFERENCES:

Disclosure of Interests: None declared, Lisbeth Ärlestig: None declared, Solbritt Rantapää Dahlqvist Consultant for: Member of the advisory board, Lipum AB, Umeå, Sweden.


THU0144 ECHOCARDIOGRAPHIC ABNORMALITIES AMONG HISPANIC PATIENTS WITH RHEUMATOID ARTHRITIS: A CASE CONTROL STUDY
José Ramón Azpíri-López1, Dionicio Ángel Galarza-Delgado2, Iris Jazmín Colunga-Pedraza2, Carolina Marlene Martínez-Martínez1, Carla Paola Cuéllar-Calderón2, Ileana Cecilia Reynosa-Silva2, Mariela Castro-González2, Raymundo Pineda2, Guillermo Contreras1.
UANL, Cardiology, Monterrey, Mexico; 2Hospital Universitario, “Dr. José Eleuterio González”, UANL, Rheumatology, Monterrey, Mexico

Background: Rheumatoid arthritis (RA) is a chronic, systemic, inflammatory disease that mainly affects the synovial joints. Subjects with RA have an increased cardiovascular (CV) morbimortality (1). This increase in RA patients is an essential part of CV risk management. Echocardiography is a simple, non-invasive approach that provides reliable markers for cardiac evaluation (3).

Objectives: To determine the prevalence of echocardiographic abnormalities in RA patients and compare them to matched controls.

Methods: Observational, cross-sectional study. RA patients aged 40 to 75 years that fulfilled the 2010 ACR/EULAR classification criteria and matched controls were included. Patients with a poor ultrasound window, mitral and tricuspid valves dysfunction in our population, and greater left ventricular geometry alterations, compared to controls. As the left ventricular ejection fraction is a strong prognosticator for CV disease, echocardiography might be a simple non-invasive tool for cardiac risk screening in RA.

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Conclusion: Genes related to bone metabolism may have a considerable contribution to the already high risk of low-energy fractures in RA.

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Disclosure of Interests: None declared


THU0145 INCIDENCE, TREND AND FACTORS ASSOCIATED WITH OPportunistic Infection (OI) IN PATIENTS WITH RHEUMATOID ARTHRITIS IN SPAIN. (TREND-AR STUDY)
Ramón Mazzuchelli1, María Velasco Arribas2,3, Elia Perez-Fernandez2, Alberto García-Vadillo1, Natalia Crespi-Villarías2,3, Trend-AR. 1Hospital Universitario Fundación Alcorcón, Rheumatology, Alcorcón, Spain; 2Hospital Universitario Fundación Alcorcón, Internal Medicine, Alcorcón, Spain; 3Fundación Hospital Alcorcón, Clinical Investigation, Alcorcón, Spain; 4Hospital de La Princesa, Rheumatology, Madrid, Spain; 5Health Center Rivota, Alcorcón, Spain

Background: The epidemiology of hospitalizations for Opportunistic Infections (OI) in patients with rheumatoid arthritis (RA) is unknown despite an increase in RA treatments that confer risk of infection.

Objectives: To analyze the incidence, trend and factors associated with hospitalizations due to OI in patients with RA, in Spain, during the period between 1999 and 2015.

Methods: Population study based on the analysis of a national administrative database that includes a Minimum Basic Data Set (MBDS) of the income of patients with RA (ICD 9 714). Period: January 1, 1999 to December 31, 2015. The following entities were included as OI: tuberculosis (I62), nontuberculous mycobacteria, cytomegalovirus (CMV), Epstein-Barr virus (EBV), Herpes zoster (H3), Candidiasis, Toxoplasmosis, Pneumocystis, Cryptococcus, Listeriosis, Nocardiosis, Aspergillosis, Coccioidiodymycosis, Histoplasmosis, Strongyloides, Leishmaniosis, Cryptorchidism, Trypanosoma cruzi, JCV and other prion viruses. These diagnoses were identified by the presence in primary and secondary diagnosis of their ICD9 codes. The population at risk was estimated...