ECHOCARDIOGRAPHIC ABNORMALITIES AMONG CAROLINA MARLENE MARTÍNEZ-FLORES1, KARLA PAOLA CUELLAR-CALDERÓN2

**Background:** Rheumatoid arthritis (RA) is a chronic, systemic, inflammatory disease that mainly affects the synovial joints. Subjects with RA have increased cardiovascular (CV) mortality (1). This increase in cardiovascular diseases (CVD) is not explained by traditional risk factors (2). Screening for CVD 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 abnormality in RA patients.

**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. Descriptive analysis was done with frequencies (%) and median (q25-q75), and comparisons with Chi-square and Mann U-Whitney's test.

**Results:** A total of 133 subjects were included. Baseline characteristics are shown in Table 1. Groups were well balanced, with no differences among them. Echocardiographic comparisons are shown in Table 2. Prevalence of abnormal left ventricle (LV) geometry was higher in RA patients (p = .038), as were mitral and tricuspid valvular dysfunction (p < 0.001). The LV ejection fraction was lower in RA subjects (p = .044).

**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