r2062377, AA vs. TA 35.7% 1.36 1.01;1.83 1.28 0.81;1.59 1.19 0.86;1.65 +TT

*Hazard ratio (HR)1=crude model, HR2= adjusted for age at inclusion and sex, HR3=adjusted for age at inclusion, sex, duration of RA, anti-CCP positivity, ever smoking, disease activity the first two years after RA diagnosis, and erosive disease.

Figure 1. Probability of fracture-free survival related to three SNPs in patients with RA

Abstract THU0143 – Figure 1

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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THU0144 ECHOCARDIOGRAPHIC ABNORMALITIES AMONG HISPANIC PATIENTS WITH RHEUMATOID ARTHRITIS: A CASE CONTROL STUDY

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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 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 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, history of previous atherosclerotic CVD (ischemic heart disease, cerebrovascular accident or peripheral arterial disease) and pregnancy were excluded. Transthoracic echocardiogram was performed and reviewed by 2 board-certified cardiologists. Differences were solved by consensus. 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 ($p=.044$).

Abstract THU0144 –Table 1. Clinical characteristics.

	RA (n=85)	Control (n= 48)	P
Female, n (%)	81 (95.3)	46 (95.8)	1

Age, mean $\pm$ SD	54.4 $\pm$ 8.4	53.1 $\pm$ 6.9	0.169
T2DM, n (%)	10 (11.8)	2 (4.2)	0.210
Hypertension, n (%)	21 (24.7)	11 (22.9)	0.817
Active smoking, n (%)	7 (8.2)	5 (10.4)	0.341
Dis. duration, yr, mean $\pm$ SD	9.8 $\pm$ 8.4	-	-
BMI, Kg/m ² , mean $\pm$ SD	28.5 $\pm$ 4.8	27.9 $\pm$ 4.3	0.375
DAS 28-CRP, mean $\pm$ SD	3.1 $\pm$ 1.1	-	-

Abstract THU0144 –Table 2. Echocardiographic findings

	RA (n=85)	Control (n=48)	P
Diastolic dysfunction, n (%)	32 (37.6)	17 (35.4)	0.906
LV Geometry alterations, n (%)	27 (31.7)	6 (12.5)	0.038
LV mass index (g/m ²), median (q25 –q75)	70.1 (36.5 - 119.4)	72.9 (39.7 - 134.5)	NS
LV end diastolic diameter (cm), median (q25 –q75)	1.2 (.9 -1.9)	1.2 (.9 - 1.8)	NS
LV end systolic diameter (cm), mean $\pm$ SD	2.7 $\pm$.4	2.8 $\pm$.4	NS
Aortic valvulopathy, n (%)	16 (18.8)	3 (6.2)	0.078
Mitral valvulopathy, n (%)	47 (55.2)	8 (16.6)	0.001
Pulmonary valvulopathy, n (%)	9 (10.5)	-	0.066
Tricuspid valvulopathy, n (%)	71 (83.5)	25 (52.1)	0.000
LV Ejection Fraction (%), median (q25 –q75)	60.5 (51-76)	63.7 (54-77)	0.044

LV= Left ventricle.

Conclusion: Patients with rheumatoid arthritis have higher prevalence of 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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THU0145 INCIDENCE, TREND AND FACTORS ASSOCIATED WITH OPPORTUNISTIC INFECTION (OI) IN PATIENTS WITH RHEUMATOID ARTHRITIS IN SPAIN. (TREND-AR STUDY)

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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 (tbc), nontuberculous mycobacteria, cytomegalovirus (CMV), Epstein-Barr virus (EBV), Herpes zoster (HZ), Candidiasis, Toxoplasmosis, Pneumocystosis, Cryptococcosis, Listeriosis, Nocardiosis, Aspergillosis, Coccidioidomycosis, Histoplasmosis, Blastomycosis, Strongyloides, Leishmaniasis, Cryptosporidium, Trypanosoma cruzi, JVC 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