Conclusion: Achieving sustained remission occurred in 40% of early RA patients in usual clinical practice. Treatment reductions following sustained remission occurred in over a third of patients over the next 12 months, and consisted mainly of adjustment in non-biologic DMARDs.

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SARCOPENIA IS ASSOCIATED WITH PERSISTENT DISEASE ACTIVITY DURING FOLLOW-UP OF RHEUMATOID ARTHRITIS

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Objectives: This study investigated the prevalence and impact of sarcopenia on clinical outcomes during follow-up in patients with rheumatoid arthritis (RA).

Methods: We enrolled 294 RA patients from a single tertiary center. Data were collected at the time of enrollment and annually thereafter for 3 consecutive years. Sarcopenia was assessed by bioelectrical impedance analysis and defined as a relative skeletal mass index (RSMI) < 5.14 kg/m² in women and < 7.40 kg/m² in men. Univariate and multivariate analyses were performed to identify the association between sarcopenia and clinical outcome.

Results: Of the 294 RA patients, 8.2% had sarcopenia at the time of enrollment. Patients with sarcopenia were more likely to be older ($P=0.001$), male ($P=0.001$), and smokers ($P=0.001$), and to have a higher body fat mass ($P=0.034$) and body fat percentage ($P=0.039$), and a