and contribute to raising awareness of SS and to participate in patient and public involvement and engagement (PPIE) events.

The majority of patients interviewed were willing to take part in research by donating blood samples and/or filling in questionnaires (96%). 58% of patients who completed the survey would either definitely or probably take part in discussion groups helping researchers to design future studies in SS.

Conclusion: This survey highlighted patients’ perception of the need for more meaningful research into the causes of SS, as their priorities were centred around finding a cure or better treatments for Sjögren’s Syndrome. The survey also identified patients’ lack of knowledge about their condition as well as their desire to help with shaping future research ideas and support funding for research. The results of this survey will be incorporated in our future PPIE events aiming at shaping our research strategy in SS.

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THU0725-HPR SCREENING OF SILENT MYOCARDIAL ISCHEMIA USING A STRESS TEST IN RHEUMATOID ARTHRITIS PATIENTS: ASSOCIATION WITH TRADITIONAL RISK FACTORS AND DISEASE ACTIVITY

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Background: The rheumatoid arthritis is responsible of an increased risk of cardiovascular (CV) morbidity and mortality.

Objectives: The aim of the study is to determine, in established RA patients, the presence of silent myocardial ischemia using a stress test and its association with the disease activity and the CV risk factors and scores.

Methods: It is a transversal and prospective study in a rheumatologic center in Charles Nicolle hospital in Tunisia. 103 RA patients, asymptomatic for CV disease were submitted to a stress test. Demographic data, cardiovascular risk factors and the disease characteristics were assessed for all patients and risk factors of silent myocardial ischemia in RA patients were identified.

The comparison of qualitative variables was performed with the Chi square test and the comparison of qualitative variable and quantitative ones was performed with the Student’s test. The significance level was set at 0.05.

Results: There were 103 patients (sex-ratio=0.3) with a mean age of 53 ±10 years. The evaluation of the disease activity showed that the mean DAS28 CRP, CDAI and SDAI were 3.9±1.38; 17.17±11.4 and 33.39±26, respectively. A screening for CV risk factors revealed: 13% of patients had a cardiovascular inheritance, 25% of patients were either smokers or hypertensives, 18% had diabetes, 70% were obese or overweighted and 14 patients had dyslipidemia. The ischemic ratio (CT/HDL) revealed that 42% of patients had a moderate to high myocardial ischemic risk. Heart-SCORE was high in 35% of cases. A silent myocardial ischemia in the stress test was found in 11 patients (10.6%) and was associated with male sex (p=0.03), advanced age (p=0.04), erosive character (p=0.05), the advanced age of the rheumatoid arthritis diagnosis (p=0.01) and the ischemic ratio (p=0.06). No relationship was found with the majority of traditional CV factors nor with disease activity variables.

Conclusion: Our results corroborated the hypothesis that the stress test could reveal subclinical CV dysfunction, supported the utility of the Heart-score as a screening tool, and put in perspective the potential usefulness of complementary approaches in CV risk assessment in RA patients.

Disclosure of Interests: None declared