correlation parameters LM and absolute 10 years risk of osteoporotic fractures ($r=-0.302$, $p<0.05$) on FRAX.

Conclusion: 63.6% of men suffering from RA, there was a decrease in BMD, the corresponding OP/osteopenia with a primary reduction of BMD at the femoral neck. Decrease BMD in patients with RA was significantly associated with a high degree of disease activity ($r=-0.4$, $p<0.05$). Taking GCS had no significant effect on BMD at the femoral neck. Analysis of body composition in 55% of patients with RA showed a reduction in the level of LM limbs sarcopenia. Obtained correlation lower BMD and LM limbs ($p<0.05$; $r=0.28$).

Thus, in patients with RA male along with OP/osteopenia showed a significant decrease in LM that given the biomechanics of movement can be an additional risk factor for falls and fractures.

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FRI0053

ACCELERATED ATHEROSCLEROSIS IN PREMENOPAUSAL WOMEN WITH RHEUMATOID ARTHRITIS (15 YEARS PROSPECTIVE STUDY)

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Background: Rheumatoid arthritis (RA) is chronic inflammatory disease, associated with increased mortality and morbidity due to higher cardiovascular risk in these patients.

Objectives: Traditional risk factors are not the only answer for accelerated atherosclerosis. In long term prospective study, we investigated the relationship between asymptomatic atherosclerosis and traditional risk factors as well inflammatory markers in patients with RA and matched healthy controls.

Methods: In 60 RA premenopausal women and 34 matched controls values of laboratory test results, concentrations of inflammatory mediators, matrix metalloproteinases (MMP) and markers of inflammation were measured. Using B-mode ultrasonography carotid intima-media thickness (cIMT) and plaques occurrence (markers of asymptomatic atherosclerosis) at baseline and after 15 years of observation were defined in both groups. The differences in concentrations of inflammatory mediators, MMPs and markers of inflammation were compared. The relationship of inflammatory mediators and markers, MMPs and markers of asymptomatic atherosclerosis was examined using regression models.

Results: After the follow up statistically significant higher values of inflammatory markers like selective adhesion molecules ICAM & VCAM, interleukin 6 (IL-6), tumour necrosis factor alpha (TN alpha) and MMP-3 in patient's group was found. Among traditional risk factors only sedimentation rate and CRP levels were statistically higher in patient's group. More plaques were found in patients' group (12.9% vs. 42.4%; $p=0.005$), patients had also higher values of cIMT ($p<0.0001$). Using multiple linear regression analysis only VCAM was found as independent prognostic factor for plaques occurrence ($p=0.016$), but not for cIMT ($p=0.314$) in RA patients after the follow up.

Conclusion: Asymptomatic atherosclerosis is accelerated in premenopausal women with RA patients. The results of our study showed the association between the inflammation and accelerated atherosclerosis, VCAM was found as independent risk factor for plaques occurrence in these patients.

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FRI0054

CHARACTERISTICS OF PATIENTS WITH ELDERLY-ONSET RHEUMATOID ARTHRITIS AND INVESTIGATION OF DRUG THERAPY

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Background: It is expected that the increase in average life expectancy in recent years would also be observed even in patients with rheumatoid arthritis (RA)

Objectives: We compared data for RA patients obtained between 1991 and 2018 to clarify the current clinical picture of RA in elderly patients.

Methods: We evaluated 429 and 368 RA cases seen at our department in 1991 and 2018, respectively. The patient ages and sex ratios in the two groups were first compared, and then the clinical features of 260 patients with younger-onset RA (YORA; onset age <65 years) and 108 patients with elderly-onset RA (EORA; onset age >65 years) in the 2018 group were evaluated. All patients satisfied the 1987 and 2010 Rheumatoid arthritis classification criteria for RA, and their data were obtained from the medical records. Patient data at the onset of RA were used. The study protocol was approved by the Institutional Review Board of Niigata University. All statistical analyses were performed with SPSS ver. 13 for Windows, and differences at $p<0.05$ were considered to be statistically significant.

Results: The peak age at RA onset was 50s-60s in 1991 and 60s-70s in 2018. In 1991, the male-female ratios in the <65-yr and >65-yr age groups were 0.14 and 0.19, respectively, whereas the corresponding ratios in 2018 were 0.25 and 0.38, respectively. Although the proportion of elderly patients increased, homogeneity testing of the odds ratio revealed no significant difference. Among the 368 RA patients in the 2018 group, initial involvement of large joints was more frequent in those with EORA, whereas initial involvement of small joints was more frequent in those with YORA ($p<0.05$). Statistical analysis demonstrated no significant inter-group differences in hemoglobin, WBC, BUN, uric acid, CRP, ESR or serum creatinine, but the estimated glomerular filtration rate was significantly higher in the YORA group ($P=0.00$). The frequencies of hematuria and proteinuria (>1.0 g/Cr) showed no inter-group differences. The frequency of RF positivity also did not differ between the groups, but the RF titer was higher in the YORA group ($p<0.01$). ACPA showed no inter-group difference in terms of either the frequency of positivity or titer. Among other features after diagnosis, AA amyloidosis was observed in only 7 (2.7%) of the YORA patients. RA preceded PMR in 7 patients in each group, and the frequency of PMR was significantly ($P<0.01$) higher in patients aged >60 years. For therapy, MTX was used in about 70% of YORA patients, its use being more frequent than EORA patients ($p<0.01$), although the dose employed did not differ significantly between the two. About half of all patients received steroid, and neither the frequency nor the dose differed significantly between the YORA and EORA groups. Biological agents were used in 61% of YORA patients and 29% of EORA patients, the difference being significant ($p<0.01$). Abatacept was used significantly ($p<0.05$) more often in the EORA group because of the low frequency of severe infections, but the frequency of use of other biological agents and Jak inhibitors did not differ significantly between the groups.

Conclusion: The characteristics of EORA patients differ from those of YORA patients. Diagnosis requires attention to PMR. In YORA, attention to amyloid is also required in view of the fact that treatment was insufficient in the past. Pharmacotherapy should be based on the characteristics of aging in elderly patients with RA. The diagnosis and treatment of RA in elderly patients is an issue of future concern.