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FR10067 ANXIETY AND DEPRESSION IN A PREGNANCY AND RHEUMATIC DISEASES CLINIC
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Background: Preconceptional psychologic evaluation allows the identification of risks factors for perinatal disorders. Anxiety (13.4%) and depression (41.5%) has been reported in rheumatic diseases 1. Hospital Anxiety and Depression Scale (HADS) is used to evaluate anxiety and depression in patients with chronic diseases 2.
Objectives: To describe the frequency of anxiety and depression disorders among preconceptional patients in a Pregnancy and Rheumatic Diseases Clinic.
Methods: An observational, cross-sectional, and descriptive study was conducted in the Rheumatology Consultation of Hospital Universitario "Dr. José Eleuterio Gonzalez" in Monterrey, Mexico. We included 100 women aged between 18 and 39 years in the preconceptional stage of the Pregnancy and Rheumatic Diseases Clinic. HADS, which is divided in two subscales, one for anxiety and one for depression, indicating a disorder when a score ≥11 was applied. To evaluate Rheumatoid Arthritis (RA) a Disease Activity Score (DAS28) was used, for Systemic Lupus Erythematosus (SLE) a Systemic Lupus Erythematosus Disease Activity index (SLE-DAI) was performed, and others (Sjögren's syndrome, dermatomyositis and fibromyalgia) were evaluated with the Global Quality of Life (GQL).
To analyze differences among groups, Gamma coefficient was used. It was considered a statistically significant p<0.05.
Results: One hundred women in childbearing age were included, with a mean age of 34.48 (SD 18.30) years. RA was diagnosed in 48%, SLE in 37%, and others in 15%. We found a mean HADS total score of 11.73 (7.29), in the anxiety subscale 6.94 (4.027), and depression subscale 4.79 (4.026). A significant correlation between SLE and a high HADS score was observed (Table 1).
Conclusion: In order to have a safe pregnancy, an early intervention to assess the psychiatric status is required in patients with rheumatic diseases.

REFERENCES:
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FR10058
SAFETY OF THE ZOSTER RECOMBINANT ADJUVANT VACCINE IN RHEUMATOID ARTHRITIS PATIENTS: A SINGLE CENTER’S EXPERIENCE WITH 300 PATIENTS

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Background: Patients with rheumatoid arthritis (RA) and other systemic rheumatic diseases (SRD) are at increased risk of developing Herpes Zoster (HZ) due to the diseases/or medications used to treat them such as corticosteroids methotrexate, biologic disease modifying agents, and JAK inhibitors. Released in 2018, the Zoster Recombinant Adjuvanted (ZRA) is a new vaccine with >90% efficacy and can be used in patients taking immunosuppressive therapy as compared to the live Zoster vaccine (GVL) >8 High activity; Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) >8 High activity; Global Quality Index (GQL) >8 High activity. HADS total score ≥11.

Objectives: Our goal was to study the impact of the new ZRA vaccine in RA and other SRD patients and to measure the risk of flare and incidence of side effects.

Methods: We performed a retrospective chart review from 2/1/2018 to 1/20/2019, on patients with RA and SRD seen at the BWH who had received the ZRA vaccine. Co-variables of interest were collected. A flare was defined as occurring within 12 weeks of the vaccine administration by either: 1) documentation of RA flare in the rheumatologist office notes, telephone encounter or patient portal communication, or 2) new prednisone prescription or an increase in dose of existing prednisone prescription. Vaccine side effects were defined as muscle soreness at the injection site, redness, mild swelling, fatigue, fevers, myalgias, headaches, nausea, and abdominal pain.

Results: 300 patients who received the new ZRA vaccine between 2/1/2018 to 1/20/2019 were identified. Mean follow up was 12.5 weeks ranging from 1-40 weeks following administration. Patient characteristics are identified in Table 1.

We identified a 3.00% (n=9) incidence of flare following the first dose and 2.86% (n=4) incidence following the second dose. One patient flared after both the first and second dose. All the flares were mild, self-limited, responded to treatment with low dose glucocorticoids, and did not warrant a change in DMARD therapy. No cases of Zoster were reported. Larger formal studies with longer term follow up are required to confirm our findings.

Conclusion: In our experience with 300 patients who received the new ZRA (207 RA and 93 SRD) in 2018-2019, the incidence of disease flares was ≤3% and of side effects was 15% which is reassuring. Both flares and side effects were mild, self-limited, and did not require a change in DMARD therapy.

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FR10069
FREQUENCY OF EYE INVOLVEMENT IN INFLAMMATORY ARTHRITIS AND CONNECTIVE TISSUE DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Rheumatoid arthritis commonly presents with extraarticular manifestations. Along with other connective tissue diseases, these manifestations may include eye involvement.

Objectives: The purpose of our work was to determine the prevalence and type of eye involvement in rheumatoid arthritis and other connective tissue diseases through a meta-analysis and literature review.

Methods: A systematic review of the literature was performed using Medline, Web of Science, and the Cochrane library from their inceptions to October 31, 2017. Conjunctivitis, keratoconjunctivitis sicca, xerophthalmia, uveitis, eye hemorrhage, optic neuritis, papilledema, orbital disease, retinal artery/vein occlusion, macular edema, retinitis, choroidoretinitis, scleritis, iridocyclitis, choroid hemorrhage, blindness and amaurosis fugax were searched for prevalence in patients with rheumatoid arthritis, systemic lupus erythematosus, antiphospholipid syndrome, dermatomyositis, polymyositis, systemic sclerosis, Sjogren’s syndrome, undifferentiated connective tissue disease, giant cell arteritis, granulomatosis polyangiitis (GPA; formerly Wegener’s granulomatosis, systemic vasculitis, and sarcoidosis.

Results: 3394 studies were identified and 65 included. The prevalence of eye involvement was 18% in rheumatoid arthritis, 31% in systemic lupus erythematosus, 35% in antiphospholipid syndrome, 27% in giant cell arteritis, 26% in GPA and 27% in sarcoidosis. The most common manifestations was dry eyes (keratoconjunctivitis sicca) in most diseases analyzed with a frequency approaching 90% in Sjogren’s syndrome. Anterior and posterior uveitis were the most common OC in sarcoidosis occurring in 16 [3-28%], and 6 [3-9%] of patients respectively.

Conclusion: Eye involvement is present in approximately one fifth of rheumatoid arthritis patients, and one quarter to one third of patients with other rheumatic diseases.