RHEUMATIC REGISTRY PROVIDES FIRST INSIGHTS INTO MUTUAL INTERDEPENDENCIES BETWEEN RHEUMATIC AND MUSCULOSKELETAL DISEASES AND MALIGNANCIES

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Background: Knowledge about interdependencies between rheumatic and musculoskeletal diseases (RMDs) and malignancies is limited on the clinical and molecular level. Particularly, valid prospective data on the timely association of malignancies in patients with RMDs and treatment of the latter are sparse.

Objectives: Due to the heterogeneous patient population, a registry-based study has been conducted in order to provide insights into mutual interdependencies and novel evidence for suitable clinical management of patients with concomitant RMD and malignancies.

Methods: The RheuMal registry is a long-term, open-end observational study designed to address the specific situation of patients suffering from concomitant RMD and concomitant malignancy and/or premalignant conditions. The RheuMal registry is one of the three subregistries of the Maleheuf project, a registry-based study initiated in July 2018 at the at the university hospital Heidelberg, Germany.

Results: Data from the RheuMal registry (n=404) show an earlier onset of gender-specific cancers and malignant melanoma in RMD patients compared to data from the German Cancer Registry Data of the Robert-Koch-Institute: compared to the reference population, in RMD patients breast cancer (n=32) occurred 5.3 years and prostate cancer (n=16) 3.3 years earlier. Onset of malignant melanoma was 2.4 years earlier in females (n=9) and 1.1 years in males (n=7) with concomitant RMD. The mean latency between the initial diagnosis of the RMD and the later occurring malignant condition was 10.2 years. The diagnosis of the malignancy frequently led to a change or interruption of disease-modifying antirheumatic therapy in RMDs.

Conclusion: The RheuMal registry offers first insights into interdependencies between RMDs and malignancies based on demographic data, disease characteristics, clinical management and outcome as well as correlation of specific diagnoses and therapies. The earlier onset of gender-specific cancers and malignant melanoma suggests differences in the epidemiology and course of the malignant disease in RMD patients compared to a healthy reference population, suggesting interdependency between the two disease entities. Future research will focus on further understanding of this interdependency and the underlying molecular mechanisms.

Disclosure of Interests: None declared

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SYSTEMATIC GERIATRIC ASSESSMENT IN OLDER PATIENTS WITH RHEUMATIC DISEASES - THE RHEUMAGIC PILOT STUDY

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Background: Current demographic data predict that the number of older adults with rheumatic diseases will considerably increase in the coming years. Geriatric patients differ from younger adults in many ways including their clinical presentation, co-morbidities and response to medication. The management of such patients is often challenging due to the presence of multi-morbidity, polypharmacy and geriatric syndromes (i.e. conditions in which symptoms result from impairments in multiple systems rather than a discrete disease). To systematically assess geriatric patients, specific tools have been developed; however, they are not routinely utilized by rheumatologists. Using these tools could improve patient management and satisfaction in rheumatologic care.

Objectives: To examine the prevalence of 17 common geriatric health problems using validated geriatric assessment tools in older patients with rheumatic and musculoskeletal diseases.

Methods: Adults ≥ 65 years and older who presented to a tertiary rheumatology clinic were included after informed consent. All patients recruited were assessed using the MAggable GeriatricC Assessment (MAGIC) which addresses 14 common geriatric health problems. In addition, polypharmacy (≥ 5 medications), muscle function using the Short Physical Performance Battery and frailty applying the Fried definition were assessed. Disability was quantified with the “Funktionsfragebogen Hannover” (FFH), a validated tool for patients with rheumatologic diseases that can be easily converted to Health Assessment Questionnaire (HAQ) scores. Primary outcome was the frequency of the selected 17 geriatric health problems; the correlation of the total number of problems with HAQ scores was a secondary outcome.

Results: Of the 300 individuals included 67% were female with a mean age of 73±6 years; 85% (> 50% with rheumatoid arthritis) had a rheumatologic disease. The remaining participants had either a chronic pain syndrome and/or a musculoskeletal disease. These problems appear to be very common and importantly, patients with more problems had poorer functional status. Frailty, depression, incomplete vaccination status, cognitive impairment or polypharmacy were also seen in more than 50% of patients (see Table). The mean HAQ Score was 1.67±0.79. There was a positive correlation (see Graph) between the number of problems and the HAQ Score (R²=0.44, p<0.0001).

Conclusion: A systematic geriatric assessment can be successfully used to identify and quantify geriatric health problems in older patients with rheumatic and musculoskeletal diseases. These problems appear to be very common and importantly, patients with more problems had poorer functional status. Frailty, depression, incomplete vaccination status, cognitive impairment or polypharmacy are all known to negatively impact patient care. Recognizing and addressing geriatric problems has the potential to lead to health care improvements including adherence and medication side effects and might increase patient satisfaction and functional status independent of disease activity.

References:

Geriatric Problem

% present

Problems with Daily Activities 67
Problems with Vision 28
Problems with Hearing 38
Problems with Urinary Incontinence 38
Problems with Depression 57