RHEUMATIC AND MUSCULOSKELETAL DISEASES 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 MalheuR project, a registry-based designed to address the specific situation of patients suffering from 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 cancer was 2.4 years earlier in females (n=9) and 1.1 years in males (n=7) with concomitant RMD.

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 mutual 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
DOI: 10.1136/annrheumdis-2020-eular.3815

SAT0579
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 hospital were included after informed consent. All patients recruited were assessed using the MANageable 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 “Funktionsschäden Hannover” (F5H), 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 diagnosis. The remaining participants had either a chronic pain syndrome or degenerative joint/spine disease. On average participants had 7 out of 17 assessed geriatric problems. Females had more such problems than males (8 vs. 6, p<0.0001). Chronic pain and polypharmacy were most common but several others 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 discover 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 and geriatric syndromes (i.e. conditions in which symptoms result from impairments in multiple systems rather than a discrete disease) were very common in our study population. To our knowledge, this is the first study comparing the presence and severity of 17 common geriatric health problems with HAQ scores in a rheumatology population.

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

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