MORTALITY AND CAUSE OF DEATH IN KOREAN PATIENTS WITH RHEUMATOID ARTHRITIS: BASED ON A LARGE COHORT.

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Background: Rheumatoid arthritis (RA) is a common chronic inflammatory disease characterized by arthritis of multiple joints. Although the use of corticosteroid and extra-articular complications may lead increased mortality of patients with RA and it have been confirmed by hundreds of studies, the prognosis of RA has improved over the past decades with the introduction of biologics disease-modifying anti-rheumatic drugs and treat-to-target strategy. Along with the increase of overall survival of RA, the needs for re-assessment of actual life expectancy in patients with RA have also been increased.

Objectives: To investigate the cause and the risk of death of Korean patients with RA in a large RA cohort.

Methods: We analyzed patients in Hanyang BAE RA cohort who fulfilled the American College of Rheumatology criteria. A total of 2,355 patients were enrolled from October 2001 to December 2015. Mortality data were derived by linking with data from the Korean National Statistical Office and date and cause death were identified. Standardized Mortality Ratio (SMR) was estimated by dividing the observed deaths by the expected number of deaths of age- and sex-matched general population. Confidence intervals were calculated based on the Poisson distribution.

Results: Of 2,355 patients, there were 282 deaths (11.9%). The overall age- and sex- matched SMR of patients with RA was 0.9 (observed death 29, expected death 32 95% CI 0.6-1.3), and 0.9 (observed death 29, expected death 32 95% CI 0.6-1.3). The main clinical clues justifying SARD suspicion were: arthralgia/arthritis (11.9%), thrombocytopenia (10.0%), pancytopenia (10.0%), spotless fever (8.2%), intestinal lung disease (4.8%), pleural (6.1%) and pericardial (4.1%) effusion. Over a median follow-up of 10.9 years, 10 patients (3.4%) were diagnosed with a SARD, only one being an ANA-related disease: 5 cases of polymyalgia rheumatica, 2 cases of RA, 1 case of giant cell arteritis, 1 case of Sjogren syndrome and 1 case of sarcoidosis. In 60% of patients with a confirmed SARD, the main reason for suspicion was the presence of arthralgia/ arthritis. Positive ANA testing showed a 90.0% sensitivity and a 39.6% specificity for SARD. This translates into a positive predictive value of 5.0%.

Conclusion: ALRA are highly prevalent in elderly patients under SARD suspicion, while the incidence of SARD is very low, which explains the low positive predictive value of ANA testing. Interestingly, only one among the ten cases of SARD confirmed was indeed an ANA-related disease (Sjogren syndrome).

References:

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LONG-TERM MORBIDITY FOLLOWING IGA VASCULITIS IN CHILDHOOD

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Background: IgA vasculitis (IgAV) in children is considered a mostly self-limiting disease. However, patients may require aggressive initial treatment, are prone to disease relapses and conceivably have a sustained abnormality in mucosal and/or circulating IgA responsiveness, that can predispose to the development of other conditions.

Objectives: To determine whether childhood IgAV predisposes to comorbidity later in life.

Methods: Observational cohort study examining rates of hospitalization, ED visits, procedures and accrual of comorbidity (by Charlson comorbidity index; CCI) comparing 494 IgAV patients <20 years at diagnosis with 1385 non-exposed matched controls over a 20-year period. Maximum likelihood estimates were used to obtain Odds (OR) and Rate ratios per 1000 person-years (RR).

Results: Hospitalization was increased proportionally (73.5 vs 51.5%) and by rate (2.17 vs 18.9; rate ratio 1.15) (both p<0.01) for IgAV patients, who underwent more diagnostic and medical procedures whereas controls had higher rates of surgical interventions. IgAV patients had an higher overall ED attendance (25 vs 16%) and visit rate (10.8 vs 8.43, RR 1.29) (each p<0.01) and accrued more often peptic ulcer and renal disease and developed severe comorbidity (CCI ≥3) at a higher rate (OR 2.9, 95% CI 0.79-11.6) than controls.

Conclusion: A diagnosis of IgAV in childhood associates with increased risk and rate of subsequent hospital admission, ED attendance and severe comorbidity.