age, disease duration, comorbidities, family history of a rheumatic disease, ANA, treatment agents and disease activity and quality of life assessment tools.

Results: A total of 863 RA male patients were studied with a mean age of 53.12±15.5 years and a mean disease duration 73.4±5.5 years, 652 (75.6%) had positive RF and 624 (72.3%) had positive ACPA. 431 (50%) had at least one comorbidity, 640 (74.2%) were on conventional disease modifying agents (cDMARDs) and 225 (25.8%) were on biologic therapy. 183 (21.2%) were smokers. After adjustment of other factors, logistic regression showed that smokers were significantly different than non-smokers in terms of a positive ACPA (β=−0.804, p=0.019, odds=2.517) and a positive RF (β=−0.804, p=0.019, odds=2.517).

Conclusion: Smokers have a higher risk of expressing a positive RF and a positive ACPA in a male population. Smoking should be considered as a possible risk factor for RA and efforts should be done to educate the population to cease smoking to possibly lower that risk.

References:

Disclosure of Interests: Rola Hassan Grant/research support from: Pfizer pharmaceuticals, Mohamed Cheikh Grant/research support from: Pfizer pharmaceuticals, Hanan Faruqui Grant/research support from: Pfizer pharmaceuticals, Reem AlQuraa Grant/research support from: Pfizer pharmaceuticals, Ayman Eissa Grant/research support from: Pfizer pharmaceuticals, Aous Alhazmi Grant/research support from: Pfizer pharmaceuticals, Nahid Janoudi Grant/research support from: Pfizer pharmaceuticals DOI: 10.1136/annrheumdis-2020-eular.4708

AB0177
RHEUMATOID ARTHRITIS SAUDI DATABASE (RASD): A SINGLE CENTER EXPERIENCE

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Background: National Registries are essential to direct current practice and design appropriate management strategies1. Rheumatoid arthritis (RA) registries in the middle east and north Africa remain scarcely represented2.

Objectives: Our objective is to describe the Saudi RA population and to compare the findings to internationally reported data.

Methods: This is a cross sectional, analytical study that was conducted at Doctor Soliman Fakheen Hospital (DSFH). The study ran from December of 2014 and concluded in December of 2018 using a pool of 433 patients. Inclusion criteria included adults older than 18 years of age who fulfilled the 2010 American College of Rheumatology criteria for diagnosis of RA. Data were collected from patients and entered in a specially designed program for this registry. They included main demographic details, lag times to final diagnosis disease. Activity Score-28-C Reactive Protein (DAS-28-CRP) was calculated on following treat to target strategies4.

Results: A total of 863 RA male patients were studied with a mean age of 53.12±15.5 years and a mean disease duration 73.4±5.5 years, 652 (75.6%) had positive RF and 624 (72.3%) had positive ACPA. 431 (50%) had at least one comorbidity, 640 (74.2%) were on conventional disease modifying agents (cDMARDs) and 225 (25.8%) were on biologic therapy. 183 (21.2%) were smokers. After adjustment of other factors, logistic regression showed that smokers were significantly different than non-smokers in terms of a positive ACPA (β=−0.804, p=0.019, odds=2.517) and a positive RF (β=−0.804, p=0.019, odds=2.517).

Conclusion: Smokers have a higher risk of expressing a positive RF and a positive ACPA in a male population. Smoking should be considered as a possible risk factor for RA and efforts should be done to educate the population to cease smoking to possibly lower that risk.

References:

Disclosure of Interests: None declared

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per 1 year, 95% confidence interval (CI): 1.01-1.08] and osteophyte formation (HR: 0.39; 95% CI: 0.19-0.79) independently predicted TKA in the Larsen grade III-V group, whereas none of the assessed variables predicted TKA in the Larsen grade 0-II group.

**Table 1. Baseline characteristics by presence or absence of osteophyte formation**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total</th>
<th>Osteophyte (+)</th>
<th>Osteophyte (-)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>57 (41-63)</td>
<td>59 (52-65)</td>
<td>56 (39-63)</td>
<td>0.051</td>
</tr>
<tr>
<td>Sex, female, n (%)</td>
<td>108 (83)</td>
<td>40 (91)</td>
<td>68 (80)</td>
<td>0.137</td>
</tr>
<tr>
<td>Body mass index</td>
<td>213.0 (19.0-23.8)</td>
<td>213.8 (19.8-24.4)</td>
<td>212.9 (19.0-23.7)</td>
<td>0.744</td>
</tr>
<tr>
<td>Disease duration, years</td>
<td>8 (3-12)</td>
<td>9 (5-18)</td>
<td>7 (3-11)</td>
<td>0.007</td>
</tr>
<tr>
<td>Larsen grade, n (%)</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Grade III-V</td>
<td>64 (59)</td>
<td>33 (75)</td>
<td>31 (36)</td>
<td>-</td>
</tr>
<tr>
<td>Grade 0-II</td>
<td>66 (51)</td>
<td>11 (25)</td>
<td>55 (64)</td>
<td>-</td>
</tr>
<tr>
<td>CRP, mg/dl</td>
<td>3.2 (1.5-4.9)</td>
<td>3.0 (1.0-4.1)</td>
<td>3.4 (1.8-5.2)</td>
<td>0.172</td>
</tr>
<tr>
<td>Osteophyte formation, n (%)</td>
<td>44 (34)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Etanercept</td>
<td>73 (56)</td>
<td>25 (57)</td>
<td>48 (56)</td>
<td>-</td>
</tr>
<tr>
<td>Body mass index</td>
<td>21.3 (19.0-23.8)</td>
<td>21.3 (18.9-24.4)</td>
<td>21.2 (19.0-23.7)</td>
<td>0.007</td>
</tr>
<tr>
<td>Age, years</td>
<td>57 (41-63)</td>
<td>59 (52-65)</td>
<td>56 (39-63)</td>
<td>0.051</td>
</tr>
</tbody>
</table>

Data are presented as median (interquartile range) or number of subjects (percentages). *Median among subjects receiving the drug. †Prednisolone equivalent (mg/day).

**Conclusion:** Osteophyte formation reduces the incidence of TKA in patients with RA who have advanced joint damage.

**References:**


**Disclosure of Interests:** Shuji Asai Speakers bureau: AbbVie, Astellas, Bristol-Myers Squibb, Chugai, Daiichi-Sankyo, Eisai, Janssen, Takeda, and UCB Japan, KENYA TERABE: None declared, Toshihisa Kojima Grant/research support from: Chugai, Eli Lilly, Astellas, Abbvie, and Novartis, Consultant of: AbbVie, Speakers bureau: AbbVie, Astellas, Bristol-Myers Squibb, Chugai, Daiichi-Sankyo, Eli Lilly, Janssen, Mitsubishi Tanabe, Pfizer, and Takeda, Naoki Ishiguro Grant/research support from: AbbVie, Asahi Kasei, Astellas, Chugai, Daiichi-Sankyo, Eisai, Kaken, Mitsubishi Tanabe, Otsuka, Pfizer, Takeda, and Zimmer Biomet, Consultant of: Ono, Speakers bureau: Astellas, Bristol-Myers Squibb, Daiichi-Sankyo, Eli Lilly, Pfizer, and Taisho Toyama, DOI: 10.1136/annrheumdis-2020-eular.1209

**Abstract**

**AB0179**

BEYOND DISEASE ACTIVITY, PAIN, “TIME” AND “TIMING” ACCOUNT FOR DISABILITY IN PATIENTS WITH RHEUMATOID ARTHRITIS: RESULTS FROM A REAL-LIFE COHORT

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**Background:** Patients with rheumatoid arthritis (RA) suffer from joint pain, stiffness and fatigue and are therefore limited in their physical activities. Since functional disability is a major determinant of quality of life in patients with RA, an optimized approach should focus on the maintenance of functional ability.

**Objectives:** To evaluate self-reported disability in RA patients and to identify its influencing clinical and demographic factors in a real-life cohort of patients with RA.

**Methods:** Cross-sectional study of consecutive patients with RA fulfilling the ACR/EULAR 2010 and/or ACR 1987 RA classification criteria, followed in a Portuguese tertiary care centre. Variables collected included socio-demographic and clinical variables (disease duration; time from symptoms onset to diagnosis, classified as short (<2 years) and long (>2 years); time of diagnosis, categorised as ≤2000, 2000-2009; ≥2010); DAS28-CPV-3V and its individual components; pain assessed through visual analogue scale (0-100 mm) and self-perception of anxiety/depression through EQ5D dimension 5. Disability was assessed through Health Assessment Questionnaire (HAQ) score and categorised as none-to-mild (<1) or moderate-to-severe (>1). Comparison between groups was assessed through chi-square or T-test, as adequate. Variables with p<0.1 and others clinically relevant in the researcher’s perspective were included in a multivariable logistic regression model. Previously to the analysis, all the assumptions were verified. Given the implementation of new strategies regarding diagnosis and treatment of RA in the last decade, a subgroup analysis was performed for patients with diagnosis performed after 2010.

**Results:** A total of 251 patients were included (78.9% female, aged 62.0±12.1 years, disease duration 16.7±11.2 years), with a mean DAS28-CPV-3V of 2.24±0.67, with 65.3% being in remission or low disease activity. The mean HAQ score was 1.2±0.8. Over half of the patients (58.2%) reported moderate-to-severe disability. In the univariate analysis, moderate-to-severe disability was more frequent in female patients (60.6% vs 39.4%, p<0.006), in patients with moderate-to-severe self-perception of anxiety/depressive symptoms (67.2% vs 44.2%, p<0.001) and in patients with diagnosis before the year 2000, 2000-2009 and ≥2010 (71.4% vs 63.1% vs 36.7%; p<0.001). In addition, patients with moderate-to-severe disability tended to be older (65.05 vs 57.98, p<0.001), to have longer disease duration (20.07 vs 12.39, p<0.001), to report more pain (VAS 58.08 vs 28.62, p<0.001) and to have higher disability activity (2.48 vs 1.95, p<0.001). In the multivariable analysis, moderate-to-severe disability was more frequent in female patients (60.6% vs 39.4%, p<0.006), in patients with moderate-to-severe self-perception of anxiety/depressive symptoms (67.2% vs 44.2%, p<0.001) and in patients with diagnosis before the year 2000, 2000-2009 and ≥2010 (71.4% vs 63.1% vs 36.7%; p<0.001). In addition, patients with moderate-to-severe disability tended to be older (65.05 vs 57.98, p<0.001), to have longer disease duration (20.07 vs 12.39, p<0.001), to report more pain (VAS 58.08 vs 28.62, p<0.001) and to have higher disability activity (2.48 vs 1.95, p<0.001). In the multivariable analysis, moderate-to-severe disability was more frequent in female patients (60.6% vs 39.4%, p<0.006), in patients with moderate-to-severe self-perception of anxiety/depressive symptoms (67.2% vs 44.2%, p<0.001) and in patients with diagnosis before the year 2000, 2000-2009 and ≥2010 (71.4% vs 63.1% vs 36.7%; p<0.001). In addition, patients with moderate-to-severe disability tended to be older (65.05 vs 57.98, p<0.001), to have longer disease duration (20.07 vs 12.39, p<0.001), to report more pain (VAS 58.08 vs 28.62, p<0.001) and to have higher disability activity (2.48 vs 1.95, p<0.001).

**Conclusion:** Functional disability remains a major problem in our patient cohort with RA, despite clinical remission. Beyond non-modifiable factors, disease activity and pain are associated with higher disability. Moreover, in the subgroup of patients diagnosed after 2010 a long time to diagnosis was the major predictor of disability. However, a large variance of the reported functional disability remains unexplained. Hence, other factors should be properly evaluated in our patients in order to achieve a more holistic approach aiming at reducing functional disability.

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