ASSOCIATION OF DOPLER SIGNALS IN RHEUMATOID ARTHRITIS PATIENTS WITH CLINICAL REMISSION

R. Fakhfakh1, N. El Amri1, K. Baccouche1, H. Zeglagoui1, E. Bouajina1, F. Farhat Hached Hospital, Rheumatology, Sousse, Tunisia

Background: Ultrasound-detected synovitis, mainly synovial Doppler signal, has shown predictive value in relation to radiographic damage progression and disease flare or relapse in rheumatoid arthritis (RA) patients with clinical remission. The aim of the study was to analyze the correlation between power Doppler scores and clinical/laboratory and radiographic data in clinical remission RA patients.

Methods: Cross-sectional study including patients with RA in clinical remission defined by: DAS28ESR ≤ 2.6, without disease flare or changes in therapy in the previous 6 months. Each patient underwent ultrasound: B-mode and PD assessments of 36 joints and 20 tendons in the Rheumatology Department over a period of 6 months. Synovitis and tenosynovitis were defined and scored according to the Outcome Measures in Rheumatology Clinical Trials (OMERACT). Radiological measurements included the modified Sharp/van der Heijde method (SHS). Functional capacity was assessed by the Health Assessment Questionnaire (HAQ).

Results: Thirty two patients were enrolled, the mean age was 53.7±13.4 and 75% were female. The mean disease duration was 15 years ± 8.8. Subclinical synovitis were the most frequent in wrist (56.3%), 2nd metacarpophalangeal joints (28.1%) and 2nd metatarsophalangeal joints (29%). The mean subclinical synovitis/tenosynovitis numbers was 4±3.1 per patient. Synovial hypertrophy and B mode tenosynovitis were detected in 93.8%; 71.3% had a grade = 2 and 9.4% had a grade= 3. Total B mode score was correlated only with the SHS score in the feet (r: 0.4, p: 0.03). PD signal was detected in 62.5% of patients; 37.5% had a grade =2 and 9.4% had a grade= 3. Total PD score was correlated with DAS28 (r:0.42, p:0.02), the SHS score in the hands (r:0.39, p:0.03) and in the feet (r:0.5, p:0.007), synovial hypertrophy (r:0.6, p:0.0001) and HAQ (r:0.32, p:0.06). No correlation was found with CDAI, SDAI, swollen joint counts, tender joint counts, patient global health assessment, erythrocyte sedimentation rate, C-reactive protein, rheumatoid factor and anti-cyclic citrullinated peptide, biological treatment. Conclusion: Synovial hypertrophy and PD signal were frequent in RA remission. PD signal was associated with RA activity, radiologic damage and functional capacity.

References:

Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2020-eular.6064

DO IT FAST! EARLY ASSESSMENT BY A RHEUMATOLOGIST INCREASES THE CHANCES OF RHEUMATOID ARTHRITIS BEING TREATED WITHIN THE “WINDOW OF OPPORTUNITY”


Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2020-eular.3242

AB0189

AB0190

Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2020-eular.5904

AB0191

DECREASING DELAY TO DIAGNOSIS AND TREATMENT OF RHEUMATOID ARTHRITIS: STILL DIFFICULT TO TREAT WITHIN THE WINDOW OF OPPORTUNITY

C. Albuquerque1, A. P. Gomides1, A. B. Vargas-Santos2, C. Breno3, I. Pereira4, K. Bonfiglioli5, M. Bertolo6, M. F. Guimarães7, M. Sauma8, P. Louzada Jr9, and G. Castelar-Pinheiro10

1116 RA patients were included; 89.4% female; 56.8% white; mean (SD) age 57.1 (11.5) years. A downward trend was found in the delay to RA diagnosis (tau = -0.677, p < 0.001) and treatment (tau = -0.695, p < 0.001) from 1991-1995 to 2011-2015 (Figure 1 and 2). The year of symptoms onset was associated with the frequency of early treatment for all defined cut points: ≤3 months (χ² = 11.25, p = 0.001), ≤6 months (χ² = 34.84, p < 0.001), and ≤12 months (χ² = 64.79, p<0.001). The more recent the year of symptoms onset, the higher the proportions of individuals treated early (Table 1). Groups stratified according to successive periods of symptoms onset differed in the mean delay to RA treatment [F(5, 372.8) = 41.9; p < 0.001]. Patients with symptoms initiated more recently (2011-2015) had significantly lower delays compared to all other groups. Nonetheless, only 36.3% of these patients with more recent disease started treatment within 6 months of symptoms onset, and 17.2% within 3 months.

Table 1. Proportions of individuals with RA receiving the first DMARD within different time intervals from symptoms onset, according to the year their symptoms began.

<table>
<thead>
<tr>
<th>Symptoms beginning (year)</th>
<th>Interval from symptoms onset to first DMARD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>≤3 months</td>
</tr>
<tr>
<td>1990</td>
<td>8.5%</td>
</tr>
<tr>
<td>1991 – 1995</td>
<td>5.3%</td>
</tr>
<tr>
<td>1996 – 2000</td>
<td>12.3%</td>
</tr>
<tr>
<td>2001 – 2005</td>
<td>11.5%</td>
</tr>
<tr>
<td>2006 – 2010</td>
<td>17.2%</td>
</tr>
<tr>
<td>2011 – 2015</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

Background: The need for early rheumatoid arthritis (RA) treatment for better outcomes is widely accepted. Is that goal being achieved in real-life settings?

Objectives: To evaluate changes in the delay to RA diagnosis and treatment, and in the proportions of patients being treated early along the last decades in Brazil.

Methods: This study was drawn from the REAL cohort, designed to assess RA management under real-life conditions. Patients ≥ 18 years old attending public hospitals in Brazil and meeting RA classification criteria were included. Subjects were stratified according to the year their symptoms began. Delays from symptoms onset to RA diagnosis and treatment were inquired. Early RA diagnosis and treatment was assessed using three different cut points: ≤3, ≤6 and ≤12 months of symptoms onset. Mann-Kendall’s trend test, chi-square tests, Welch’s ANOVA and Games-Howell’s post-hoc tests were used to test hypotheses, at 0.05 significance level.

Results: 1116 RA patients were included; 89.4% female; 56.8% white; mean (SD) age 57.1 (11.5) years. A downward trend was found in the delay to RA diagnosis (tau = -0.677, p < 0.001) and treatment (tau = -0.695, p < 0.001) from 1991-1995 to 2011-2015 (Figure 1 and 2). The year of symptoms onset was associated with the frequency of early treatment for all defined cut points: ≤3 months (χ² = 11.25, p = 0.001), ≤6 months (χ² = 34.84, p < 0.001), and ≤12 months (χ² = 64.79, p<0.001). The more recent the year of symptoms onset, the higher the proportions of individuals treated early (Table 1). Groups stratified according to successive periods of symptoms onset differed in the mean delay to RA treatment [F(5, 372.8) = 41.9; p < 0.001]. Patients with symptoms initiated more recently (2011-2015) had significantly lower delays compared to all other groups. Nonetheless, only 36.3% of these patients with more recent disease started treatment within 6 months of symptoms onset, and 17.2% within 3 months.

Conclusion: Delays to RA diagnosis and treatment have decreased, and more patients have been treated within defined windows for early RA management in the last decades in Brazil. Despite all improvements, it was still difficult to attain early RA treatment. Additional efforts are warranted in pursuit of that goal.

Disclosure of Interests: Cleandro Albuquerque Grant/research support from: Has received personal fees and/or non-financial support from Pfizer, AbbVie, AstraZeneca, Janssen, Bristol-Myers Squibb, Roche, Novartis and UCB, Consultant of: Has received personal fees and/or non-financial support from Pfizer, AbbVie, AstraZeneca, Janssen, Bristol-Myers Squibb, Roche, Novartis and UCB, Paid instructor for: Has received personal fees and/or non-financial support from Pfizer, AbbVie, AstraZeneca, Janssen, Bristol-Myers Squibb, Roche, Novartis and UCB, Ana Paula Gomides Consultant of: AbbVie, Ana Beatriz Vargas-Santos Grant/research support from: Has received consulting fees, speaking fees and non-financial support from Pfizer, AbbVie, AstraZeneca, Janssen, Bristol-Myers Squibb, Roche, Novartis and UCB; has delivered speeches and speaking fees from AbbVie, Janssen, Bristol-Myers Squibb, Eli Lilly, Glaxosmithkline, Janssen, Pfizer, Sanofi Genzyme and Roche;

Figure 1. Rheumatoid arthritis diagnostic delay according to the year of symptoms beginning, from 1990 to 2015 in Brazil.

Figure 2. Rheumatoid arthritis treatment delay according to the year of symptoms beginning, from 1990 to 2015 in Brazil.

DOI: 10.1136/annrheumdis-2020-eular.3242