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AB0217

IMPACT OF THE BODY-MASS-INDEX ON DISEASE ACTIVITY, FUNCTIONAL ABILITY AND QUALITY OF LIFE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Objectives: This study aims to assess differences in disease activity, functional ability and quality of life among underweight, normal weight, overweight and obese patients with rheumatoid arthritis (RA).

Methods: 715 patients with RA (609 women and 106 men) were included in this study. According to their Body-Mass-Index, all patients were divided into four subgroups: underweight (BMI <18,5), normal weight (BMI between 18,5 and 24,9), overweight (BMI between 25,0 and 29,9) and obesitas (BMI ≥ 30,0). Mean values of DAS₂₈, CDAI and SDAI (measures of disease activity), HAQ-disability index (measure of functional ability) and RAQoL index (measure of quality of life) were compared among four subgroups of patients.

Results: 28 (3,9%) RA patients were underweight, 310 (43,4%) had normal weight, 268 (37,5%) were overweight, whilst 109 (15,2%) patients were obese. Among these subgroups, no difference in mean age, disease duration, percentage of seropositive patients, and patients treated with glucocorticoids, csDMARDs or biologics, was noticed. There were no statistically significant differences in mean values of DAS₂₈, CDAI and SDAI in four subgroups of patients. However, mean value of the HAQ disability index was significantly higher ($p < 0.05$) in underweight (1.32) and obese patients (1.27), compared to normal (0.87) and overweight patients (1.08). The mean value of the RAQoL-Index was also somewhat higher in underweight and obese patients (8.8 and 8.1, respectively) than patients who are overweight or have normal weight (7.0 and 6.5, respectively), but the difference was not statistically significant.

Conclusion: Underweight and obese RA patients have worse physical function than normal and overweight patients. However, worse disability can not be explained by higher disease activity.

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AB0218

FUNCTIONAL DISABILITY AND PAIN BUT NOT DISEASE ACTIVITY ARE ASSOCIATED WITH POOR HEALTH-RELATED QUALITY OF LIFE IN A COHORT OF RHEUMATOID ARTHRITIS PATIENTS

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Background: Rheumatoid Arthritis (RA) is a systemic autoimmune disease that presents with joint pain and inflammation leading to significant disability and poor health-related quality of life (HRQoL) (1,2). Optimizing long-term HRQoL is the primary goal of disease management in RA (3).

Objectives: To evaluate HRQoL and identify its influencing clinical and demographic factors in a Portuguese RA population.

Methods: This is a cross-sectional study including consecutive patients fulfilling the ACR/EULAR 2010 and/or ACR 1987 RA classification criteria, followed at a tertiary Rheumatology Department. Sociodemographic and clinical variables were collected. HRQoL was assessed using the EuroQoL 5-Dimensional Descriptive System (EQ-5D) total score (normal range from -0.496 to 1.000, lower values indicating poorer HRQoL). Independent t-test and Pearson's correlation coefficient were performed to evaluate EQ-5D differences between groups and examine its relationships with continuous variables, respectively. Variables with $p < 0.1$ in univariate analysis were included in a stepwise multiple linear regression analysis to evaluate the independent association of variables with the EQ-5D score.

Results: 358 RA patients were included (80.20% female, mean age $\pm$ SD: 63.22 ± 0.66 years old). Mean EQ5D total score $\pm$ SD was 0.48 ± 0.01 . Based on EQ-5D domains, 0.60% reported extreme problems with mobility, 3.40% extreme problems with self-care, 2.50% extreme problems with usual activities, 12.0% extreme pain or discomfort, and 7.30% extreme anxiety or depression symptoms (Fig. 1). There was a significant difference in EQ-5D scores between male ($M=0.55$, $SD=0.24$) and female gender ($M=0.46$, $SD=0.27$); $t(356) = -2.41$, $p=0.016$. EQ-5D was weakly correlated with DAS-28-CRP ($r=-0.32$; $p<0.001$), moderately correlated with patient's global assessment of disease activity ($r=-0.54$; $p<0.001$) and pain-visual analogue scale (pain-VAS) scores ($r=-0.58$; $p<0.001$) and strongly with Health Assessment Questionnaire (HAQ) score ($r=-0.72$; $p<0.001$). After multivariate analysis, HAQ-score ($\beta=-0.57$ [95% CI -0.24 to -0.17]; $p<0.001$) and pain-VAS ($\beta=-0.25$ [95% CI -0.003 to -0.002]; $p<0.001$) remained as independent predictors of EQ-5D ($R^2=0.56$, $p<0.001$).

Conclusion: Greater functional impairment and pain are associated with poor HRQoL in RA patients, and thus special attention must be given to treatment strategies providing the best patient-centred outcomes.

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Fig. 1. Distribution of answers according to each EQ-5D domain.

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AB0219

PREDICTIVE FACTORS FOR THE PROGRESSION OF EARLY INFLAMMATORY ARTHRITIS TO RHEUMATOID ARTHRITIS

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Objectives: To identify factors predicting the progression of early inflammatory arthritis (EIA) to rheumatoid arthritis (RA)

Methods: This was a prospective longitudinal study of inflammatory rheumatism that could not be classified according to defined rheumatism criteria. Demographic, biological, immunological and radiographic data were collected at the time of inclusion in the study. Disease activity as determined by the Disease Activity Score 28-CRP (DAS28-CRP: 4 variables), functional handicap as calculated by Health Assessment Score (HAQ), and bone and joint damage as evaluated by Sharp-Van der Heijde (SVDH) score. ultrasound joint imaging were evaluated at the beginning of the study and then 1 year later. Logistic regression was performed to identify predictive factors for progression to RA.

Results: One hundred seventy two patients were included (24 men, 148 women), with an mean age 43.13 ± 14.07 years and an mean time to diagnosis 10.24 ± 6.84 months. The mean ESR was 46.81 ± 31.16 mm/1st hour, and the mean CRP level was 22.84 ± 39.8 mg/l. Rheumatoid factors (RFs) and anti-citrullinated protein antibodies (ACPAs) were present in 48.8% and 53% of patients, respectively. The erosion, joint space narrowing, and total SVDH scores were 3.38 ± 3.48 , 5.08 ± 3.32 , and 5.95 ± 4.94 , respectively. One hundred sixty one patients were followed up for 12 months. Multivariate regression analysis showed that a DAS28-CRP level > 5.2 (OR=28.6; CI95% 8.7-94.5), an RF level > 60 IU/L (OR=11.2; CI95% 4.3-87.5), and an ACPA