This page contains scientific text discussing the natural course of early rheumatoid arthritis (RA) with late onset in everyday clinical practice according to the Russian RA Patient Register OREL. The background suggests that the severity and prognosis of rheumatoid arthritis (RA) with late onset is balanced between more favorable and more severe outcomes, depending on various periods of rheumatoid development. The study involved a group of patients from the Russian RA Patient Register OREL.

**Objectives:**
- To study clinical, laboratory, and radiological characteristics in patients with early RA with late onset of the disease (50 years and older) who are DMARD (disease modifying antirheumatic drugs), biological DMARD and glucocorticoid (GC) (systemic administration) patients.
- To retrospectively investigate whether anti-CCP titers were associated with the extent of osteoarthritic damage in RA patients treated at our institution.

**Background:**
- High titers of cyclic citrullinated peptide antibodies (anti-CCP) are predictive of poor prognosis in the treatment of rheumatoid arthritis (RA). The 2010 ACR/EULAR classification criteria for early RA assign a high point value to cases having highly positive anti-CCP titers. Previous reports have claimed that osteoarticular damage is more severe and advanced in RA patients who test positive for anti-CCP than in their negative counterparts.

**Methods:**
- Data were analyzed for 422 RA patients who received biologic agents due to resistance to methotrexate or other conventional antirheumatic drugs. Associations were explored between joint replacement history and cyclic citrullinated peptide (anti-CCP) antibodies in rheumatoid arthritis patients.
- The natural course of early RA with late onset balanced between more favorable and more severe outcomes was studied according to various periods of rheumatoid development. The study involved a group of patients according to the Russian RA Patient Register OREL.

**Results:**
- The frequency of RF and ACPA detection in non-erosive patients, in all patients with radiological erosion and in patients with advanced stages only (III and IV) was 67% (RF) - 78% (ACPAs), 75% - 90% and 100% - 100%, respectively.

**Conclusion:**
- Every clinical practice (OREL register) shows that in patients aged 50 years and older with early clinical stage of RA who are naive about the treatment of DMARD, biological DMARD and GC, the detection of RF, ACPA, and erosive changes in the joints are often observed in the onset of the disease. RF and ACPA are markers of early joint destruction.

**Disclosure of Interests:**
- None declared

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**References:**

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