was determined by electrochemiluminescence. For all patients was started methotrexate (MT) therapy with a rapid increase in the dose to 30mg per week subcutaneously. If the MT was not effective enough, after 3 months a biological Disease-Modifying Anti-Rheumatic Drug (bDMARDs) was added to the therapy, predominantly TNF-alpha inhibitors. After 18 months, 10 (45%) patients were in remission and low disease activity, 6 (60%) of patients underwent MT therapy in combination with bDMARDs.

Results: In baseline CHF with preserved EF was revealed in 21 (95%) patients, in 1 patient - CHF with reduced EF. After 18 months there was a positive dynamics of improvement of clinical symptoms, echocardiographic indicators (decrease the size of the left atrium (LA) and the index of end-systolic volume of LA, IVRT, E', LV), diastolic function of the left ventricle (LV). There was no decompensation of CHF. LV diastolic function normalized in 7 (32%) patients who reached the target level of blood pressure, remission (n = 5) and low (n = 2) disease activity, mainly in the treatment of MT and bDMARDs. In patients with RA and CHF, the level of NT-proBNP decreased from 192.2 [15.1.4; 266.4] to 114.0 [90.4; 163.4] pg / ml (p <0.001), normalized in 16 of 22 (73%) patients (p <0.001) with remission or low RA activity. In 5 (22%) patients, the clinical manifestations of CHF regressed, LV diastolic function and NT-proBNP level normalized.

Conclusion: In patients with early RA and CHF anti-rheumatic therapy improves the clinical course of CHF. There were an improvement in the clinical course of CHF, diastolic function of the left ventricle and a decrease in NT-proBNP.

Disclossure of Interests: None declared

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AB0251 SARCOPENIA IN MOROCCAN POPULATION WITH RHEUMATOID ARTHRITIS: PREVALENCE AND PREDICTIVE FACTORS
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Background: Patients with rheumatoid arthritis (RA) were at risk for altered body composition with higher prevalence of sarcopenia compared to the general population. Low lean muscle mass may constitute an additional risk factor for altered bone density in RA patients.

Objectives: We aimed to study the prevalence of sarcopenia and to assess the predictive factors in Moroccan patients with RA.

Methods: We conducted a cross-sectional study over two months in our department of rheumatology. All RA patients fulfilled ACR/EULAR 2010 criteria. We performed a whole-body dual-energy X-ray absorptiometry (DXA) to measure lean mass, fat mass and bone mass in the whole body and body parts. The appendicular skeletal muscle mass was assessed using the sum of skeletal muscle mass in the arms and legs. The relative skeletal muscle mass index (RSMI) was calculated from the appendicular skeletal mass divided by the square of the patient's height (kg/m2).

Results: We included 70 (87.5%) women and 10 (12.5%) men with a mean age of 53.59±10.96 years old. They had a mean disease duration of 12.35±8.68, a mean DAS 28 CRP of 2.64±1.34, a mean HAQ of 0.94±0.63 and a mean RSMI of 5.75±1.17. Women had a mean RSMI of 5.33±1.04 while men had a mean RSMI of 5.66±1.17. The prevalence of sarcopenia in our population was 47.4% (37), of whom 81.1% (30) women.

In univariate regression analysis, sarcopenia was associated with normal BMI (OR: 8.59, 95% CI [3.054-218.2], p = 0.000), DAS 28 CRP (OR: 1.78, 95% CI [1.203-2.657], p = 0.004), HAQ (OR: 2.15, 95% CI [1.165-5.433], p = 0.019), lumbar spine BMD (OR: 0.01, 95% CI [0.00001-0.0043], p = 0.0004) and FN BMD (OR: 0.000006, 95% CI [0.00-0.002], p = 0.0008 at right FN and OR: 0.00009, 95% CI [0.000001-0.010], p=0.000 at left FN, respectively).

In multiple regression analysis, sarcopenia was associated with normal BMI (OR: 11.56, 95% CI [2.754-48.598], p=0.001 and FN BMD (OR: 0.00, 95% CI [0.00-0.0084], p = 0.006).

Conclusion: In the present study, sarcopenia was common among RA patients and associated with normal BMI and femoral neck BMD, emphasizing the importance of this modifiable risk factor. Further studies are needed to identify effective means to improve lean muscle mass in patients with RA.

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