which was defined as the most recent IORRA survey before planning pregnancy. The mixed-effect model for repeated measures was used to analyze group difference.

Results: There were 40 patients in the PP group (average 32.2 years, disease duration 5.7 years, DAS28-CRP 1.7, J-HAQ 0.26), and 120 patients in the control group (average 32.4 years, disease duration 5.9 years, DAS28-CRP 1.7, J-HAQ 0.21). The proportion of user and dosage of MTX and glucocorticoid (GC) and bDMARDs user at baseline were comparable between the groups (MTX: PP 87.5% [9.8 mg/week], control 85.0% [8.8 mg/week]; GC: PP 32.5% [3.6 mg/day], control 27.5% [4.4 mg/day]; bDMARDs: PP 40.0%, control 27.5%). DAS28-CRP at year 3 of the PP group elevated and was higher than the control group (PP 2.3, control 1.7, $p < 0.01$), while J-HAQ was stable over the observation period and did not differ significantly at year 3 (PP 0.21, control 0.22, $p = 0.92$). At year 3, the proportion of patients taking MTX was lower and taking GC was higher in the PP group than those in the control group (MTX: PP 36.7%, control 76.7%, $p < 0.01$; GC: PP 70.0%, control 25.6%, $p < 0.01$). The proportion of patients taking bDMARDs was not different in both groups (PP 36.7%, control 32.6%, $p = 0.68$).

Conclusion: Physical function in pregnancy planning patients with RA did not deteriorate as well as the control patients in clinical settings.

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AB0258

CAROTID INTIMA-MEDIA THICKNESS AND SERUM BIOMARKERS IN PARAGUAYAN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The mechanism of increased cardiovascular risk in RA is not well understood and is independent of traditional CV risk factors. Intima-media thickness of the common carotid wall measured by ultrasonogram is a safe and useful biomarker of early stage atherosclerosis that correlates with coronary involvement; and it correlates with severity and duration of disease. Several studies have shown a relationship between inflammation markers, endothelial dysfunction markers, and carotid involvement. (1)

Objectives: To determine the presence of inflammation biomarkers and its relationship with subclinical atherosclerosis measured by carotid ultrasound, and with the clinical characteristics in patients with established Rheumatoid Arthritis (RA)

Methods: Descriptive, cross sectional, prospective study, in a Paraguayan cohort of patients with RA meeting ACR/EULAR2010 criteria. This study had two phases: the first one, included a standardized questionnaire according to the variables included in the Cardiovascular Risk project (PINV15-0346), from the National Sciences and Technology Council (CONACYT), and physical examination; the second one included laboratory sample collection performed by a specialized laboratory for serum biomarkers measurement for cardiovascular risk prediction (i.e. endothelin, alpha-TNF, E-selectin, homocysteine, apolipoprotein, fibrinogen, and high sensitivity-CRP levels) and carotid ultrasound evaluation by a trained specialist, to evaluate subclinical atherosclerosis. Subclinical atherosclerosis was defined as carotid intima-media thickness (CIMT) >0.9 mm and/or presence of carotid plaques. All patients signed informed consent. SPSS 23rd version was used for data analysis. Quantitative variables were presented as means and qualitative as frequencies. Chi square test was performed for comparisons between dichotomous variables and t Student for continuous, and $p \leq 0.05$ for statistical significance.

Results: 100 patients were included, 87% were women, mean disease duration 130.9 ± 102.64 months, 77% were RF positive, and 84.4% were ACPA positive, 43.4% had bone erosions, mean ESR-DAS28 was 3.42 ± 1.1 ; 30% had remission criteria. 39% had extra-articular manifestations.

Elevated serum biomarkers were found: fibrinogen >400 mg/dL 88.2%, high sensitivity-CRP (hs-CRP) >5 mg/dL 42.9%, endothelin >2 ng/mL 20%, alpha-TNF >15.6 pg/mL 13.1%, E-selectin >79.2 ng/mL 6%. 25.3% had CIMT >0.9 mm and mean CIMT was 0.68 ± 0.25 mm. 27.14% had carotid plaques. Patients with CIMT >1 mm had higher frequency of family history of arterial hypertension ($p = 0.006$), greater mean disease duration ($p = 0.0007$), hip circumference ($p = 0.014$), blood pressure (SBP $p = 0.038$, DBP $p = 0.027$), HAQ levels ($p = 0.019$) and hs-CRP levels ($p = 0.013$), also lower mean height ($p = 0.04$); while carotid plaques were related to higher homocysteine ($p = 0.026$) and hs-CRP levels ($p = 0.024$).

Conclusion: A considerable percentage of patients had subclinical atherosclerosis. Patients with CIMT >0.9 mm had a longer disease duration, higher HAQ levels, hip circumference, as well as higher BP. High levels of hs-CRP were more frequently related to the presence of subclinical atherosclerosis

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AB0259

THE RELATIONSHIP BETWEEN MICROVASCULAR DAMAGE AND DISEASE ACTIVITY IN PATIENT WITH RHEUMATOID ARTHRITIS – ASSESSMENT BY VIDEOCAPILAROSCOPY

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Background: Rheumatoid arthritis (RA) is an autoimmune disease characterized by erosive synovitis (causing severe joint damage) and systemic damage.