Background: Rheumatic musculoskeletal disorders (RMSDs) are a common cause of long-term pain and physical disability. In developed countries, RMSDS are a major cause of absence from work and thus a big financial burden on the country economic status. Several studies have been published the incidence and prevalence of RMSDs in different world countries and found to be widely variable. Estimation of the extend of the problem of RMSDs in developing world, especially in rural economies will help better understanding of the risk factors that contribute to the initiation and progression of these diseases and help the health care authorities to provide proper health care program services in these areas to reduce the physical and financial burden of RMSDs (Bagher et al., 2011; Majumdar et al., 2015 and Usenbo, et al., 2015).

Objectives: To estimate the prevalence rate of RMSDs in a rural population in Upper Egypt.

Methods: A cross-sectional based study was carried out and included 3988 subjects of population (2013 females and 1975 males). Mean age of patients was (46.89±15.25yrs). They proceeded 4 phases of World Health Organization/International League of Associations for Rheumatology community-oriented program for control of rheumatic diseases survey questionnaire WHO-ILAR Community Oriented Program for screening of rheumatic diseases. Modified Health Assessment Questionnaire (HAQ) was used to assess the disability severity. Individuals suspected to have any rheumatic diseases were subjected to full clinical examination, laboratory and radiological investigations to reach a final diagnosis. They were classified according to appropriate criteria of diagnosis of diseases.

Results: A prevalence rate of RMSDs was 16.22%, more prevalence in females (10.38% vs. 5.84% for males, P=0.000). The mean age of patients with RMSDs were older (46.89±15.25 yrs) than healthy individuals (29.56±18.95 yrs) (P<0.0001) and with increasing age (x=45±5 yrs). The identified RMSDs were OA (8.5%), Soft tissue rheumatism (STR) (6.57%), spinal disorders (SD) (6.47%), fibromyalgia (FM) (1.9%), RA (0.30%), arthralgia (0.18%), SPS (0.15%), Gout (0.16%), Pseudogout (0.08%), SLE (0.5%), JIA (0.03) and MCTD (0.03%). The prevalence rates for the majority of RMSDs were higher in females (10.38% vs. 5.84% for males, P=0.000). The mean age of patients with RMSDs has to be assessed in future studies.

Conclusion: The prevalence rates of RMSDs in a rural population ≥15years in Upper Egypt has been estimated to be 16.22%. The most prevalent RMSDs are OA, STR and SD causing the greatest burden of the disease. The predictive risk of RMSDs has to be assessed in future studies.

References:
Conclusion: This preliminary study showed that AE with BEt were more frequent as well as more severe compared to AE presented with OET in patients with rheumatic diseases using BIOBADAMEx data. Our study suggests that use of BEt and comorbidities are associated with the development of AE. Follow up and inclusion of more participants is going on and will allow us to perform further analyses.

References:

Disclosure of Interests: None declared
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AB1230
PERIPHERAL ARTERY DISEASE AND JOINT PAIN IN TYPE 2 DIABETES PATIENTS, FROM ASSOCIATION TO CAUSATION

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Background: Type 2 diabetes mellitus (T2DM) and arthritis are considered two separate conditions. However, inflammation and metabolic changes play a major role in diabetes co-morbidity (1). The pathogenesis of the joint pain and stiffness in diabetes patients is not fully understood. Diabetic osteoarthropathy (neuropathic arthropathy) considers a quite rare condition (0.1-0.4% of diabetic patients), involving destructive, lytic joint changes (2). Interestingly, over 52% of diabetic patients have joint diseases, compare to only 27% without diabetes; and people with arthritis have over 60% higher risk of diabetes development (3).

Objectives: The purpose of the study was to determine the association between the lesions of low extremity arthritis (LEA) and the prevalence of arthritis (joint pain and stiffness) among patients with type 2 diabetes.

Methods: This is the pilot analysis of the musculoskeletal data obtained from the prospective cohort study of patients with diabetes complications 2013-2016 (179 consecutive T2DM pts undergoing transfemoral amputation (TFA) due to gangrene of lower limb (4,5), and 199 patients experienced balloon angioplasty (BA) of the LEA (without gangrene)). The computer tomography angiography was performed, along with clinical, laboratory and instrumental examination. Functional class of joint lesions (hip, knee or foot) was obtained based on self-service and (un)professional activity.

Results: All observed patients had diabetic neuropathy. The affected extremity in all the patients undergoing TFA had critical arterial ischemia along with foot gangrene, knee/hip pain, stiffness and rigidity. The second extremity also had stenoses of popliteal, anterior or posterior tibial arteries and the severity of muscle and joints pain (p<0.077, p=0.001).

Conclusion: The results show that the more severe the peripheral artery stenosis was the more prevalent join lesions are and worsen the function class. However, more studies are needed.

References:

Disclosure of Interests: None declared
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Table 1. Differences in the variables predicting hospitalization between Index and Validation Cohort

<table>
<thead>
<tr>
<th>Variables predicting Lupus Hospitalization</th>
<th>Index Study (Ohio State)</th>
<th>Validation Study (University of Kentucky)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients (n=226)</td>
<td>% of patients (n=217)</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>33%</td>
<td>38%</td>
</tr>
<tr>
<td>Creatinine &gt; 1.2</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Hemoglobin &lt; 11 g/dl</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Platelets &lt; 180 x 10^9 / ul</td>
<td>75%</td>
<td>85%</td>
</tr>
<tr>
<td>High Risk immunosuppression</td>
<td>35%</td>
<td>22%</td>
</tr>
<tr>
<td>Missed appointment</td>
<td>27%</td>
<td>25%</td>
</tr>
</tbody>
</table>

There was more success predicting lupus hospitalization using the 2019 lupus classification criteria score (CCS) (Figure 1). A CCS >19 predicted higher risk of lupus related hospitalization vs CCS < 19 over the ensuing 2 years (p<0.05).