Background: Primary care physicians (PCP) are usually the first contact of people with inflammatory rheumatic diseases, and find the early symptoms of Rheumatoid Arthritis (RA) difficult to distinguish from those of other rheumatic diseases. A time-delay in the referral to Rheumatology is a health issue in several countries. The clinical aspects that general practitioner took into account in hand arthralgia patients are important to make the reference. In particular the Squeeze Test (ST) - which is simple to perform and rapidly done, ST is useful for identifying progression to RA in patients with undifferentiated arthritis. The ST has been described as not reliable because is clinician-dependent.

Objectives: To identify the required force that needs to be applied in order to obtain a positive Automated Squeeze Test (AST) in a cohort of patients with hand arthralgia.

Methods: Ninety-seven patients were recruited in Family Medicine Consultation and in Rheumatology Consultation of the Hospital Universitario “Dr. José Eleuterio González” in Monterrey, Nuevo León, México. Eligible patients were adults (aged ≥18 years) with hand arthralgia (that wasn’t caused by trauma) as their chief complaint. After obtaining informed consent and after a questionnaire application, patients were submitted to AST maneuver, using an automated compressor with different forces already predetermined in the interface of the software used for compression.

Results: In this cohort of 98 patients, 79 (80.6%) were women. The mean age was 51.14 years (SD 14.66). Ninety-six (97.9%) patients were right handed. The diagnoses were Osteoarthritis (OA) (16.3%), RA (5.1%), Undifferentiated arthritis (1.2%), Psoriatic arthritis (1.2%) and Fibromyalgia (2%). Force measures used for compression.

Conclusion: In the cases of RA and OA, the means of force to obtain a positive AST was lower than in the rest of the diagnoses.

Disclosure of Interests: None declared

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>n (%)</th>
<th>Right hand force mean (kg/s²) (SD)</th>
<th>Left hand force mean (kg/s²) (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA</td>
<td>16 (16.3)</td>
<td>3.53 (2.74)</td>
<td>3.18 (2.73)</td>
</tr>
<tr>
<td>RA</td>
<td>5 (5.1)</td>
<td>3.60 (2.53)</td>
<td>3.16 (1.36)</td>
</tr>
<tr>
<td>UA</td>
<td>1 (1.2)</td>
<td>7.60 (0)</td>
<td>7.80 (0)</td>
</tr>
<tr>
<td>PsA</td>
<td>1 (1.2)</td>
<td>7.60 (0)</td>
<td>7.80 (0)</td>
</tr>
<tr>
<td>FM</td>
<td>2 (2.0)</td>
<td>41.4 (4.40)</td>
<td>1.75 (1.06)</td>
</tr>
</tbody>
</table>

OA, Osteoarthritis; RA, Rheumatoid Arthritis; UA, Undifferentiated Arthritis; PsA, Psoriatic Arthritis; FM, Fibromyalgia; SD, Standard Deviation

Disclosure of Interests: None declared


References:


Disclosure of Interests: None declared


Background: The drugs that inhibit tumor necrosis factor (anti-TNF) alpha can reactivate a latent tuberculosis infection (ILTB) so requiring a rigorous screening before its onset. The tuberculin test (PT) has a high false negative rate in patients with immunomodulated rheumatic diseases (IMID) and false positive in patients vaccinated with Bacillus Calmette Guérin (BCG). The new methods of interferon gamma release (IGRA) seem to solve this problem, but its use is not standardized.

Objectives: Establish the degree of concordance in the diagnosis of ILTB between PT and IGRA in patients who are going to start an anti-TNF drug, in general, and in different situation like taking corticosteroids, being treated with disease modifying drugs, have been vaccinated with BCG or have risk factor for ILTB.

Methods: From May 2016 to November 2019, 195 patients with IMID who underwent ITLB screening prior to the initiation of an anti-TNF drug were included in this study. The concordance between PT and IGRA was calculated using the Cohen’s kappa index, for the general sample first and then for subgroups. An analysis of the factor that influence the result of PT and IGRA has also been carried out.