It has been suggested that RA is triggered by genetic and environmental factors that lead to a breakdown of immune tolerance at mucosal surfaces (e.g. periodontium) (1, 2). The theory that Periodontitis (PD) affects RA process/consistency using the I2 statistic, and combined SMDs using the standard inverse

**Methods:**

ALS with RA and derive recommendations for research needed to address the knowledge gaps.

**Results:**

Of the 379 patients recruited in the CareRA trial, 343 (90.5%) had a remission or not at week 16, including general fatigue (p<0.001), physical fatigue (p=0.042) except reduced motivation (p=0.062) (see figure 1). GEE analysis showed lower scores for early responders including general fatigue (p=0.017), physical fatigue, reduced activity (p=0.040) and mental fatigue (p=0.042) except reduced motivation (p=0.062) (see figure 1). The 2 groups were compared by Mann-Whitney-U test. A generalized estimating equation (GEE) compared the 2 groups over the course of the 2-year trial per each of the 5 domains of the MFI, adjusting for baseline DAS28CRP and baseline MFI domain score.

**Discussion:**

NSPT on RA outcomes. There is an urgent need to assemble a well-designed RCT, or prospective (multicenter) cohorts of RA-PD patients using rigorous protocols, standardized diagnosis criteria, data collection and duration of follow-up.

**References:**


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**TU0093 EARLY REMISSION IS ASSOCIATED WITH LOWER FATIGUE LEVELS ON THE LONG TERM IN PATIENTS WITH RECENT ONSET RHEUMATOID ARTHRITIS**

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**Background:** Fatigue is mentioned as a symptom with high impact in many patients with Rheumatoid Arthritis (RA) and this symptom remains difficult to be managed by both the patient and the physician.

**Objectives:** To investigate if rapid suppression of disease activity in early RA could impact fatigue complaints in the long run.

**Methods:** For this study, we included patients from the 2-year pragmatic investigator-initiated Care in Early Rheumatoid Arthritis (CareRA) trial. Most patients were treated intensively, with different combinations of csDMARDs and glucocorticoid remission induction schemes, except one group without classic markers of poor prognosis that was treated with MTX weekly in monotherapy.

Patients were followed up at least every 3 months, with more mandatory visits in the first 6 months of treatment. Clinical parameters including DAS28 components were registered at each visit. Fatigue was measured by the multi-dimensional fatigue inventory (MFI), a self-reported instrument consisting of 20 questions with a Likert scale from 1-5 as answer. These 20 questions can be dimensioned into 5 MFI domains: emotional exhaustion, together with reduced activity and reduced motivation. General fatigue means the general feeling of being tired. Mental fatigue implicates concentration and memory problems. Physical fatigue implicates a lack of energy and strength. Reduced activity means that patients can do less activities for example on one day. Reduced motivation means that patients don’t want to plan or do things due to no motivation.

MFI was obtained at baseline and available DAS28CRP at week 16 were included in this study.

Patients were divided in 2 groups based on their response, defined as achieving or not achieving DAS28CRP remission (<2.6) at week 16. These patients were classified as early responders and controls respectively. The 2 groups were compared by Mann-Whitney-U test. A generalized estimating equation (GEE) compared the 2 groups over the course of the 2-year trial per each of the 5 domains of the MFI, adjusting for baseline DAS28CRP and baseline MFI domain score.

**Results:** Of the 379 patients recruited in the CareRA trial, 543 (90.5%) had a MFI score available at baseline and a DAS28CRP available at week 16 with 236 (62.8%) patients achieving remission, and 107 (31.2%) patients not achieving remission at week 16. After 2 years of treatment, the proportion of patients in DAS28CRP remission was still higher in the early responders versus controls (82.3% versus 63.5%, p<0.001). Every MFI domain after 2 years of treatment showed lower scores for early responders including general fatigue (p<0.017), physical fatigue (p<0.011), reduced activity (p=0.040) and mental fatigue (p=0.042) except reduced motivation (p=0.062) (see figure 1). The GEE analysis demonstrated that all MFI domains were different over 2 years between patients in remission or not at week 16, including general fatigue (p<0.001), physical fatigue....