The risk of hip OA and raise the risk of knee OA. So, the relationship between BMD and OA was not statistically significant. In women, the association between BMD and hip OA was insignificant. In spine OA, the risk of OA increased 1.2 times as BMD increased by 1 g/cm².

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References:

Results:

In conclusion, high BMD increased the risk of knee and spine OA in men, but not hip OA in women, high BMD increased the risk of spine OA.

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Background: A group of patients with recent onset of arthritis always present a certain difficulty for the practitioner due to its marked heterogeneity. This especially concerns the patients with undifferentiated inflammatory arthritis (UIA).

Objectives: To characterize the long-term nosological outcome of clinical and immunological subtypes of EA.

Methods: A cohort study of patients with recent onset of arthritis with a duration of not more than 12 months (n = 761, 82.8% females, 55.2% RF +) was initiated in 2003. All patients were referred to rheumatologist from GP with suspicion on inflammatory arthritis. Inclusion criteria: age 18 years or more, at least 1 swollen joint at 1st visit and/or positive squeeze test or morning stiffness for at least 30 minutes. 243 patients were initially classified as having UIA: 46 (18,9%) males, 197 (81,1%) females, age (median, quartiles)- 44 [29;53] years, duration of symptoms- 3 [2,5] months, swollen joints count (66/68)- 2 [1;4], tender joints count 3 [2,6], 85 (35%) rheumatoid factor (RF)+, 63 (25,9%) anti-CCP+. Patients with UIA were followed up for at least 10 years.

Results: 28 (11,5%) of patients were lost to follow up. Long-term observation was conducted in 215 patients. 22 (10,2%) of them developed persistent spondyloarthropathy (without use of DMDARs) remission. Other patients were finally classified as having: rheumatoid arthritis (RA) 138 (64,2%) and non-RA (25,6%). The spectrum of diagnoses in non-RA group included: ankylosing spondylitis, osteoarthritis, gout, psoriatic arthritis, polymyalgia rheumatica, systemic lupus, mixed connective tissue disease, sarcoidosis, paraneoplastic syndromes. The following characteristics at baseline positively correlated with the development of RA: arthritis of 3 or more joins (p=0,011), arthritis of hand (p=0,005), high ESR (p=0,001), high CRP (p=0,003), PF-positivity (p=0,001), anti-CCP-positivity

Table. Outcome of different subtypes of patients with UA after 10 years of follow up (n=15).

Subtypes of UA | Outcome | P (Pearson chi-squared test)
--- | --- | ---
Non-R A | RA (n=138) | Spontaneous remission (n=22)
Mono- and oligo arthritis (n=140) | 40 (28,6%) | 81 (57,9%) | 19 (13,6%) | 0,016
Polyarthritis (n=75) | 15 (20%) | 57 (76%) | 3 (4%) | 0,44
RF-negative AND anti-CCP-negative (n=90) | 34 (37,8%) | 41 (45,6%) | 15 (16,7%) |
RF+ OR anti-CCP+ OR low levels (<3 ULN) (n=62) | 20 (21,7%) | 65 (70,7%) | 7 (7,6%) | <0,001
High RF+ AND High anti-CCP+ (n=33) | 1 (3%) | 32 (97%) | 0 | 

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