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HPR Epidemiology and public health (including prevention)

FRI0601-HPR IMPACT OF LIFE STYLE MODIFICATION TECHNIQUE IN SYSTEMIC SCLEROSIS (SSC) PATIENTS: A STUDY BY RHEUMATOLOGY NURSES COUNSELOR

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Background: Systemic sclerosis (SSc) is an autoimmune disease of the connective tissue that is clinically characterized by the involvement of skin (fibrosis, contractures of the finger joints), microvascular abnormalities (Raynaud's phenomenon and complications), gastrointestinal involvement (gastroesophageal reflux disease - GERD, the lower GI tract involvement), musculoskeletal involvement (polyarthralgia, muscle disease), and involvement of internal organs (especially lungs, heart, and kidneys). Lifestyle modification techniques could have significant impact on various aspects of the disease including early disease control, increased drug adherence, positive attitude towards life, decreased financial burden of treatment, maintaining mobility and joints range of motion, minimizing or delaying joint contractures and decreased dependency with regular physical therapy. Counselling explaining the benefits of lifestyle modification related to these aspects of daily living may make a major difference in the quality of life of the patients with SSc.

Objectives: To assess the benefits of lifestyle modification technique in improving the quality of life in patients with SSc.

Methods: Patients with SSc attending the Rheumatology clinic of this institution, willing to participate in the survey, were enrolled in this study. All the information including the follow-up details were recorded in a pre-designed form. Their demographic information (age, gender) and disease characteristics (diagnosis, duration, treatment) were recorded. All the patients were explained the lifestyle modifications and their benefits, reinforced at each follow-up visit using posters (visual), written lifestyle modification techniques (using printed material) to raise their awareness of how to improve several of the above manifestations of SSc.

Results: One hundred fifty (n=150) consecutive SSc patients were included in the study. It was observed that with repeated counselling 125 (83.3 %) patients adopted the lifestyle modification technique according to the advice imparted and felt a positive benefit in their daily life. However, 25 (16.6%) could not or did not follow the imparted lifestyle change advice on a regular basis. Those who were able to modify the life-style as counselled showed the following results:

- 80 % were able to avoid exposure to cold by adopting the following measures: Wearing gloves and extra woolen socks, using mittens most of the time, wearing woolen undergarments to keep the central regions of the body region warm. These patients noted 55% decrease in the episodes of Raynaud's phenomenon.
- Early evening meals and raising the head-end of the bed: 60% decrease in gastrointestinal symptoms.
- Regular physiotherapy: 65 % decrease dependency on others; 55% could maintain flexibility with physical exercises.
- Regular application and rubbing of the skin with lanoline-containing skin moisturizers 60 % improve your skin's health
- 80% were able to avoid active and passive tobacco use.

Conclusion: The lifestyle modification techniques are important to control disease and its complications. Thus, after intense and regular counselling by the specialist rheumatology nurses on the lifestyle modification technique (83.3%) adapted the advised lifestyle modifications. The study showed the important role specialist rheumatology nurses can play in educating patients and helping them improving their quality of life.

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FRI0602-HPR PERSISTENT HYPOCOMPLEMENTEMIA IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic lupus erythematosus (SLE) is a systemic, chronic, autoimmune disease of unknown cause characterized by a wide variety of clinical manifestations and autoantibody production. The complement is useful in the initial diagnosis, as an activity marker and for the follow-up of patients with SLE. Individual components may fluctuate only slightly with disease activity and C4 may even remain low during remission. Hypocomplementemia is associated with renal involvement, cutaneous vasculitis, diffuse alveolar hemorrhage, however, patients with persistent hypocomplementemia are not characterized yet.

Objectives: 1) Determine the prevalence of persistent hypocomplementemia in patients with SLE.

2) Identify clinical characteristics, disease activity and accumulated damage in these patients.

Methods: A longitudinal study was conducted with a review of the medical records of patients diagnosed with SLE (ACR criteria 82/97) who attended the Rheumatology Service between January 2000 and December 2015. Patients with a minimum evolution time of 6 months from the diagnosis of SLE with quarterly controls and monitoring for 2 years. Persistent Hypocomplementemia (PHC) was defined at C3 and / or C4 values below the normal range of the reference laboratory in a sustained form for at least 24 months. Demographic variables, clinical manifestations, disease activity by SLEDAI 2k, flare by SELENA SLEDAI and accumulated damage by SLICC / SDI were analyzed.

Results: Clinical records of 254 patients with SLE were reviewed and 144 were included; 96% were women, with a mean age at diagnosis of SLE of 30.5 ± 11.2 years and a time of evolution of the disease at the last control 11.85 ± 7.8 years. Forty-one patients had PHC (28.5%; 95% CI 21.1, 35.8). The median of evolution time disease at the moment of PHC was 1 year (0-24) and the mean time of persistence of hypocomplementemia was 56 ± 46 months. In the univariate analysis, PHC was associated with hematological involvement during the course of the disease (p=0.01). Patients with PHC had a higher frequency of severe flare during follow-up (p=0.02). PHC was not associated with age of onset of SLE, disease activity (maximum SLEDAI reached), accumulated damage or death. Applying Logistic Regression Model with dependent variables with a level of significance <0.25, PHC was associated independently with hematological compromise (OR 3.2).

Conclusion: In this cohort of patients, the prevalence of PHC was 28.5%. PHC was associated with severe flare and hematological compromise.

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FRI0603-HPR COMORBIDITIES IN RHEUMATOID ARTHRITIS: UTILITY OF RACI SCORE (RHEUMATOID ARTHRITIS COMORBIDITY INDEX)

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Background: One third of patients with rheumatoid arthritis have some comorbidity at the time of diagnosis and 80% during the evolution. The presence of each additional comorbidity reduces the chances of remission by 28%.

Objectives: To determine the prevalence of comorbidities in Rheumatoid Arthritis (RA) and to evaluate associated variables.

Methods: A descriptive cross-sectional study was conducted. It were included patients over 18 years of age, who attended the Rheumatology office between May and August 2018 with a diagnosis of RA according to the ACR 1987 and ACR/EULAR 2010 criteria. Demographic variables were studied along with disease-related variables (time of evolution, disease activity by DAS-28 and CDAI, treatment and functional capacity (HAQ-A)). The presence of comorbidities was evaluated using two indexes: Rheumatoid Arthritis Comorbidity Index (RACI) and