Table 1. Demographic and clinical characteristics at the time of inclusion and at 5 years.

	T0 (n=83)	T5 (n=83)	p
Age years, mean ± SD	56.0 ± 8.9		-
Female, n (%)	75 (90.4)		-
Disease duration years median (q25-q75)	10.4 (4.4-15.7)		-
CVRF, n (%)			
Hypertension	27 (32.5)	38 (45.8)	0.001
Dyslipidemia	25 (30.1)	16 (19.3)	0.041
DM	6 (7.2)	14 (16.9)	0.008
Active smoking	8 (9.6)	6 (7.2)	NS
Overweight/Obesity	67 (81.7)	63 (81.9)	NS
Stroke	0	4 (4.8)	-
Clinical characteristics			
BMI kg/m ² , mean ± SD	28.1 ± 4.1	28.5 ± 4.3	NS
SBP mmHg, mean ± SD	123.7 ± 18.4	126.9 ± 16.8	NS
Total cholesterol mg/dl, mean ± SD	180.8 ± 29.0	173.9 ± 34.2	NS
Triglycerides mg/dl, mean ± SD	136.1 ± 56.1	146.1 ± 64.2	NS
HDL-C mg/dl, mean ± SD	55.2 ± 16.3	55.1 ± 15.9	NS
Statins, n (%)	9 (10.8)	13 (15.7)	NS
Methotrexate, n (%)	71 (85.5)	63 (75.9)	0.039
Glucocorticoids, n (%)	49 (59)	40 (48.2)	NS

NS, non-significant; CVRF, cardiovascular risk factors; DM, diabetes mellitus; BMI, body mass index; SBP, systolic blood pressure; HDL-C, high density lipoprotein cholesterol.

Figure 1. Kaplan-Meier survival curve showing 96% probability of remaining alive at 5 years.

Disclosure of Interests: None declared

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AB0118

REMEDIATION OF ANXIETY AND DEPRESSIVE DISORDERS IMPROVES HAQ TREATMENT RESPONSE IN RHEUMATOID ARTHRITIS PATIENTS

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Background: Anxiety and depressive disorders (ADD) significantly affect disease activity and functional disability in rheumatoid arthritis (RA) patients. Psychopharmacotherapy (PPT) of ADD attempts to improve RA disease activity and lower progression of functional limitations.

Objectives: To determine factors associated with HAQ treatment response in antidepressants-treated RA-patients at five years endpoint.

Methods: 128 RA-patients (pts) were enrolled, 86% were women with a mean age of 47.4±11.3 (M±SD) yrs. All patients met the full ACR/EULAR 2010 criteria for RA. Functional limitations were assessed using Health Assessment Questionnaire (HAQ), mean HAQ was 1.42±0.78 at baseline. 69.4% RA-pts were already taking prednisone (9 [5; 10] mg/day (Me (25%; 75%)), 84.4% - cDMARDs, 7.8% - bDMARDs (anti-TNF-α - 6.3%, rituximab - 1.6%). ADD were diagnosed by psychiatrist in 123 (96.1%) of RA-pts in accordance with ICD-10 in semi-structured interview. Severity of depression and anxiety was evaluated with Montgomery-Asberg Depression Rating Scale (MADRS) and Hamilton Anxiety Rating Scale (HAM-A). RA-pts with ADD were divided into the following treatment groups: 1 - cDMARDs (n=39), 2 - cDMARDs + PPT (sertraline or mianserine) (n=43), 3 - cDMARDs + bDMARDs (n=32), 4 - cDMARDs + bDMARDs + PPT (sertraline or mianserine) (n=9). Biologics treatment duration varied from 1 to 6 years, antidepressants - from 6 to 96 weeks. Baseline HAQ scores were 1.39±0.75, 1.42±0.9, 1.58±0.76 and 1.38±0.83 in groups 1-4, respectively. At 5-yrs endpoint in 83 RA-pts differences between baseline and endpoint HAQ scores (Δ HAQ = endpoint HAQ - baseline HAQ) were assessed as HAQ treatment response with minimal clinically important difference (MCID) (Δ HAQ ≥ 0.22). HAQ response rates were 4.2%, 65.5%, 47.6% and 76.7% in groups 1-4, respectively, with the lowest response rate

in group 1 (p<0.0001). Logistic regression analysis was conducted to determine factors associated with RA remission rate.

Results: By univariate logistic regression, anxiety and depressive symptoms remission at 5-yrs endpoint, baseline HAQ and major depression, lower baseline age, BMI and DAS28, no minor depression and cardiovascular diseases at baseline were significantly (p≤0.2) associated with HAQ treatment response (table 1). These variables were subjected to multivariate stepwise logistic regression. Only remission of anxiety and depressive symptoms at 5-yrs endpoint (OR 6.6 (95%CI 1.78 - 24.43), p=0.005), higher baseline HAQ (OR 2.61 (95%CI 1.12 - 6.11), p=0.027) and lower baseline BMI (OR 0.9 (95%CI 0.85 - 0.96), p=0.001) were independently associated with HAQ treatment response at 5-years follow-up.

Table 1. Factors associated with RA remission at 5 years (univariate logistic regression).

Factor	p	OR	95%CI	
			low	up
Anxiety and depressive symptoms remission at 5-yrs endpoint	0.007	5.0	1.561	16.016
Baseline HAQ	0.01	2.657	1.264	5.588
Baseline major depression	0.142	2.082	0.782	5.542
Baseline age	0.098	0.992	0.982	1.002
Body mass index (BMI)	0.048	0.981	0.963	1.0
Baseline minor depression	0.167	0.563	0.249	1.273
Cardiovascular diseases	0.1	0.417	0.147	1.183
Baseline DAS28	0.008	0.077	1.071	2.096

Conclusion: higher HAQ and lower BMI at baseline and remission of anxiety and depressive symptoms at 5-yrs endpoint are independently associated with HAQ treatment response (MCID) at 5-years follow-up.

Disclosure of Interests: None declared

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AB0119

DISCORDANCE OF RAPID3 AND CDAI IN RHEUMATOID ARTHRITIS

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Background: The Clinical Disease Activity Index (CDAI) and the Routine Assessment of Patient Index Data 3 (RAPID3) ascertain rheumatoid arthritis (RA) disease activity and inform treatment decisions. The CDAI has provider and patient components, whilst the RAPID3 only has patient driven measures. During the COVID-19 pandemic, telemedicine visits relied on RAPID3 as a clinical outcome measure and subsequently was incorporated into all clinical visits in addition to the CDAI. On an ad-hoc basis, discrepancies were noted for the disease activity level generated by these two measures. The purpose of this retrospective study was to formally analyze the relationship between these measures.

Objectives: To determine the concordance of the outcome measures RAPID3 with CDAI in patients with established RA as a quality improvement project.

Methods: This is a retrospective study of 49 patients that fulfilled the American College of Rheumatology 2010 criteria for Rheumatoid Arthritis. IRB approval was obtained. The medical records of patients seen between June to October 2020 at the rheumatology department at UF health were reviewed. Data collected included age, gender, race, number of years with RA, Rheumatoid factor (RF) and anti-citrullinated protein antibody (CCP Ab) positivity, disease modifying treatments, ESR and CRP as well as CDAI and RAPID3 scores as calculated by clinic staff. The charts were reviewed by the authors and RAPID3 scores were verified.

Table 1. Patient Population

Age	35-90 years
Race	African American-13 Caucasian-10 Hispanic-3 Not Hispanic=13
RF Positive	35/49 (71%)
CCP Ab	37/49 (75%)
Both RF and CCP Ab Positive	32/49 (65%)
Patients on monotherapy	14/48 (29%)
Patients on dual therapy	29/48 (60%)
Patients on triple therapy	5/48 (10%)
Antirheumatic Drugs used	Plaqueul, methotrexate, leflunomide, etanercept, adalimumab, infliximab, tofacitinib, upadacitinib, rituximab
CDAI and RAPID3 Concordance	18/49 (37%)
RAPID 3 Higher than CDAI	22/49 (45%)
RAPID 3 lower than CDAI	7/49 (14%)
Incorrect Calculation of RAPID3 by clinic staff	11/42 (26%)