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Acknowledgements: This work was funded by Postgraduate Research & Practice Innovation Program of Jiangsu Province (Grant/Award number: KYCX19_2071), National Natural Science Foundation of China (Grant/Award number: 81871278, Science and technology Project of Jiangsu Province (Grant/Award number: BE2018671)

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3763

AB0147

OLDER AGE AT ONSET AND NOT DISEASE ACTIVITY IS ASSOCIATED WITH FUNCTIONAL DISABILITY AT RA DIAGNOSIS: RESULTS FROM AN EARLY ARTHRITIS COHORT

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Background: Rheumatoid Arthritis (RA) is a chronic inflammatory arthropathy that potentially leads to loss of function and disability early in the disease course. (1) Optimizing physical function is one of the primary goals of RA treatment (2). Several demographic, psychosocial and clinical factors may influence the impact of RA upon physical capacity, and understanding their relative contribution to disability at disease diagnosis is key to an effective treatment approach.

Objectives: To evaluate functional disability at the time of disease diagnosis and identify its demographic and clinical correlates in an early RA cohort.

Methods: We conducted a cross-sectional study based on a Rheumatology centre early arthritis cohort. Consecutive patients with early RA – less than 12 months duration– fulfilling ACR/EULAR 2010 and/or ACR 1987 RA classification criteria, were included. Variables were collected from patients' registries at the first rheumatology appointment after symptom's onset. Functional disability was assessed using the *Health Assessment Questionnaire- Disability Index* (HAQ-DI) (range 0 to 3, higher values indicating greater disability). Independent t-test, one way-ANOVA and Pearson's correlation coefficient were performed to evaluate differences between groups. Variables with p<0.1 were included in a stepwise multiple linear regression analysis to assess the independent association of variables with the HAQ-DI at baseline.

Results: We included 71 patients (63.4% female, mean age 57.2 ±2.01 years). Mean HAQ-DI score was 1.42±0.08. Sociodemographic and clinical variables are described in Table 1. There was a significant difference in HAQ-DI scores between rheumatoid factor (RF) positive (mean 1.24±0.11) and RF negative (1.61±0.113) patients. HAQ-DI was positively weakly correlated with age (r=0.48; p<0.001), CDAI (r=0.43; p=0.038), SDAI (r=0.49; p=0.015), and moderately with DAS28-3V (r=0.60; p<0.001) and DAS28-3V-CRP (r=0.60; p<0.001). The number of tender (r=0.35; p=0.024) and swollen joints (r=0.42; p= 0.005), ESR (r=0.46; p=0.001), CRP (r=0.35; p=0.018), HADS-depression (r=0.46; p=0.023) and educational level (r= -0.48; p=0.002) were also associated with HAQ-DI in univariate analyses. After multivariate regression analysis, age at disease diagnosis ($\beta= 0.022$ [95 CI 0.010 to 0.034]; p= 0.001) was the only independent predictor of HAQ-DI ($R^2= 0.46$, p=0.001).

Table 1. Patients' baseline sociodemographic and clinical characteristics.

Age at diagnosis (years), mean (SD)	57.2±2.01
Educational level (years), mean (SD)	7.37±0.59
Employment: full-time, %	42.4
Employment: partial-time, %	3.00
Employment: retired, %	48.4
Employment: absenteeism in the last month, %	1.50
Unemployed, %	4.50
Disease duration at presentation (weeks), mean (SD)	20.4±1.70
Morning stiffness >30 minutes, %	83.0
RF positivity, %	47.9
ACPA positivity, %	53.5
Fibromyalgia, %	6.60
DAS28-3V, mean (SD)	4.72±0.17
CDAI, mean (SD)	29.2±2.28
SDAI, mean (SD)	32.4±2.42
PTGA, mean (SD)	66.8±3.73
PhGA, mean (SD)	54.7±3.08
Pain intensity (VAS), mean (SD)	67.7±3.75
EQ-5D score, mean (SD)	0.26±0.039
HADS-depression, mean (SD)	7.17±0.87

Legend: ACPA- anti-citrullinated protein antibodies; ESR- erythrocyte sedimentation rate; CRP- c-reactive protein; DAS- disease activity score; CDAI- clinical disease activity score; SDAI-simplified disease activity score; PTGA/ PhGA – patient's/physician's global assessment of general health; VAS- visual analogic scale; EQ-5D- EuroQoL 5-Dimensional Descriptive System; HADS-Hospital Anxiety and Depression Scale.

Conclusion: Older age at disease onset is associated with greater functional impairment at diagnosis, assessed by HAQ-DI, in this cohort of early RA patients, irrespective of disease activity and other clinical variables. This result suggests that older newly diagnosed RA patients may deserve special attention regarding physical function.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3855

AB0148

CHARACTERISTICS OF RHEUMATOID ARTHRITIS PATIENTS WITH HIP INVOLVEMENT

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Background: Rheumatoid arthritis (RA) is an autoimmune inflammatory disease that affects both small and large joints. Hip involvement is an evolutionary turning point in RA and significantly alters the patient's quality of life.

Objectives: This study aimed to assess characteristics of RA patients with hip involvement.

Methods: It was a cross-sectional study, including patients with RA (according to 2010 ACR/European League Against Rheumatism (EULAR) criteria). We divided patients into two groups: G0 patients without hip involvement, G1 patients with hip involvement. Hip involvement was defined with a limited movement during examination with abnormalities on standard radiographs. We collected the following data: age, the disease activity score (DAS28), the inflammatory biomarkers C-reactive protein (CRP) and Erythrocyte sedimentation rate (ESR), Rheumatoid Factor (RF), and Anti Citrullinated Peptides Antibodies (ACPA), and SHARP score (A scoring system used to assess the radiological changes in patients with RA. It describes erosions and narrowing of the joint space of 27 small joints of the hands, including the carpal bones and feet).

Results: Among the 224 patients included, 25 had hip involvement (11%). The male / female sex-ratio was higher in G1 (0.66 vs 0.22, p=0.017). Patients in G1 were younger at disease onset (44,16±16,11 years vs 51.9±13.9 years, p= 0.022) and had a longer disease duration (12,28 ± 11,49 years vs 6,2010 ± 6,45 years, p=0.02). They had also higher HAQ(1,7692 vs 1,3054, p=0.05). SHARP score was higher in G1 (176.32 vs. 106.88, p=0.011). Atlantoaxial subluxation was more common in G1 (32% vs 14%, p=0.035). When comparing the groups we did not find any significant difference regarding age (56.12 ± 11.88 years vs 58,24±12,26 years, p=0.341), disease activity (DAS28-ESR:5.41 vs. 5.65, p=0.380; DAS28-CRP: 5.19 vs. 5.51, p=0.290), ESR (53.88 vs. 46.95, p=0.237), CRP:23,8894 vs 22,89, p=0.975), and in the serological profile (RF; G1:68% vs G0: 70.8%, p=0.817, ACPA; G1: 60% vs G0:69%, p=0.366).

Conclusion: Patients with hip involvement were commonly male, were younger at disease onset and had more functional impairment based on the HAQ score. C1-C2 dislocation was also more common in this group. The SHARP score was also significantly higher in G1, which shows a severe and destructive disease.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3963

AB0149

CHARACTERISATION OF RHEUMATOID ARTHRITIS PROGRESSION IN AN EARLY UNDIFFERENTIATED ARTHRITIS COHORT

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Background: Since the publication of 2010 ACR/ELUAR classification criteria for Rheumatoid Arthritis (RA), identification of patients with RA at early stages of the disease has improved. Nevertheless, up to 56% of patients are diagnosed with undifferentiated arthritis (UA) at the first visit to Rheumatology Departments, of which about 20-30% will progress to RA. For this reason, Early Arthritis Clinics (EAC) have been progressively implemented in Rheumatology departments in order to identify and have a tight follow-up of these patients.

Objectives: a) To analyze the progression rate from UA to RA in a cohort of EAC. b) To identify differences in clinical features at baseline that characterize the progression to RA of these patients.

Methods: Prospective study from a cohort of EAC between 2010 and 2018. Patients diagnosed with UA at first consultation were included and with