Methods: Descriptive, cross sectional, prospective study, in a Paraguayan cohort of patients with RA. This study had two phases: the first one, included a standardized questionnaire according to the variables included in the Cardiovascular Risk project (PINV15-0346), from the Consejo Nacional de Ciencias y Tecnología (CONACYT), and physical examination; the second one included laboratory sample collection performed by a specialized laboratory for serum biomarkers measurement for cardiovascular risk prediction (i.e. endothelin, alpha-TNF, E-selectin, t-PA, VCAM, PAI-1 and high sensitivity-CRP levels) and echocardiographic assessment with a Doppler 7 GE USA equipment at a private facility. All patients signed informed consent. SPSS Statistics v23 was used for data analysis. Quantitative variables were presented as means and qualitative variables as frequencies. Chi square test was performed for comparisons between dichotomous variables. A p value ≤ 0.05 was used for statistical significance.

Results: 100 patients were included, 87% women, with a mean age of 51.36 ± 11.03 years, mean disease duration of 130.9 ± 102.64 months. 84.4% had positive ACPA. 43.3% had bone erosions, with an average of DAS 28-ESR 3.42 ± 1.1 . 60% of patients presented with echocardiographic left ventricular delayed relaxation pattern. Regarding traditional CV risk factors, the same ones presented more frequently HBP (40% vs 19.4%, $p = 0.037$), DM2 (11.7% vs 0%, $p = 0.036$), obesity (38.3% vs 16.7%, $p = 0.025$), altered glycemia (27.1% vs 6.5%, $p = 0.02$), altered HbA1C (50.8% vs 22.6%, $p = 0.01$), higher mean weight (75.9 ± 17.62 $p = 0.02$), higher Framingham index high (20% vs 3.2%, $p = 0.03$). Regarding to clinical parameters, a higher frequency of erosions was found (55.8% vs 22.2%, $p = 0.004$), without other significant differences for disease activity, seropositivity or disease duration. As for serum biomarkers, higher levels of fibrinogen (639.71 ± 189.84 , $p = 0.04$), homocysteine (11.74 ± 7.81 , $p = 0.05$) and VCAM ($519, 16 \pm 203.68$, $p = 0.02$) were found.

Conclusion: We found a high frequency of diastolic dysfunction in patients with RA. They presented a significant association with traditional CV risk factors, erosions, and fibrinogen, homocysteine, and VCAM biomarkers. Adequate control of cardiovascular risk factors and echocardiographic assessment of these patients is essential in order to avoid the progression of heart functional damage.

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AB0160

HIGH NUMBER OF CONCOMITANT MEDICATIONS AND COMORBIDITIES AT BASELINE IN THE GLUCOCORTICOID LOW-DOSE OUTCOME IN RHEUMATOID ARTHRITIS (GLORIA) STUDY: AN OLDER POPULATION WITH RHEUMATOID ARTHRITIS

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Background: Treatment with low-dose glucocorticoids (GCs) (≤ 7.5 mg prednisolone) in combination with standard care is highly effective in rheumatoid arthritis (RA), but despite 70 years of clinical experience, evidence-based information on its balance of benefit and harm is incomplete. This leads to an ongoing debate, with under- and over-use of GCs as result. The GLORIA pragmatic trial was developed to assess harm, benefit and costs of low-dose GCs added to the standard treatment of older RA patients.

Objectives: The objective of this abstract is to document the baseline status and frequency of comorbid conditions in the GLORIA study population. The results of the unblinded data will be submitted as late-breaking abstract.

Methods: This double-blind, randomized, placebo-controlled, multicenter trial (1) was open for patients with RA according to the 1987 or 2010 (2) criteria, age ≥ 65 years, and disease activity score of 28 joints (DAS28) of ≥ 2.6 . Patients were recruited from rheumatology clinics in Germany, Hungary, Italy, The Netherlands, Portugal, Romania and Slovakia. Eligible patients were randomized to two years of treatment with daily 5 mg prednisolone or matching placebo. All other medication was allowed, except for GCs. The presented data are blinded because the database is not closed yet.

Results: The population consists of 451 patients with mean disease duration 10.6 (Q1-Q3: 3-15) years. The majority (70%) is female, mean age is 72.5 (Q1-Q3: 68-76, range: 65-88) years, 66% were positive for rheumatoid factor and 56% for ACPA. Patients had a mean of 4.3 (SD 2.8) comorbidities besides RA (3.4 active) and therefore used multiple concomitant medications (3.9 (SD 3.4)) (Table 1). The most common comorbidities (provisional data of 161 patients with complete coding) in this older population are: vascular disorders (58%), musculoskeletal and connective tissue disorders (57%) and a history of surgical and medical procedures (45%). Patients were most frequently on beta blocking agents (22%, mainly metoprolol) and HMG CoA reductase inhibitors (20%, mainly simvastatin). Most patients also have an extensive history of anti-rheumatic treatment. At the start of the trial most patients (82%) were on cDMARD treatment; 15% were on bDMARDs/tsDMARDs. Almost half of the patients previously had been treated with GCs, with a mean duration of 3.4 years and a mean last dose of 4.6 mg/day.

Conclusion: The baseline data shows that we have an older study population who have relatively many other comorbidities next to RA and who are almost all treated with multiple concomitant medications in addition to the study medication. Therefore, we expect to report a high adverse event rate. Research among older patients is urgently needed, but the frailty of this population as represented by the multiple comorbidities and concomitant medications have to be taken into account in the analyses and interpretation of the results.

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Table 1. Comorbidities and concomitant medications at baseline in the GLORIA trial.

	Mean	SD	Range
Comorbidities	4.3	2.8	0-15
Active	3.4		
Past	1.9		
Concomitant medications (count)	3.9	3.4	0-15
Beta blocking agents (%)	22		
HMG CoA reductase inhibitors (%)	20		
Platelet aggregation inhibitors (%)	16		
ACE inhibitors (%)	12		
Angiotensin II antagonists (%)	11		
DAS28	4.52	1.05	
DAS28CRP	4.06	0.97	
HAQ (0-3)	1.2	0.7	
RA treatment	Current (%)		Previous (%)
cDMARD	84		92
bDMARD/tsDMARD	15		22
NSAID	51		29
Glucocorticoids	0		49

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AB0161

THE IMPACT OF BIOLOGICAL AGENTS ON CARDIOVASCULAR RISK FACTORS OF PATIENTS DIAGNOSED WITH RHEUMATOID ARTHRITIS

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