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 benefits and risks is inconclusive. 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.

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 profile (P1NVS-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. SSSS 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 DAS28-ESR ≥ 3.2 ± 1.160% 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 (31.74 ± 78.1, p = 0.05) and VACM (519, 16 ± 203.68, p = 0.02) were found.

Conclusion: We found a high frequency of diastolic dysfunction in patients with RA. They present a significant association with traditional CV risk factors, erosions, and fibrinogen, homocysteine, and VACM 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.

REFERENCES:

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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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AB0161

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

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