The mean ESR and CRP were 46.3±29.3 mm [5-120] and 15.8 mg/l [0.6-100] respectively. The mean DAS28 ESR was 4.68±1.35 [1.50-7.16] and the mean DAS28 CRP was 3.9±1.1 [1.02-6.05].

A significant positive correlation was noted between both DAS28 ESR and DAS28 CRP and, number of nocturnal awakenings (n=0.385, p=0.013 and n=0.448, p=0.002), morning stiffness duration (n=0.495, p=0.001 and n=0.617, p<0.001), GPA (n=0.485, p=0.001 and n=0.530, p=0.001), and pain VAS (n=0.594, p<0.001 and n=0.598, p<0.001). No correlation was found between the two scores and fatigue VAS.

No significant agreement was noted between PATSAT and DAS28 ESR (k=0.077, p=0.478).

Conclusion: PRoOs showed moderate to strong correlation with disease activity scores. The timely and effective use of PRoOs could encourage physicians to focus more on the impact of RA on patients and how patients are feeling. This in turn would facilitate shared decision making between patients and physicians.

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AB0189

LIPOPROTEIN ABNORMALITIES IN RHEUMATOID ARTHRITIS PATIENTS

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Background: The lipid paradox is termed the decreased cholesterol level in rheumatoid arthritis (RA). Nevertheless, the apolipoprotein levels are usually higher than a healthy person and are predictors of cardiovascular events.

Objectives: We aimed to describe lipid abnormalities in RA patients and to look for predictor factors of these changes.

Methods: The prospective study was carried out on patients with RA who met the 2010 American College of Rheumatology (ACR)/European League Against Rheumatism (EULAR) classification criteria. These patients were followed in the rheumatology department of the Kassab Institute. We collected the socio-demographic data, biological and immunological parameters.

The lipid assessment included: a measurement of total cholesterol (TC), HDL, LDL, and triglycerides (TG). Lipoproteins APOA1 and APOB were measured. All data were collected after patient consent.

Results: Of the 47 patients recruited, 78.7% were female. The mean age was 52.5±11.06 [32-76]. The average RA progressed from 86.25±63 months [5-288] and was erosive in 81.6% of cases. The rheumatoid factor (RF) was positive in 57.8% of patients, and citrullinated antipeptide antibodies (ACPA) were present in 62.2%. Eight patients had a previous CV history.

Mean TC was 4.42±1.13 [1.72-7.58], mean HDL was 1.38±0.73 [0.18-4.10], mean LDL was 2.55±1.16 [0.24-5.54]. The mean TG value was 1.28±0.62 [0.24-5.54]. TC elevation was found in 91% of cases, HDL in 21.3% of cases, LDL in 5.5% of cases, and TG in 16.4% of cases. Mean APOA1/APOB ratio was 0.67±0.18 [0.46-1.11]. LDL elevation was associated to a high DAS28 (p=0.06, r=0.512). TC elevation was found in 9.1% of cases, HDL in 21.3% of cases, LDL in 5.5% of cases, and TG in 62.2%. Eight patients had a previous CV history.

Conclusion: Lipid test abnormalities can be found in RA patients outside of any known CV risk factors. APOA1 seems to have a protective effect. Screening and treatment of these abnormalities can prevent CV risk.

REFERENCES:


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AB0190

LIVER INVOLVEMENT IN RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) can be associated to extra-articular manifestations and comorbidities, including hepatic disturbances. It can be related to an underlying viral, metabolic or immune disease, or to a medical treatment toxicity [1].

Objectives: We aim to study liver involvement in a group of RA patients.

Methods: We performed a cross sectional study in 249 RA patients responding to the ACR/EULAR 2010 criteria for RA diagnosis. Hepatic enzymes, B and C hepatitis viruses screening tests, abdominal ultrasonography, biliary tract MRIs, fibrotests and fibroscans if available were collected and analysed.

Results: Two hundred and forty-nine patients were included with 83.8% of women. The mean age was 59±11.67 years. The mean age at diagnosis was 47±14.9 years with a mean disease evolution of 11±8.83 years.

Conclusion: PRoOs showed moderate to strong correlation with disease activity scores. The timely and effective use of PRoOs could encourage physicians to focus more on the impact of RA on patients and how patients are feeling. This in turn would facilitate shared decision making between patients and physicians.

Disclosure of Interests: None declared.

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AB0191

ON WHICH FACTOR TO ACT TO REDUCE CARDIOVASCULAR RISK IN PATIENTS WITH RHEUMATOID ARTHRITIS?

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Background: Patients with rheumatoid arthritis (RA) are at higher cardiovascular risk (CVR) than the general population due to chronic inflammation. Several factors, both modifiable and non-modifiable, can increase this risk. Intima-media thickness (IMT) was considered as a marker for atherosclerosis.

Objectives: This study aimed to identify predictor factors of increasing IMT.

Methods: The prospective study was carried out on patients with RA who met the 2010 American College of Rheumatology (ACR)/European League Against Rheumatism (EULAR) classification criteria. These patients were followed in the