rheumatology department of the Kassab Institute. The socio-demographic data, biological and immunological parameters were collected. Framingham’s score quantified the cardiovascular risk at 10-years. Carotid Ultrasoundography (US) using a high resolution B mode carotid measured intima-media thickness (IMT) as a subclinical marker of atherosclerosis. Carotid US was performed in the supine position, according to American Society of Echocardiography guidelines. IMT was measured in the left (LCC) and right (RCC) common carotid arteries, the left (LIC) and right (RIC) internal carotid arteries, and the left (LEC) and right (REC) internal carotid arteries. An increased IMT was defined as ≥0.9 mm. We analyzed data by the SPSS statistical package. A p-value <0.05 was considered significant.

Results: Of the 47 patients surveyed, 78.7% were female. The mean age was 52.5 ± 11.06 [32-76]. The duration disease was 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 (hypertension, diabetes or dyslipidemia) and 16.4% were active smokers. Among women, 43.6% were postmenopausal. ITM was significantly higher in men at LIC (0.037) and LEC (0.025). Older age was associated with increased ITM in LIC (p=0.046; n=0.295); LEC (p=0.05; n=0.412); RCC (p=0.034; n=0.317), and REC (p=0.009; n=0.382). The ITM for LCC, LIC, RIC, REC, and RCC was higher in postmenopausal women, with no significant difference (p=0.782, p=0.208, p=0.877, p=0.734, p=0.808, p=0.437, respectively).

Among the modifiable factors, active smoking was associated with a higher ITM at the REC level (p=0.047). However, weight was not associated with an increased ITM (LCC: p=0.992; LIC: p=0.985; LEC: p=0.952; RCC: p=0.744; RIC: p=0.210; REC: p=0.510). In our study, there was no significant association between DAS28 disease activity or inflammatory marks and ITM (LCC: p=0.784; LIC: p=0.316; LEC: p=0.420; RCC: p=0.784; RIC: p=0.484; REC: p=0.754).

Conclusion: In our study, the non-modifiable factors associated with increased ITM were advanced age and male gender. The modifiable factor impacting ITM was primarily active smoking. Surprisingly, disease activity and biological inflammation did not influence ITM.

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