Results: A total of 100 RA patients (female 78%, mean age 66.1 years) were enrolled. The number of SP-OP-, SP+OP-, SP+OP+, and SP+OP+ patients was 45, 17, 27, and 11, respectively. Their baseline characteristics are shown in Table 1. A total of 35 patients had falls, and 19 patients had fractures during the four-year follow-up. The fall-free survival rate in the SP-OP-, SP+OP-, SP+OP+, and SP+OP+ groups was 75.6%, 64.7%, 51.9%, and 36.4%, respectively; that of the SP+OP+ group was significantly lower than that of the other groups (P=0.021) (Figure 1). The fracture-free survival rate in the SP-OP-, SP+OP-, SP+OP+, and SP+OP+ groups was 86.7%, 82.4%, 81.5%, and 54.5%, respectively. That of the SP+OP+ group was relatively lower than that of the other groups (P=0.121). The hazard ratio of falls was significantly increased in the SP+OP+ group by 3.32-fold (95%CI: 1.01-10.9) compared to that in the SP-OP group, whereas that in the SP+OP- and SP+OP+ groups was 2.58-fold (95%CI: 0.75-8.8) and 2.29-fold (95%CI: 0.94-5.6) higher, respectively. There were no significant differences compared to the SP-OP group. The hazard ratio of fractures in the SP+OP+ group increased 2.73-fold (95%CI: 0.61-12.2) compared to that in the SP-OP group.

Figure 1. Fall-free survival rates of the four groups.

Conclusion: The survival rates with the endpoints of falls and fractures in RA patients with osteosarcopenia were lower during the four-year follow-up. In particular, the risk of falls increased with the synergistic effect of osteoporosis and sarcopenia in RA patients.

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