
POS0141 ACTIVE SCREENING FOR GOUT IDENTIFIES A LARGER CARDIOVASCULAR POPULATION AT HIGH MORTALITY RISK
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Background: We have recently revealed by active screening that about a third of gout cases in the cardiovascular population is not registered in records [1], highlighting the value of field studies.

Objectives: To assess whether gout screening in patients hospitalized for cardio-vascular events may also help identify patients at higher risk of mortality after discharge.

Methods: A retrospective cohort field study, carried out in 266 patients admitted for cardiovascular events in the Cardiology, Neurology and Vascular Surgery units of a tertiary centre in Spain. The presence of gout was established by records review and face-to-face interview, according to the 2015 ACR/EULAR criteria. The occurrence of mortality during follow-up and its causes were obtained from electronic medical records. The association between gout and subsequent mortality was tested using Cox regression models. Whether covariates affect the g-out-associated mortality was also studied.

Results: Of 266 patients recruited at baseline, 17 were excluded due to loss to follow-up (>6mo), leaving a final sample of 249 patients (93.6%). Thirty-six cases (14.5% of the sample) were classified as having gout: twenty-three (63.9%) had a registered diagnosis, while thirteen (36.1%) had not and was established by the interview. After discharge, the mean follow-up was 19.9 months (SD ±8.6), with a mortality incidence of 21.6 deaths per 100 patient-years, 34.2% by cardiovascular causes. Gout significantly increased the risk of subsequent all-cause mortality, with a hazard ratio (HR) of 2.01 (95% CI 1.13 to 3.58). When the analysis was restricted to gout patients with registered diagnosis, the association remained significant (HR 2.89; 95% CI 1.54 to 5.41). The adjusted HR for all-cause mortality associated with gout was 1.86 (95% CI 1.01-3.40). Regarding the causes of death, both cardiovascular and non-cardio-vascular were numerically increased. Secondary variables rising the mortality risk in those with gout were age (HR 1.07; 1.01 to 1.13) and coexistent renal disease (HR 4.70; 1.31 to 16.84), while gender, gout characteristics and traditional risk factors showed no impact.

Conclusion: Gout was confirmed an independent predictor of subsequent all-cause mortality in patients admitted for cardiovascular events. Active screening for gout allowed identifying a larger population at high mortality risk, which may help tailor optimal management to minimize the cardiovascular impact.

REFERENCES:

Fine-tuning strategies (beyond treatments) to reduce the impact of PsA

POS0142 MINIMAL DISEASE ACTIVITY IN PATIENTS WITH PSORIATIC ARTHRITIS AND ASSOCIATED FACTORS: REAL LIFE DATA FROM A SINGLE CENTER
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Background: Psoriatic arthritis (PsA) is a heterogeneous disease and GRAPPA have proposed Minimal disease activity (MDA) as a composite outcome measure and has been validated in PsA.

Objectives: In this study, we aimed to evaluate the characteristics, MDA frequencies, first biological disease modifying antirheumatic drugs (b-DMARD) continuation rate and associated factors in our PsA cohort.

Methods: PsA patients who fulfilled the CASPAR classification criteria and had at least six months of follow-up data were evaluated cross-sectionally for MDA. Clinical data were collected from patient charts with standard forms. b-DMARD treatment was initiated in patients who did not respond to at least one conventional synthetic (cs)