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POS0140

URATE-LOWERING THERAPY REDUCES NON-EPISODIC FOOT PAIN IN PATIENTS WHO FAIL TO MEET ACR/EULAR 2015 GOUT CLASSIFICATION CRITERIA: AN EFFECT PREDICTED BY ULTRASOUND

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Background: Emerging evidence that the joints of asymptomatic hyperuricaemic individuals contain monosodium urate (MSU) deposits and that alternative presentations of foot pain occur in hyperuricaemia suggests that preclinical phases may occur prior to a first episodic gout attack. (1) This case-control study evaluates urate deposition in hyperuricaemic individuals not fulfilling the current gout classification criteria, as well as a potential therapeutic role for urate lowering therapy (ULT).

Objectives: To investigate whether ULT reduces non-episodic foot pain in patients who fail to meet ACR/EULAR 2015 gout classification criteria.

Methods: Following informed consent, hyperuricaemic individuals with persistent, non-episodic foot pain (n=53) not fulfilling ACR/EULAR 2015 gout classification criteria, were compared with asymptomatic hyperuricaemic controls (n=18). Ultrasound (US) of bilateral first metatarsophalangeal (MTP) joints and features of MSU deposition including double contour (DC) sign, tophus and juxta-articular erosion were recorded. Cases only were treated with febuxostat or allopurinol daily for 6 months. Serum urate, 24-hour and 7-day visual analogue score (VAS) 0–100mm pain scales and the Manchester Foot Pain and Disability Index (MFPDI) were recorded before treatment and after 3 and 6 months. MTP Ultrasound was repeated after a minimum of 6 months on treatment.

Results: 53 hyperuricaemic individuals with persistent, non-episodic foot pain not meeting the ACR/EULAR 2015 gout classification criteria were recruited. At baseline MTP US DC sign, erosion and tophus occurred in 62.5%, 20.8% and 49% of cases, respectively. No US features of gout occurred in controls. No significant difference was seen in baseline serum urate between cases (481±14 mg/dL) versus controls (437±14; p=NS). Serum urate in cases fell at 3 months (325±25; p<0.01) and 6 months (248±19; p<0.01). For cases, baseline 24-hour pain VAS (46±3.9) reduced at 3 months (32±4.1; p<0.05) and 6 months (21±5.2; p<0.05) of ULT. The 7-day pain VAS (59±3.9) decreased at 3 months (35±4.5; p<0.05) and 6 months (30±5.3; p<0.05). MFPDI (17±1.4) decreased at 3 month (13±1.8; p<0.05) and 6 months (11±2.2; p<0.05). When cases were grouped according to the presence (N=33) or absence (N=18) of DC sign on baseline US, no differences were observed for baseline pain scores. Following ULT however, 24-hour pain VAS were significantly lower in DC positive patients at 3 months (22±4.8 DC positive vs 42±6.14 DC negative; p<0.05) and 6 months (12±5.4 vs 33±8.4; p<0.05). The 7-day pain VAS were significantly lower in DC positive patients at 3 months (23±4.6 vs 47±6.6; p<0.05) and MFPDI were significantly lower in DC positive patients at 3 months (10±1.9 DC positive vs 19±2.9 DC negative; p<0.05).

Conclusion: These findings indicate that persistent, non-episodic foot pain in hyperuricaemia is both associated with US features of MSU deposition and is responsive to ULT. Symptomatic hyperuricaemia occurring prior to episodic gout therefore represents an earlier or alternative disease presentation. Changes to the ACR/ EULAR classification criteria to include non-episodic foot pain in the presence of US features of gout may increase the sensitivity of disease classification at an early stage, leading to improved future treatment strategies and long-term outcomes.

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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 cardiovascular 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 gout-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 previously registered diagnosis, while 13 (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-cardiovascular 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.

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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)