Questionnaire Disease Index (HAQ-DI), functional limitation was defined as: mild (0 < HAQ-DI ≤ 1), moderate (1 < HAQ-DI ≤ 2), and severe (2 < HAQ-DI ≤ 3).

Results: There were 643 RA patients recruited with 82.3% female and mean age 49.7 ± 12.9 years. The median (IQR) of total HAQ-DI was 0.25 (0.00-0.75) and there were 399 (62.1%) RA patients with functional limitation including 293 (45.6%), 73 (11.4%), 33 (5.1%) with mild, moderate, and severe functional limitation, respectively. The highest prevalence of functional limitation subdimension was “walking” (43.5%), followed by “grasp” (36.1%), “reach” (35.5%), “common daily activities” (33.4%), “hygiene” (33.0%), “dressing and grooming” (29.7%), “arising” (29.1%), while the lowest was “eating” (18.4%). Further, age stratification showed that the prevalence of functional limitation was increased with age (P < 0.001), but no difference between male and female RA patients (58.8% vs. 62.8%, P = 0.426). The prevalence of functional limitation of RA patients with disease duration < 1 years (early), 1-10 years (intermediate) and ≥ 10 years (long) were 70.2%, 55.9% and 74.5% respectively, showing a U-shaped curve (Figure 1A), which indicated that early RA also had high rate of functional limitation. Furthermore, early RA patients had the highest proportion of severe functional limitation (14.3% vs. 2.0% vs. 8.7%, Figure 1B), together with higher prevalence of functional limitation of all eight subdimension than those with intermediate disease duration (P < 0.05, Figure 1C). There were significant differences in Pain VAS, indicators of disease activity, functional, and radiographic assessment among RA patients with different disease duration. Compared with those with intermediate disease duration, early RA patients had higher Pain VAS, higher disease activity indicator (including ESR, CRP, CD41), higher HAQ-DI, but lower radiographic indicators (all P < 0.05). There was no significant difference in disease activity and functional indicators between early RA patients and those with long disease duration. Multivariable ordered logistic regression analysis showed that Pain VAS (OR = 2.116, 95% CI: 1.054-4.208), HAQ-DI (OR = 1.128, 95% CI: 1.054-1.208) were associated factors of functional limitation in RA patients. 

Conclusion: Near two third early RA patients have functional limitation, in which both pain and active disease are independent associated factors. Management of pain and target treatment in early RA patients should be emphasized.

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POS0541

LOW PREVALENCE OF SSA (anti-Ro) AND SSB (anti-La) AUTOANTIBODIES IN FEMALE RHEUMATOID ARTHRITIS PATIENTS WITH A WISH TO CONCEIVE

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Background: The prevalence of SSA (anti-Ro) and SSB (anti-La) autoantibodies has important clinical implications for female patients with a wish to conceive. The association between maternal levels of these autoantibodies and complete congenital heart block and neonatal Lupus syndrome is well established. Currently, guidelines advise to test for these antibodies in all Rheumatoid Arthritis (RA) patients with a wish to conceive (1).

Objectives: The objective was to determine the prevalence and titers of SSA and SSB autoantibodies in female patients with rheumatoid arthritis and a wish to conceive or who are pregnant.

Methods: Patients were derived from 2 large prospective cohorts on RA and pregnancy (PARA-cohort) and (CARA-cohort). The presence and titers of SSA and SSB were tested using Phadix, an automated system which uses fluorescence enzyme immunoassays (FEIA) (Thermo-Fisher Scientific). Results: We included a total of 647 patients with RA and a wish to conceive. 417 (64.5%) conceived during the follow-up period. A detailed description of the study population, stratified for the presence of SSA and SSB antibodies is presented in Table 1. A total of 25 out of 647 patients had detectable SSA or SSB antibodies: SSA n = 25 (SSA-52 n = 17, SSA-60 n = 19), SSB n = 7. This correlates with a prevalence of 3.9% for SSA antibodies and 1.1% for SSB antibodies. 13 (52% of the SSA positive patients, 2.0% of the total population) patients had a titer of >240 units/mL of SSA antibodies, and 3 (42.9% of the SSB positive patients, 0.46% of the total population) had a titer of >240 units/mL of SSB antibodies.