AB0230 THE INFLUENCE OF THE PATIENT’S PSYCHOLOGICAL STATUS ON THE INFLAMMATORY ACTIVITY OF RHEUMATOID ARTHRITIS

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Objectives: To examine the relationship between rheumatoid arthritis (RA) activity indicators and psychological factors of patients receiving the therapy according to the “Treat to target” (T2T) strategy.

Methods: The research included 93 patients with early RA (16 men and 77 women), average age Me/QR (60 [40; 66] years), the duration of the disease 7 [4-11.5] months. All patients were prescribed a subcutaneous form of methotrexate (MT) at an initial dose of 10 mg / week with a rapid escalation of the dose to 20-30 mg / week. If the effectiveness of the therapy was insufficient, biologics were prescribed. During the first year, patients received the therapy according to the concept of T2T, then they were observed in the “real-life” clinical practice. After 6 years, the patients were re-examined. Clinical examination was performed including patient global assessment (PGA), functional status was determined by HAQ, the nature of pain by painDetect, the presence of anxiety and depression – by HADS.

Results: Before the start of the therapy, the DAS 28-ESR was 5.31 [4.79; 6.14], SDAI – 28.27 [18.79; 40.73], CDAI-25 [17; 36], HAQ – 1.32 [0.75; 1.25]. After 6 years DAS28-ESR 4 [3.4; 4.59], SDAI-15.06 [9.32; 21], CDAI-15 [9; 21], HAQ - 0.5 [0.25; 1], PGE - 35 [20; 50]. Activity of disease according to DAS28-ESR remission in 78%, the low activity in 21.3%, the moderate activity in 60.6%, the high activity in 11.2% of patients.

Conclusions: The influence of the patient’s psychological status on the inflammatory activity of rheumatoid arthritis was revealed.

Disclosure of Interests: None declared


AB0029 ACHIEVING GLUCOCORTICOID FREE MIGHT DECREASE RISK FOR CLINICAL FRACTURES IN PATIENTS WITH RHEUMATOID ARTHRITIS - TEN-YEAR FINDINGS FROM THE TOMORROW STUDY

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Disclosure of Interests: None declared

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Among patients with depression, there was a greater severity of PGE pain, and more expressed functional disorders. In the group of patients with anxiety, there was a higher disease activity (according to DAS28-ESR), the severity of pain according to PGE and functional disorders; there were no significant differences between the groups in terms of ESR and CRP indicators (Table 1).

**Conclusion:** The presence of depression and anxiety negatively influences the activity of RA, leading to an increase in pain and worsening of the functional disorders. To prescribe an adequate anti-rheumatic therapy, it is necessary to take into account not only the activity of RA, but also the psychological status of the patient.

**Disclosure of Interests:** None declared


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**AB0231**  
**PROGNOSTIC UTILITY OF METACARPAL BONE MINERAL DENSITY MEASUREMENT IN PATIENTS WITH RECENT-ONSET ARTHRITIS BY ASSESSMENT OF RADIOGRAPHIC PROGRESSION AT 2-YEAR FOLLOW-UP**


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**Background:** Rheumatoid arthritis (RA) and osteoporosis (OP) have a complex interplay in terms of pathogenic mechanisms. In this regard, radiommetry (DXR) of the hand, a technique that measures the bone mineral density (BMD) at the central metacarpals (MC), is associated with a worse prognosis in patients with RA (1). However, DXR is an expensive technique, and not very accessible in our environment. Our group demonstrated an excellent reproducibility of the MC measurement by DXA (2) and good correlation between BMD measurements obtained by DXR and DXA (3).

**Objectives:** To evaluate if baseline BMD of the non dominant MC measured by DXA can be used as a prognostic marker, resembling DXR, in patients with early arthritis (EA).

**Methods:** A total of 378 subjects from the PEARL (Princesa Early Arthritis Register Longitudinal) study underwent DXA measurement of the 2nd to 4th MC’s diaphyseal area of the non dominant hand (Hologic 4500). In PEARL, sociodemographic, clinical and laboratory parameters, therapeutic data and radiographic findings are collected by protocol. Radiographic progression was evaluated in hands by a blind expert rheumatologist assessing the erosion scale of modified SvdH index in both the baseline and two year follow-up visit. To study the predictive value of MC baseline BMD by DXA, two multivariate models were fitted using generalized linear models with Stata 14.0 for Windows (Stata Corp LP, College Station, TX, USA). The independent variables were remission (SDAI<3.3) and radiographic progression after two years of follow-up. Both models were adjusted by the classic variables that affect BMD such as age, sex and body mass index (BMI), cumulative DMARD treatment and baseline disease activity for the remission model.

**Results:** After adjustment by age, sex and BMI: a) those patients at remission tended to show higher baseline MC’s BMD by DXA (p=0.328); and b) those patients with higher radiographic progression had significantly lower baseline MC’s BMD as shown in Figure 1(p<0.001).

**Conclusions:** In our registry of patients with EA, we have detected that a lower basal BMD in the diaphysis of the central MC bones, assessed by DXA, is associated with greater radiographic progression at 2 years of follow-up after adjusting for the main factors influencing BMD. Therefore, we could conclude that a low initial bone mass could constitute a poor prognostic factor in patients with EA.

**REFERENCES:**


**Figure 1.** Correlation of mean BMD of 2-4 th MC bones with radiographic progression assessed by the modified SvdH radiological index at 2 years, after adjusting for age, sex and BMI, calculated using Stata margins command base don the data obtained from multivariate analysis.

**AB0232**  
**THE USEFULNESS OF THE PROGNOSTIC NUTRITIONAL INDEX (PNI) FOR THE DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS**

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**Background:** Many prognostic factors and laboratory biomarkers have been put forward to correlate disease activity in Rheumatoid arthritis (RA). The prognostic nutritional index (PNI) was first established to assess perioperative immunonutritional status and surgical risk in patients undergoing gastrointestinal surgery. The PNI, which reflects albumin concentration and lymphocyte count, is a newly established inflammation-based nutritional score.

**Objectives:** In this study, we aimed to determine the relationship between this simple risk index, which was first adapted and analyzed in malnourished patients, and disease activity in RA patients.

**Methods:** This prospective study included 77 RA patients who fulfilled the 2010 revised criteria of the American College of Rheumatology for RA. The demographic characteristics of the patients, duration of the disease and clinic characteristics of the patients such as the 28-joint Disease Activity Score based on the erythrocyte sedimentation rate (DAS28-ESR), Visual Analogue Scale, Health Assessment Questionnaire-Disability Index were collected, Labotaruvary findings including erythrocyte sedimentation rate, C-reactive protein levels, lymphocyte count, albumin were noted. The PNI was calculated using the following formula: 10 x serum albumin value (g/dL) + 0.005 x total lymphocyte count in the peripheral blood (per mm3). Based on the DAS28-ESR level, the included patients were categorized into two groups, namely, inactive to mild active RA (n=91); DAS28-ESR level <3.2 and moderate to highly active RA (n=46; DAS28-ESR level ≥3.2). These groups were compared with the parameters described above.