Background: Gouty arthritis is a chronic inflammatory disease. Hyperuricemia may contribute to inflammation, hypertension, and cardiovascular disease, which were independently associated with type 2 diabetes. Hyperuricemia and lipogenesis are important in adipose tissue metabolism, which may be involved in the development of type 2 diabetes. The present study aimed to evaluate the association between urate volume and type 2 diabetes in the absence of gout.

Methods: This was a cross-sectional study in a tertiary care hospital in Tunisia. All patients with type 2 diabetes were included, and all were evaluated by dual-energy X-ray absorptiometry (DXA). The urate volume was calculated using the water displacement method. The patients were divided into two groups based on the presence of gout (group 1) or the absence of gout (group 2). The urate volume was compared between the two groups.

Results: A total of 151 patients with type 2 diabetes were included in the study. The urate volume was significantly lower in group 1 compared to group 2 (p<0.001). The urate volume was negatively correlated with the duration of diabetes (r=-0.20, p=0.017) and positively correlated with the body mass index (r=0.28, p=0.002) and the waist circumference (r=0.34, p<0.001). The urate volume was also negatively correlated with the fasting plasma glucose (r=-0.27, p=0.002) and the HbA1c (r=-0.25, p=0.005).

Conclusion: The urate volume was lower in patients with type 2 diabetes who had gout compared to those without gout. This may be due to the development of chronic inflammatory conditions in patients with hyperuricemia and type 2 diabetes.
diabetic retinopathy (39.7%), peripheral arteriopathy of lower limbs (27.2%) and myocardopathy (15.2%) were not associated with HU.

**Conclusion:** HU is common in patients with T2D. Our study raises the question whether HU could be a risk factor for the development of degenerative complications in T2D patients. Screening for HU could be recommended in T2D patients for a holistic assessment of the disease.

**REFERENCES:**


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**AB1059**

**POSSIBILITIES OF COMBINED THERAPY FOR TREATMENT OF HYPERTERMIA AND ARTICULAR SYNDROME EXACERBATIONS IN PATIENTS WITH GOUT**

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**Background:** Throughout the year 69 per cent of patients with gout experienced repeated exacerbations during therapy aimed at reducing urate levels. Prevention of arthritis exacerbations with low-dose NSAIDs should be done in the first 3-6 months of urate-reducing therapy.

**Objectives:** To assess the frequency of exacerbations and quality of life in patients with gout after a 12 weeks course of urate-reducing therapy with allopurinol in combination with the anti-inflammatory drug meloxicam for the prevention of gout exacerbations.

**Methods:** Physical examination, clinical blood, urine tests, biochemical blood tests, instrumental diagnostics were performed in all patients. Information about concomitant diseases was entered, drug therapy was recorded at the time of observation. Allopurinol was administered orally, once a day. Every 3 weeks under the control of serum uric acid levels (sUA), the allopurinol dosage was increased by 50 mg, up to 300 mg per day. The total daily dose of meloxicam administered in different dosage forms was 75-15mg. After 3, 6, 9 and 12 weeks, the clinical efficiency of treatment was assessed using the EuroQol-5D-5L questionnaire, physical examination, joint pain dynamics at rest, during movement and palpation, as well as the Likert scale and visual analog scale (VAS) in mm. Factors such as the presence of anxiety or depression, self-care ability, normal daily activities of daily living were taken into account, as well as their rating of their level of satisfaction with the treatment on a scale of 1 to 5.

**Results:** 143 patients with an established diagnosis of gout (ACR/EULAR, 2015) were examined at an outpatient appointment. Against the background of treatment with meloxicam 7.5 mg per day, more than two-thirds of the patients did not experience a worsening of the joint syndrome with an increase in the dose of allopurinol to 300 mg per day. By the 12th week of follow-up, it was found that the characteristic severe functional impairment. Percentages of DASH and AOFAS scores are validated to evaluate residual disability. Bisphosphonates have the best efficacy profile, compared with other therapeutic approaches, but data on long-term effectiveness are lacking.

**Objectives:** To retrospectively evaluate long-term residual disability in patients with CRPS-1 of hand or foot after treatment with IV Neridronate (IVNer), to identify predictors of residual disability. To quantify disability outcomes, such as patient’s subjective perception and residual pain. To assess long-term safety profile.

**Methods:** We retrospectively collected data of patients affected by CRPS-1, treated with IVNer, referred to a tertiary Rheumatology Centre between Feb 2013 and Dec 2020. Visual analogue scale (VAS) and McGill Questionnaire (McGQ) were used for pain assessment. Disabilities of the Arm, Shoulder and Hand (DASH) and American Orthopaedic Foot and Ankle Society’s (AOFAS) ankle-hindfoot scale for hand and foot involvement, respectively, were administered to explore disability through a phone survey. This kind of investigation was preferred for Covid pandemic.

**Results:** 106 patients with definite diagnosis of CRPS-1 were included, mean age=standard deviation 55.6±13 yrs, 67% females, mean follow up duration 56.3 months (range 14-94), 46.2% with hand involvement. The mean VAS score before treatment onset was 55.8±23.4 mm, while the McGQ was 12.9±6.7 in the sensory domain, 4.9±3.3 in the affective domain and 17.8±9.2 on the total score. Based on the patient’s subjective perception and the proposed semi-quantitative scale, 77.4% described themselves as fully recovered (FR), 15% partially recovered (PR), and 7.6% with persistent disease (PD). Comparison between baseline and follow-up VAS shows a significant reduction (55.8±23.4 vs 15.1±26.4, p<0.00001). Pain assessment by McGQ showed a significant improvement in global score (baseline vs follow-up 17.8±9.2 vs 3.9±7.8, p<0.00001), sensory (12.9±6.7 vs 2.7±5.7, p<0.00001) and affective (4.9±3.3 vs 1.2±2.3, p<0.00001) domains. According to DASH score, 79.2% of the patients were FR, 3.8% had some difficulties, but with overall preserved use of the upper limb, and 17.0% had permanent functional disability. According to AOFAS ankle-hindfoot scale 76.4% of patients were FR, 16.0% had partial recovery, and 7.6% had severe functional impairment. Percentages of DASH and AOFAS scores showed a complete accordance with patients’ subjective perception (Figure 1a and b). The only predictor of long-term functional impairment for CRPS-1 in the hand was a delayed treatment compared to symptoms onset (p=0.02). No predictors were found for foot localization. No patients reported the occurrence of osteonecrosis of the jaw or traumatic fractures/atypical fracture features.

**Figure 1.**

**Conclusion:** IVNer maintained a good long-term effectiveness and safety profile in the treatment of CRPS-1. The effectiveness of IVNer is maintained on both pain symptoms and function, in terms of reductions in the VAS, McGQ and in hand and foot disability scores.

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