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RISK OF ARRHYTHMIA AMONG NEW USERS OF HYDROXYCHLOROQUINE: A LONGITUDINAL, POPULATION-BASED COHORT STUDY ON NEWLY DIAGNOSED RHEUMATOID ARTHRITIS AND SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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Background: Previous findings on hydroxychloroquine (HCQ) use and the risk of arrhythmia are contradictory and low-level evidence-based results. Additional research is required to evaluate the safety profile of HCQ to arrhythmia in managing rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE).

Objectives: To assess the association between HCQ initiation and risk of incident arrhythmia among newly diagnosed RA and SLE patients.

Methods: All patients with incident RA or SLE and no arrhythmic events or anti-arrhythmic medications and no HCQ use prior to disease index date in British Columbia, Canada, between January 1997 and March 2015 were identified using administrative databases. HCQ initiator and HCQ non-initiator groups were identified and matched 1:1 by propensity scores using baseline confounders on demographics, including presence of RA or SLE disease and duration of disease prior to the index date of HCQ initiators or non-initiators, comorbidities, other medications, and healthcare utilization. Matching was done within the same calendar year to account for a potential secular trend in HCQ use and risk of arrhythmia. Outcomes were any new arrhythmias, atrial fibrillation, abnormal electrocardiogram including prolonged QT syndrome and conduction disorder, and other unspecified arrhythmias during follow-up. We used Cox proportional hazard models with death as a competing event to assess the association of HCQ initiation and the outcomes.

Results: We identified 11,518 HCQ initiators (10,639 RA and 863 SLE patients, mean ± SD age 56.0 ± 16.2 years, 76.4% female) and 11,518 HCQ non-initiators (10,639 RA and 879 SLE patients, mean ± SD age 56.0 ± 16.2 years, 76.4% female) after 1:1 propensity score matching. Over the mean follow-up of eight years, there were 1,610 and 1,646 incident arrhythmias in the HCQ initiator and non-initiator groups, respectively. The crude incidence rates of arrhythmia were 17.5, and 18.1 per 1,000 person-years, respectively. Cumulative risk of incident arrhythmia remained similar for both groups. (Table 1). Adjusted hazard ratios (aHRs) for HCQ initiators in subtypes of arrhythmia were 1.07 (95% CI: 0.89-1.28) for HCQ initiators in subtypes of arrhythmia were 1.07 (95% CI: 0.89-1.28) for RA and 1.08 (95% CI: 0.86-1.36) for SLE patients.

Conclusions: There is no increased risk of any type of arrhythmia among new users of HCQ in RA and SLE patients. We believe the results of this large cohort study will add to the confidence with which HCQ can be used in RA and SLE management.

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In dialogue with the expert: axSpA and Sjögren’s syndrome

THE WEBINAR SERIES FOR THE PATIENTS “PREGNANCY AFTER DIAGNOSING ANKYLOSIS SPONDYLITIS”

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Background: Having been diagnosed with ankylosis spondylitis (AS), 68.2% of females in Russia reconsider their plans for pregnancy, with 13% giving up motherhood altogether out of fear for their own and their child’s potential health problems. However, most females allow pregnancy while experiencing emotional discomfort and anxiety.

Objectives: To shed more light on the mutual influence of AS and pregnancy, AS pregnancy outcomes, clinical course of AS as well as medication options during AS and lactation.

Methods: From 03/2021 to 12/2021 an on-line series of eight webinars was conducted together with the patients’ Russian ankylosing spondylitis association. Each webinar included lectures of one or two rheumatologists and an obstetrician, furthermore, the series included the presentations of a physical therapy instructor (with the demonstration of exercises) and of a breast-feeding specialist. After the lecture each speaker answered the audience’s questions. Topics of rheumatologists’ lectures were ‘AS and pregnancy: problem introduction’, ‘What do we know about AS genetics’, ‘Features of pregnancy planning’ (including therapy issues for men with AS who are planning to father a child), ‘Rheumatologist prenatal and postnatal care’ (included the analysis of AS clinical manifestations such as potential changes in back pain type); contemporary approaches to AS pregnancy treatment’.

A brochure for the patients with the main provisions of the lectures had been developed in support of the series.