POSO478 FACTORS ASSOCIATED WITH PERSISTENTLY HIGH HAQ-DI SCORE IN RA PATIENTS UNDER B/ TSDMARDs: LONGITUDINAL ANALYSIS OF HURBIO SINGLE CENTER REGISTRY

Keywords: Rheumatoid arthritis, bDMARD, Outcome measures

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Background: Health Assessment Questionnaire-Disability Index (HAQ-DI) is a widely-used and accepted instrument for the functional assessment of rheumatoid arthritis (RA) patients.

Objectives: Our aim was to determine the related factors with persistently high HAQ-DI scores in RA patients using b/TSDMARDS.

Methods: RA patients prescribed with b/TSDMARDs, registered to Hacettepe University Biologic Registry (HURBIO), had HAQ-DI score ≥1 at baseline assessment and had at least five follow-up visits, were grouped into 3, hypothetically, according to HAQ-DI scores as follows: group 1 over group 2: being obese (0.9 (0.3-3.0), p=0.88), negative RF (5.2 (1.4-18.6), p=0.002) or MNA (9.5 (1.8-52.6), p=0.009), directed-treatment initiation duration (per 1 year) (1.1 (1.05-1.112), p=0.001), diagnosis-treatment initiation duration (per year) (1.0 (0.9-1.1), p=0.85) and being obese (0.9 (0.3-3.0), p=0.88), negative RF (5.2 (1.4-18.6), p=0.002).

Results: A total of 194 patients (89.7% female) were included. Groups 1, 2, and 3 consisted of 58 (29.9%), 111 (57.2%), and 25 (12.9%) patients. All patients in group 3 were female. RA disease duration, the time between RA diagnosis and b/TSDMARD initiation, RF negativity, and baseline HAQ-DI score were higher in group 3 compared to other groups (Table 1). Multinominal logistic regression revealed several associated factors (OR, 95%CI) for females:

- group 2 over group 1: being obese (3.0 (1.4-6.4), p=0.004), negative RF (0.5 (0.2-1.2), p=0.13), using non-anti-TNF (12.5% patients). All patients in group 3 were female. RA disease duration, the time between RA diagnosis and b/TSDMARD initiation, RF negativity, and baseline HAQ-DI score were higher in group 3 compared to other groups (Table 1). Multinominal logistic regression revealed several associated factors (OR, 95%CI) for females:

POSO479 THE PROGNOSTIC INFLAMMATORY AND NUTRITIONAL INDEX (PINI) IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS

Keywords: Rheumatoid arthritis, Diet and nutrition, Prognostic factors

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Background: Malnutrition and inflammation are closely related in rheumatoid arthritis (RA). The Prognostic Inflammatory and Nutritional Index (PINI) is a tool assessing the risk of malnutrition-related complications. It combines the determination of two inflammatory and two nutritional proteins.

Objectives: The aim of our study was to calculate the PINI in elderly patients with RA and to determine its relationship with the disease parameters.

Methods: This is a cross-sectional study including patients aged 65 years or older and followed for RA. Disease activity was assessed using the DAS28 score. Functional impact was measured using the HAQ score. Nutritional status was assessed using the Mini-Nutritional Assessment (MNA). The PINI was calculated as follows: (Orosomucoid (g/L) × CRP (mg/L) / albumin (g/L) × prealbumin (mg/L)).

Results: Forty patients were enrolled. There were 33 women (82.5%) and 7 men (17.5%). The mean age was 68.37±4.70 years [65-82]. The median duration of disease progression was 11 years with an IQR of [2.45-16.5]. The mean DAS28 was 3.57±1.32 [1.5-6.8]. The mean HAQ score was 1.50±0.53 [0.37-2.6]. The mean MNA score was 20.25±4.5 [8-27.5]. According to the MNA, 22 patients (55%) were at risk of developing undernutrition and 10 patients (25%) were malnourished. The median PINI was 1.77 with an IQR of [0.47-10.21] and extremes ranging from 0.05 to 222.16. Patients were stratified according to PINI score as follows: 13 patients (32.5%) had a normal PINI of less than 1, while 27 patients (67.5%) had a PINI ≥ 1, indicating a risk of undernutrition-related complications. Of these patients with PINI ≥ 1: 18 patients (45%) had a low risk (PINI between 1 and 10), 2 patients (5%) had a high risk (PINI between 10 and 20), 2 patients (5%) had a high risk (PINI between 21 and 30) and 3 patients (7.5%) had a life-threatening risk (PINI > 30).

Conclusion: In our study, 67.5% of the patients were at risk of undernutrition-related complications as assessed by the PINI. This tool seems to be interesting for predicting disease activity, functional impairment and inflammation in RA elderly patients.