FRI0037 CHARACTERISTICS OF RECENT ELDERLY-ONSET RHEUMATOID ARTHRITIS PATIENTS

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Background: Elderly-onset rheumatoid arthritis (EORA) has been increasing along with the ageing society. EORA is believed to be different from young-onset RA (YORA) in clinical characteristics, however, it is unknown whether the characteristics of recent EORA are similar with those in the past.
Objectives: To elucidate recent characteristics of recent EORA patients.
Methods: Consecutive patients who were newly diagnosed with RA in our institution from November 2015 until May 2017 (group 1), and those from February 2011 until December 2012 (group 2) were enrolled. Each group was divided into EORA and YORA according to the onset age of 65 years old. Clinical data were collected from their medical records and compared.
Results: In group 1, 176 patients with newly diagnosed RA were identified; EORA 37% and YORA 63%. The mean age was 74.0±1.5 and 46.3±2.4 years old, and female was 73.9% and 84.7%, respectively. The duration from onset to first visit was significantly shorter in the EORA compared to the YORA (4.7±3.0 to 13.9±5.9 months; p=0.038). Disease activity was significantly higher in EORA than the YORA (DAS28-CRP; 4.47±0.35 vs 3.49±0.27, p<0.001; CDAI, 20.5 ±3.6 vs 15.1±2.2, p=0.009). Inflammatory biomarkers at the first visit were also significantly higher in the EORA than the YORA; CRP (2.6±0.7 vs 1.2±0.5 mg/dl, p<0.001), ESR (68±9 vs 38±6 mm/hr, p<0.001), and serum ferritin (173.3 ±36.7 vs 102.3±18.8 ng/ml, p<0.001). RF and anti-CCP antibody were less positive in EORA than in YORA (RF 55.4 vs 72.1%, p=0.024; anti-CCP 40.0 vs 63.1%, p=0.003). Large joints were more involved in EORA, but small joint involvement was not different between EORA and YORA. In group 2, 255 patients with newly diagnosed RA were enrolled, EORA 44% and YORA 56%, and female was 85.3% and 84.6%, respectively. The mean age at onset of RA was not different between group 1 and group 2 (58.3±2.4 vs 58.9±2.0, p=0.512).
Conclusions: EORA developed more rapidly and showed severer inflammatory signs with more large joints involved. Conflicting with previous reports, the age at onset of RA did not increase between the patients in 2015–2017 and in 2011–2012.
Disclosure of Interest: None declared
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FRI0038 CORRELATION BETWEEN CLINICAL AND ULTRASONOGRAPHIC REMISSION? THE EFFECT OF NON-INFLAMMATORY PATIENT-BASED FACTORS ON DIFFERENT REMISSION DEFINITIONS

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Objectives: In this study, we aimed to investigate the concordance of ultrasonographic remission with other remission criteria and to show the influence of non-inflammatory patient-induced factors such as depression, anxiety, fibromyalgia and fatigue on both clinical and ultrasonographic remission.
Methods: Fifty consecutive patients with clinical remission (DAS-28-ESR<2.6) who were diagnosed according to the 2010 ACR/EULAR criteria were recruited to this study.
Patients were also assessed whether they met the Boolean and SDAI remission criteria. 28 joint grey scale (GS) and power Doppler (PD) ultrasonography were performed. Patients' depression and anxiety were assessed by The Hospital Anxiety and Depression Scale (HADS), and their fatigue was assessed by multidimensional Assessment of Fatigue (MAF) scores and patients' fibromyalgia was assessed by widespread pain index (WPI) and symptom severity score (SS).
Results: Patients were divided into 4 groups according to different remission definitions by ultrasonography. (Group1: PD=0 and GS=0, Group2: PD=0 and GS $\geq$0, Group3: PD=1 or 0 and GS=1 or 0, Group4: PD=1 or 0 and GS $\geq$0).
Although it is not statistically significant, the highest agreement with all the clinical remission criteria was found in the USG remission group 4 (table 1).
Patients with ultrasonographic remissions at their first visit in 2011 were reevaluated with clinical remission criteria at the end of 5 years. The highest remission rates were found in patients with USG remission group 3 (DAS28 58%, Boolean 29%, SDAI 47%). There was no significant difference between fatigue, fibromyalgia, depression and anxiety measures between remission and non-remission in all USG remission groups. In contrast, depression (p<0.05) and anxiety (p<0.03) were significantly higher in patients without SDAI remission. Depression (p<0.008) and anxiety (p<0.014) were also significantly higher in patients without Boolean remission.

Abstract FRI0038 – Table 1. The concordance between Ultrasound remission and other remission criteria

		Das28 (n=50)	SDAI (n=23)	Boolean (n=22)
Group 1: PD=0 GS=0	n (%)	13 (% 26)	8(%34,7)	5 (%22,7)
Group 2: PD=0 GS$\geq$0	n (%)	22 (% 44)	10 (%43,4)	8(%36,3)
Group 3: PD=1 or 0 and GS=1 or 0	n (%)	17 (%34)	8 (%34,7)	7 (%31,8)
Group 4: PD=1 or 0 and GS$\geq$0	n (%)	28 (%56)	13(%56,5)	11 (%50)

Conclusions: Clinical and ultrasonographic remission was found to be compatible in half of the patients.
The compliance of the USG remission in Group 4 with the clinical remission definitions was good, and clinical remission continuity was higher in the group meeting the definition of group 3. In contrast the ultrasound remission, the high levels of depression and anxiety in patients without SDAI and Boolean remission suggest that non-inflammatory patient-derived measures have less influence on the ultrasound remission.
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FRI0039 MEASURING HEALTH REALTED QUALITY OF LIFE (EQ-5D) IN PATIENTS WITH RHEUMATOID ARTHRITIS AFTER ONE YEAR TREATMENT WITH CSDMARDS AND BIOLOGIC DMARDS

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Background: Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of patients' health, and focuses on the impact health status has on quality of life.
Objectives: To measure the QoL (EuroQol – 5D) of patients with RA and analyse their change after one year treatment with csDMARDs and biologic DMARDs (bDMARDs).
Methods: For the purpose of the study were selected 220 patients: 29 males (13%) and 86 women (87%) meet the classification criteria for RA by ACR 1987 Patient's age is between 18–85 years (mean age for DMARDs – 54.8, biologic DMARDs – 55.3 years). The duration of the disease is between 0.5–44 years. In our study 96 patients are treated with DMARDs and 124 with bDMARDs. Patients with significant comorbidity, infectious diseases, congestive heart failure (NYHA class III or IV), malignant hypertension, psychiatric illness, a history of lymphoproliferative disease or neoplasia were excluded from the study. All of the patients completed the questionnaire EuroQol-5D on baseline, 6th and 12th month of treatment. The results were calculated via licensed calculator
Results: On Baseline, first part of EQ-5D mean values in patients with biologic therapy were significantly lower than those in the csDMARDs group (p=0.001). During the follow-up period patients on biologic DMARDs experienced significant improvement in this indicator in both time intervals (6th month – 63.24±16.52 SD, 12th month – 76.38±14.85). After 6 months of treatment the group on bDMARDS have higher mean values for EQ-5D than the patients on csDMARDs (57.64 ±20.2 SD), which shows significantly higher Quality of life (p=0.0025). During the following period from 6th to 12th month the patients on csDMARDs didn't have significant improvement in QoL (58.65±22.41 SD) (p=0.214). On the 12th month of the treatment the patients on bDMARDs have significantly higher QoL than the group on csDMARDs (p=0.000). Analysing the data from the second part of the questionnaire, we found similar results with the data obtained from the first. Patients on biological therapy experienced a significant improvement in quality of life during the entire follow-up period. In contrast, patients on csDMARDS had significant improvement in the mean values of the EQ-5D – 0.51±0.2 3SD to 6th month, after which there was a non-significant reduction of EQ-5D=0.49±0.23 SD to 12th month (p=0.266).
Conclusions: The patients on biologic DMARDs have significantly higher QoL than the patients on csDMARDs on the 6th and 12th month of treatment period.
Disclosure of Interest: None declared
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