Artritis Reumatoide Clínica

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THU0130. PATTERNS OF COGNITIVE DECLINE IN RA: RESULTS OF CASE CONTROL STUDY NESTED IN A POPULATION-BASED COHORT.

- Differences in cognitive function RA-controls
- Disease and treatment related factors
- ACE-III: < 82
- Worst values RA in test battery (37%) → no relation with disease duration
- Trend for better values if taking DMARDs
- Pattern of cognitive deficit similar to Alzheimers profile

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<thead>
<tr>
<th></th>
<th>Controls N=29</th>
<th>RA N=38</th>
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<tbody>
<tr>
<td>ACE-III Total</td>
<td>95.2 (3.7)</td>
<td>85.2 (7.4)</td>
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<tr>
<td>•Attention</td>
<td>17.7 (0.5)</td>
<td>16.5 (1.9)</td>
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<td>•Memory</td>
<td>24.6 (1.9)</td>
<td>19.8 (4.0)</td>
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<tr>
<td>•Fluency</td>
<td>12 (1.4)</td>
<td>9.9 (2.6)</td>
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<tr>
<td>•Language</td>
<td>25.5 (0.8)</td>
<td>24.6 (1.7)</td>
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<tr>
<td>•Visuospatial</td>
<td>15.8 (0.5)</td>
<td>14.4 (1.5)</td>
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RA-comorbidity and clinical aspects

THU0132. ASSOCIATION OF RHEUMATOID ARTHRITIS AND DEMENTIA: A NATIONWIDE POPULATION-BASED STUDY.

- 1 m pts → dementia 6028 → 100 RA
- Risk of dementia in RA not increase vs controls
- Vascular dementia tended to increase in RA

THU0134. COGNITIVE IMPAIRMENT IN RHEUMATOID ARTHRITIS.

- Rheumatoid arthritis, medication and memory study (RESIST)
- Prevalence of MCI (mild cognitive impairment)
- MoCA < 26
- High prevalence of MCI in adults >55 years with moderately active RA
- Role of chronic inflammation in cognitive dysfunction
OP0239. WHY DOES ALCOHOL INHIBIT ARTHRITIS? - AN EXPLANATION OF ARTHRITIS INHIBITION BY ETHANOL

- Understand anti-arthritogenic effect of alcohol
- CIA and SIA model, in vivo, acetate
- Analysed for T-cell lineage and plasma cell differentiation, IgG levels, IL-21...
- Significantly inhibited arthritis in CIA model of arthritis
- On TFH: impaired autoAb formation, reduced IL-21... less arthritis
- Overexpression of IL-21 in vivo completely reversed the immune regulatory effects of alcohol.
OP0217 INVOLVEMENT OF LARGE JOINTS AT DISEASE PRESENTATION IS ASSOCIATED WITH DIVERSE HISTOPATHOLOGICAL FEATURES AND CLINICAL OUTCOMES IN EARLY RHEUMATOID ARTHRITIS.

- Histopathological features of synovial biopsies <-> clinical outcomes
- Before DMARDs
- Large: higher CRP-HAQ/inflammatory score, lympho-myeloid
- 6 m post DMARD → higher HAQ, lower response in large joint pts
- Synovial biopsy identified patients with early RA with specific histopathological features and clinical outcomes.
RA- Prognosis, predictors and outcome II

OP0219 MORTALITY OF RHEUMATOID ARTHRITIS PATIENTS, TREATED TO TARGET AT LOW DISEASE ACTIVITY: 17-YEARS FOLLOW-UP OF THE BEST COHORT.

• BeST: 508 pts, 10 y, mortality similar general population.
• Evaluate long-term mortality (17 y)
• 4 treatment arms
• Died 28 % vs 21 % reference population
• No difference in SV-curves between 4 arms
• Mortality increased in BeST
OP0222 IS REFERRING EARLY ARTHRITIS PATIENTS WITHIN 6 WEEKS ASSOCIATED WITH BETTER LONG-TERM OUTCOMES THAN REFERRING WITHIN 12 WEEKS AFTER SYMPTOM ONSET? – INVESTIGATING THE EVIDENCE FOR THE FIRST EULAR RECOMMENDATION FOR EARLY ARTHRITIS IN TWO OBSERVATIONAL COHORTS.

- If ≤6-w <-> improved long-term outcomes (DMARD-free remission, Rx progr)
- 2 cohorts: 1025/514.
- ≤6: more often DMARD-free remission; similar Rx prog than 7-12 w.
- Visiting a rheumatologist within 6-weeks of symptom-onset had clear benefits for achieving SDFR, but not for rx progression.

For complete overview; **The Lancet Rheumatology**
RA- Prognosis, predictors and outcome

FRI0024 HOW OFTEN DOES REACHING TARGET MISS THE MARK? LONGITUDINAL PATTERNS OF REMISSION IN REAL-WORLD EARLY RHEUMATOID ARTHRITIS PATIENTS.

• Patterns of remission
• Predictors of sustained vs transient remission in real-world early RA
• Canadian Early Arthritis Cohort (CATCH): 1417
• Sustained remission (1) or transient remission (2: REM to LDA; 3: REM to MDA or HDA)
• Only 47% remained in 1
• Older age, female sex, smoking, higher comorbidity index and + serology, were significantly associated with transient remission patterns
FRI0079 CHARACTERISTICS OF DIFFICULT-TO-TREAT RHEUMATOID ARTHRITIS.

- Real-world
- DAS28 moderate or high after 1 y treatment
- 1693 pts
- 70 y, DMARDs 40,7%, biologic or JAK 55,8%, GC 29%.
- 22,9% unresponsiveness biologics; comorbidities 33,8%, personal 39,8%
- 14% difficult to treat in spite of intensive treatment
- Characteristics are distinct by the cause of difficulty to treat.
SAT0071 SUBCLINICAL SYNOVITIS IN ARTHRALGIA: HOW OFTEN DOES IT RESULT IN CLINICAL ARTHRITIS? A LONGITUDINAL STUDY TO REFLECT ON STARTING POINTS FOR DMARD TREATMENT.

- Not all patients with a subclinical synovitis will develop clinically apparent arthritis
- Determine the frequency of non-progression to clinical arthritis
- 3 cohorts: US, MRI
- True + vs False +
- Stratified for ACPA
- ACPA + and subclinical synovitis → 44-71% non progress = False +
- Overtreatment?
Infections and clinical aspects in RA

SAT0062 INCIDENCE OF STAPHYLOCOCCUS AUREUS BACTEREMIA IN PATIENTS WITH RHEUMATOID ARTHRITIS: A NATIONWIDE COHORT STUDY

- Incidence rate of first-time SAB in RA
- RA: IR 80.5/100000 PY vs 28.9 general
- RA: women, orthopaedic implant, recent use GC
- IR in RA > in all age categories
- RA < 70 y had a 1.5-2 times higher IR vs general population
SAT0078 SAFETY OF LOW DOSE METHOTREXATE (MTX) IN HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION.

- Systematically review literature on the safety of using MTX ≤30 mg/w in HIV.
- RCT (USA): mtx on atherosclerotic disease in HIV, > adverse events
- 1 Cohort Study (S.Africa): 43 RA on MTX adquired HIV, RA improved.
- 1 Cohort Study (USA): 13 HIV with myositis, 1 MTX (died HIV)
- Cross-sectional Study (France): 43 HIV with AI, 1 MTX (cytopenia)
- 38 case-reports: 54 HIV with MTX, adverse events due to both
- Careful monitoring for MTX toxicity, opportunistic infections and HIV state
- Particularly if combined with other immunosuppression.