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COMPARISON OF THE CLINICAL IMPLICATIONS AMONG SIX DIFFERENT NUTRITIONAL AND INFLAMMATORY INDICES IN PATIENTS WITH RHEUMATOID ARTHRITIS

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AB0230 IS IT POSSIBLE TO STOP TAKING GLUCOCORTICOIDS IN RHEUMATOID ARTHRITIS WHILE USING THE SYNTHETIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS?

Keywords: Rheumatoid arthritis

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Objectives: to investigate the possibility of withdrawing glucocorticoids (GC) or reducing their dose to the target (<7.5 mg/d in terms of prednisone) when using traditional synthetic disease-modifying antirheumatic drugs (DMARD) in patients (pts) with rheumatoid arthritis (RA); to study independent prognostic factors that affect the continuation of taking GC.
Methods: 270 patients with RA (women - 86.6%) aged 51.2 ± 0.71 years, with a disease duration of 50.2 ± 3.82 months were examined. Rheumatoid factor (RF) was found in 64.8% of individuals, antibodies to cyclic citrullinated peptide (ACCP) - in 66.6%. DMARD therapy included methotrexate (n = 91), leflunomide (n = 95), sulfasalazine (n = 51), hydroxychloroquine (n = 3) or its combination (n = 126). Statistical analysis was performed using program SPSS 22.0. Certainty disagreements average values were estimated using non-parametric of the Mann-Whitney criterion for quantitative signs and criteria χ^2 for frequency indicators. To identify prognostic markers that affect the possibility of canceling GC, the method of logistic regression analysis was used with the calculation of the risk ratio (RR) and 95% confidence interval (95%CI). In order to identify the decisive factor affecting the possibility of achieving the target dose of GC, a stepwise logistic regression analysis of multivariate models was performed. The difference was considered probable at p<0.05.
Results: During 3 years of study, GC was canceled in 33% of pts in the period from 3 to 30 months (mostly in the first 6 mth). Among those who continued to take GC, the target dose (<7.5 mg/d) was achieved only in 32.6% of pts. Among pts continuously receiving GC, compared with pts who discontinued GC, there were probably more women (89.5% vs. 80.8%, p<0.05), ACCP-positive pts (88.4% vs. 55.0%, p<0.01), with higher DAS (ESR) values (5.29 ± 0.1 vs 4.84 ± 0.15, p<0.05) and more pronounced structural changes on the SHS scale (43.4 ± 2.42 vs 32.4 ± 2.71, p<0.05). According to the logistic regression analysis, the risk of continuing GC treatment was probably associated with female gender (RR 2.39 (1,09–4,97)), elderly pts (RR 1.02 (1,001–1,04)), ACCP-positivity (RR 3.73 (1,26–11,0)), disease activity by DAS (ESR) (RR 1,19 (1,0–1,43)) and structural joint changes (RR 1,01 (1,005–1,02)). Only the initial dose of GC ≥ 7.5 mg/d was associated with the inability to reach the target dose of GC during the entire follow-up period (RR 6.32 (2,0–19,5)).
Conclusion: Despite of the treatment with traditional synthetic DMARD, only a third of RA pts can cancel GC, mainly in the first 6 months. For the pts who continue taking GC, the target dose can be achieved in 33% of them. Independent predictors of the impossibility of GC discontinuation are female gender, old age, ACCP-positivity, higher RA activity according to DAS (ESR) and more pronounced joint destruction at the initial stage. A negative prognostic factor in achieving the target dose of GC is their initial dose ≥ 7.5 mg/d.
REFERENCES: NIL.
Acknowledgements: NIL.
Disclosure of Interests: None Declared.
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AB0231 COMPARISON OF THE CLINICAL IMPLICATIONS AMONG SIX DIFFERENT NUTRITIONAL AND INFLAMMATORY INDICES IN PATIENTS WITH RHEUMATOID ARTHRITIS

Keywords: Rheumatoid arthritis

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Background: The most commonly used disease activity index in rheumatoid arthritis (RA) is Disease Activity Score 28 (DAS28). However, the need for objective disease activity indices retains. The nutritional and inflammatory indices were recently evaluated in many rheumatologic and non-rheumatic conditions as predictors of disease activity.
Objectives: We aimed to evaluate the association of six different nutritional and inflammatory indices with disease activity and patient reported outcomes (PROs) in patients with RA.
Methods: In this cross-sectional study, we recruited RA patients who fulfilled the 2010 ACR/EULAR classification criteria. Participants' demographic features, disease duration, current medication, disease activity indices [DAS28 with erythrocyte sedimentation rate (DAS28-ESR), simplified disease activity index (SDAI), clinical disease activity index (CDAI)], PROs [Health Assessment Questionnaire-Disability Index (HAQ-DI), Rheumatoid arthritis Impact of Disease (RAID)], Multimorbidity Index (MMI), hand and foot erosions, deformities, extra-articular manifestations of RA, nutritional and inflammatory status [prognostic nutritional index (PNI), controlling nutritional status (CONUT) score, neutrophil/lymphocyte ratio (NLR), monocyte/lymphocyte ratio (MLR), platelet/lymphocyte ratio (PLR), systemic inflammation response index (SIRI), Mini Nutritional Assessment-Short Form (MNA-SF), body mass index (BMI), waist and hip circumference] were noted. Patients were divided into 2 groups (remission and low disease activity vs. moderate and high disease activity) according to their DAS28-ESR scores.
Results: A total of 183 RA patients were analyzed. The mean age was 29.5±5.7 years, the median time of disease duration was 120 (60-238) months, 83.1% (n=152) were female, 69.9% were RF positive (n=128), 59% (n=108) were anti-CCP positive, 79.1% (n=145) were on conventional synthetic disease-modifying antirheumatic drugs (csDMARD), 5.5% (n=10) used targeted synthetic DMARD (tsDMARD), 16.4% (n=30) were used biologic DMARD (bDMARD). Median PNI values were lower in patients with extra-articular involvement (p<0.001). Mean PNI values were lower in patients with hematologic involvement, anemia, and thrombocytopenia (p<0.001, p=0.026, p=0.033), those with erosion on the foot X-ray (p=0.005), and CCP positive ones (p=0.028). NLR and SIRI were positively correlated with physician's global assessment (PGA) score (r=0.270, p<0.001; r=0.227, p=0.002), SDAI (r=0.219, p=0.003; r=0.199, p=0.007), CDAI (r=0.192, p=0.009; r=0.154, p=0.037), DAS28-ESH (r=0.232, p=0.002; r=0.186, p=0.012), ESR (r=0.233, p=0.001; r=0.218, p=0.003) and c-reactive protein (r=0.324, p<0.001; r=0.380, p<0.001). MNA-SF was negatively correlated with HAQ-DI (r=-0.199, p=0.007), RAID (r=-0.179, p=0.015), PGA score (r=-0.280, p<0.001), SDAI (r=-0.205, p=0.005), CDAI (r=-0.224, p=0.002), and DAS28-ESH (r=-0.186, p=0.012). PNI was not correlated with disease activity scores and PROs.
Conclusion: In this study where we aimed to determine the role of a variety of nutritional inflammatory indices in disease activity ascertainment of RA patients, while NLR, MNA-SF, and SIRI had significant associations with other composite disease activity indices, PNI failed to establish such a relationship. However, PNI was significantly higher in CCP-positive RA patients and ones with extraarticular involvement. Prospective longitudinal studies on larger samples are needed to elucidate the role of nutritional inflammatory indices in determining RA disease activity.
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AB0232 COMPARATIVE FUNCTIONAL ABILITY OF PATIENTS WITH RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS AFTER TOTAL KNEE ARTHROPLASTY

Keywords: Osteoarthritis, Rheumatoid arthritis

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Background: Patients with rheumatoid arthritis (RA) often require adequate disease control prior to total knee arthroplasty (TKA). At the same time, they may have worse outcomes and late complications compared to osteoarthritis (OA) patients.
Objectives: To study the functional abilities of RA patients undergoing TKA compared to OA patients using the KSS scoring system.
Methods: The study included 150 patients: 69 patients (46%) with RA and 81 patients (54%) with OA. 32% of them were males and 68% were females. Th average age of patients with RA was 59.0 [52; 64] years, while in OA group – 66.0 [61; 73] years. Among patients with RA, 60.9% had moderately active diseases and 23.2% had highly active disease prior to intervention. All patients underwent cemented TKA. All of them also completed KSS score prior to surgery, immediately after that and 3 and 12 months after the discharge. Statistical analysis was performed using SPSS version 23.0 (IBM Corp., Armonk, NY, USA). A p value of less than 0.05 was considered statistically significant.
Results: Prior to intervention patients with RA had significantly lower KSS scores compared to OA patients (45.0 [40; 55] versus 60.0 [50; 60], p=0.00, Mann-Whitney). After the surgery KSS became comparable between the two groups (83.0 [74; 84] versus 82.0 [80.5; 85], p=0.754, Mann-Whitney). 3 months

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