

Conclusion: Depression, anxiety, and sleep disturbance is significantly higher in patients with early RA. Rheumatologists in addition to assessing disease activity in RA should also include assessment of the mental health. Early evaluation and intervention might result in better outcomes, reduce disease burden and avoid unnecessary immunosuppressive drug escalation.

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AB0338

METABOLIC SYNDROME AND ITS COMPONENTS HAVE A DIFFERENT PRESENTATION AND IMPACT ON THE CARDIOVASCULAR RISK PROFILE OF PATIENTS WITH PSORIATIC AND RHEUMATOID ARTHRITIS

Keywords: Comorbidities, Cardiovascular disease, Inflammatory arthritides

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Background: Patients with inflammatory arthritides have a higher cardiovascular (CV) risk than the general population. Traditional CV risk factors are involved, while the impact of the metabolic syndrome (MetS) is less defined. Whether MetS clinical presentation and its components are comparable across conditions is unclear.

Objectives: To compare the prevalence of MetS and their components, and the impact on the CV risk profile, in psoriatic arthritis (PsA) versus rheumatoid arthritis (RA).

Methods: a retrospective analysis with follow-up of real-world PsA (CASPAR criteria) and RA (2010 EULAR/ACR classification criteria) patients referred to a rheumatology clinic was performed. Demographical, clinical data and presence of CV risk factors were evaluated from patient charts using national guidelines, both at baseline and after 12-months of follow-up. MetS was defined according to the American Heart Association (AHA)/National Heart, Lung, and Blood Institute (NHLBI) criteria. Univariate and multivariate models were used to compare the impact of the MetS and its components in patients with PsA versus RA.

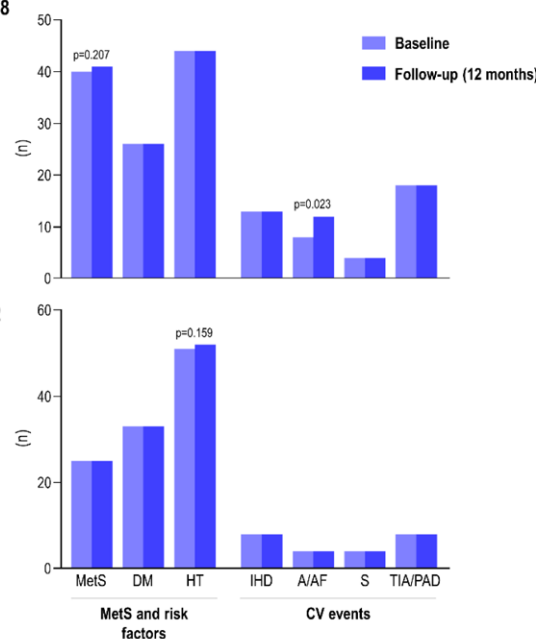
Results: PsA patients (n=78) were younger (45.23 (16.99) vs 60.81 (13.19) years, p<0.001), exhibited lower disease duration (18.86 (48.43) vs 176 (169.77) months, p<0.001) and prevalence of autoantibodies (RF: 7.7 vs 58.7%, ACPA: 7.9 vs 57.6%; both p<0.001) than their RA counterparts (n=92). PsA patients were more likely to present with MetS (40(51.3%) vs 25(27.2%), p=0.003) and dyslipidemia (56(71.8%) vs 26(28.3%), p<0.001) compared to RA. No differences were observed for smoking (22(28.2%) vs 26(28.3%), p=0.836), diabetes (26(38.3%) vs 33(35.9%), p=0.823) and hypertension (44(56.4%) vs 51(55.4%), p=0.749). These differences were maintained after adjusting for age. Multivariate analyses revealed that hypertension (OR 11.818 [95% CI: 2.046–58.053, p=0.002] and dyslipidemia (OR 5.190 [95% CI: 1.118–24.092], p=0.035) were predictors of MetS in PsA, and no effect was observed for diabetes (p=0.066) smoking (p=0.367), age (p=0.445) or sex (p=0.445); whereas diabetes (OR 15.58, [95% CI: 2.41–100.45], p=0.004), hypertension (OR 20.44, [95% CI: 2.58–161.05], p=0.004) and dyslipidemia (OR 43.29 [95% CI: 6.82–274.75], p<0.001) predicted MetS in RA, and no effect of age (p=0.473), sex (p=0.615) or smoking (p=0.317) was noted. No effect was observed for autoantibodies or treatments received. Despite the history of CV events was similar between disorders (PsA: 22(28.2%) vs RA 24(26.1%), p=0.602), differences in predictors were found. Multivariate analyses revealed that hypertension and MetS predicted CV history in PsA, whereas dyslipidemia was the only factor predicting CV history in RA (Table 1). Associations were stronger in PsA, and total variance explained in each model differed across groups.

Table 1. Multivariate analysis of predictors of history of CV events in RA PsA and RA

	OR	95% CI	p-value
PsA (R² = 0.693)			
Smoking	3.88	0.60–25.05	0.154
MetS	22.61	1.32–58.65	0.031
Diabetes mellitus	0.27	0.03–2.46	0.250
Hypertension	50.30	2.58–97.66	0.010
Sex	0.50	0.08–2.92	0.445
Dyslipidemia	3.22	0.45–22.87	0.241
CRP	0.95	0.79–1.12	0.560
Age	0.98	0.91–1.06	0.740
Disease duration	0.96	0.92–1.01	0.134
RA (R² = 0.296)			
Smoking	1.89	0.56–6.23	0.298
MetS	1.35	0.28–6.53	0.702
Diabetes mellitus	1.89	0.56–6.32	0.413
Hypertension	3.00	0.72–12.43	0.129
Sex	0.58	0.17–2.68	0.586
Dyslipidemia	4.50	1.11–16.12	0.011
CRP	1.02	0.96–1.08	0.518
Age	1.01	0.96–1.06	0.669
Disease duration	0.99	0.99–1.00	0.329

Finally, follow-up analyses revealed that progression of MetS and its components in PsA and RA were negligible after 12 months of follow-up (Figure 1).

PsA, n=78



RA, n=92

Figure 1

Conclusion: Occurrence and presentation of MetS differed between inflammatory arthritides. The impact of these risk factors on CV risk profile was stronger in PsA compared to RA, and showed no progression in one year. This suggests the implication of different mechanisms, which may require distinct CV preventive strategies in PsA and RA.

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AB0339

DYNAMIC RESPONSE TO INTRAVENOUS IRON, MEASURED BY NOVEL RETICULOCYTE INDICES, AS A PREDICTOR OF COEXISTING IRON DEFICIENCY IN ANAEMIA OF INFLAMMATION

Keywords: Comorbidities, Diagnostic Tests, Biomarkers

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Background: Anemia of inflammation (AI) can be referred to as the proverbial "Starvation amidst plenty" as body iron stores are unavailable for