

therapy have low levels of plasma NETs. NETs levels may be influenced by biologic or JAKi treatment.

REFERENCE:

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AB0318

DAS28 WITH THREE VARIABLES PERFORMANCE IN A COHORT OF RHEUMATOID ARTHRITIS PATIENTS WITH AND WITHOUT CONCOMITANT FIBROMYALGIA

Keywords: Rheumatoid arthritis, Fibromyalgia

S. Miladi¹, B.A. Hiba¹, F. Alia¹, S. Ben Yaacoub¹, H. Bousaa¹, M. Yasmine¹, K. Ouenniche¹, K. Selma¹, C. Selma¹, K. Ben Abdelghani¹, L. Ahmad¹. ¹Hôpital Mongi Slim, Rheumatology, Marsa, Tunisia

Background: Several studies have shown that rheumatoid arthritis (RA) patients with concomitant fibromyalgia (FM) can cause an overestimation of the disease activity assessed by the 28 disease activity score (DAS28) by inflating the patient reported components. DAS28 V3 is calculated based on only three variables: swollen and tender joint counts and CRP.

Objectives: The aim of this study was to evaluate the performance of the DAS28 V3 in a cohort of RA patients with and without concomitant FM.

Methods: Cross-sectional observational study that included consecutive patients with diagnosis of RA (ACR/EULAR 2010 criteria) with and without concomitant FM (ACR 2016). Demographic and RA characteristics were collected. All patients underwent a clinico-biological and an ultrasound (US) assessment of RA activity. US examination included the assessment of synovial/tenosynovial hypertrophy in grey scale and in Power Doppler (PD). $P < 0.5$ was accepted for significance.

Results: Eighty patients distributed into 40 patients in each group were recruited. Epidemiological and RA characteristics were comparable between groups. Subjective activity parameters were higher in RA with FM group ($p \leq 0.05$). No significant difference was observed between the groups in regards to mean DAS28, DAS28 V3, SDAI and CDAI ($p=0.12$, $p=0.14$, $p=0.2$ and $p=0.5$ respectively). DAS28 was significantly greater than DAS28 V3 in RA with FM group ($p=0.000$). However, no difference between DAS28 and DAS28 V3 was not significant in the PR without FM group. Multivariate analysis in RA with FM group showed that DAS28 V3 was significantly positively associated with the presence of US synovial hypertrophy ($r=0.494$, $p=0.001$) and the presence of US PD synovitis ($r=0.155$, $p=0.032$), while Patient Global Activity expressed a significant negative association ($r=-0.392$, $p=0.049$ and $r=-0.642$, $p=0.005$ respectively).

Conclusion: Our study confirms that DAS28 V3 score would represent a better alternative for the clinical assessment of disease activity in RA patients with concomitant FM.

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AB0319

HIGH PREVALENCE OF HYPOALBUMINEMIA IN PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS

Keywords: Rheumatoid arthritis, Diet and Nutrition

P. W. Jia¹, J. Pan¹, Y. W. Zou¹, H. W. Zheng¹, J. D. MA¹, Z. M. Ouyang¹, Q. Zhang¹, T. Wu¹, Y. Lu¹, L. Dai¹. ¹Sun Yat-Sen Memorial Hospital, Sun Yat-Sen University, Department of Rheumatology and Immunology, Guangzhou, China

Background: Hypoalbuminemia is associated with worse medical conditions in chronic diseases and surgery outcomes. The concentration of serum albumin in patients with rheumatoid arthritis (RA) has been reported to decline. However, less is known about the prevalence and severity of hypoalbuminemia in RA patients and its association with RA disease.

Objectives: To investigate the association of hypoalbuminemia with RA disease characteristics and its potential mechanism in RA.

Methods: This cross-sectional study collected clinical data from a Chinese RA cohort, including disease activity, physical function, and radiographic assessment. Serum levels of albumin and inflammatory cytokines including soluble interleukin 2 receptor (sIL-2R), IL-6, IL-10, TNF- α , IL-8, and IL-1 β were detected. According to the level of serum albumin, RA patients were divided into four groups as normal albumin (≥ 35.0 g/L), mild hypoalbuminemia (30.0 - 34.9 g/L), moderate hypoalbuminemia (25.0 - 29.9 g/L) and severe hypoalbuminemia (< 25 g/L).

Results: ① Among 1510 RA patients recruited in the cohort, 890 RA patients were eligible for analysis. Their mean age was 53.5 years old and 77.2% were female. There were 87.9% patients with active RA (CDAI > 2.8). ② The prevalence of hypoalbuminemia was 48.2% (429/890) in all RA patients and 50.9% (398/782) in

active RA. The prevalence of hypoalbuminemia increased with age, disease activity, but decreased with BMI (all P trend < 0.05 , Figure 1). ③ Compared with those with normal albumin, RA patients with hypoalbuminemia were older, had lower BMI, higher levels of ESR and CRP, higher disease activity, and higher HAQ-DI. ④ RA patients with hypoalbuminemia had higher levels of serum inflammatory cytokines, including sIL-2R, IL-6, TNF- α and IL-10 than those without, regardless the severity of hypoalbuminemia. Moreover, the level of albumin was negatively correlated with all six inflammatory cytokines (r range from -0.124 to -0.334, all $P < 0.001$). ⑤ Multivariate ordinal logistic regression analysis showed that BMI [adjusted odd ratio (AOR) = 0.889] and IL-10 (AOR = 0.971) were negatively, age, ESR, CRP, previous treatment with glucocorticoids, sIL-2R, IL-6, and IL-8 were positively associated with hypoalbuminemia in RA patients (AOR range from 1.001 to 1.671, all $P < 0.05$).

Conclusion: Our data show high prevalence of hypoalbuminemia in patients with active RA which is associated with high inflammation. These data imply the importance of the control of inflammation and nutrition supply. Further prospective study is needed in future.

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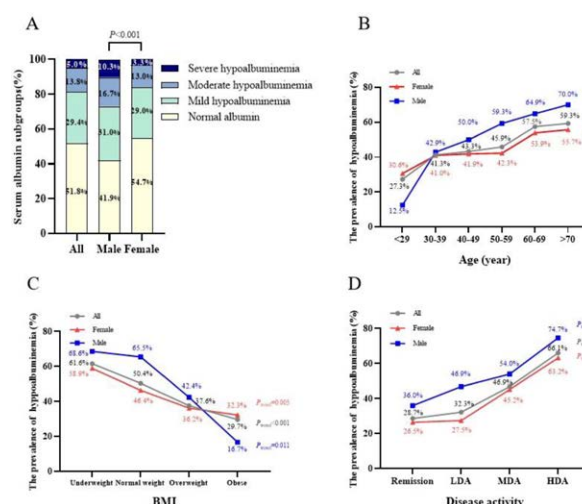


Figure 1. The prevalence of hypoalbuminemia in RA patients with different stratification

The prevalence of hypoalbuminemia in different sex (A), age (B), BMI (C), and disease activity groups (D). RA, rheumatoid arthritis; **Remission** (CDAI ≤ 2.8), **LDA** low disease activity ($2.8 < \text{CDAI} \leq 10$), **MDA** moderate disease activity ($10 < \text{CDAI} \leq 22$), **HDA** high disease activity ($\text{CDAI} > 22$)

Disclosure of Interests: None Declared.

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AB0320

SACROILIITIS AND ACPA POSITIVE: IS THIS AN ASSOCIATION OF RHEUMATOID ARTHRITIS AND SPONDYLOARTHRITIS? ABOUT 16 CASES

Keywords: Psoriatic arthritis, Spondyloarthritis, Rheumatoid arthritis

H. Arabi¹, H. Tebaa¹, A. Mougui¹, I. El Bouchti¹. ¹CENTRE HOSPITALO-UNIVERSITAIRE MOHAMMED VI MARRAKECH, Department of Rheumatology, Marrakech, Morocco, Rheumatology, Marrakesh, Morocco

Background: Rheumatoid arthritis (RA) and spondyloarthritis (SpA) in particular psoriatic arthritis (RP) are two distinct inflammatory rheumatism having in common destructive peripheral involvement.

Objectives: We report a series of chronic inflammatory rheumatism with features of RA and SpA.

Methods: Descriptive retrospective study including patients with chronic inflammatory rheumatism, collected in the rheumatology department over a period of 10 years (2009-2019).

Results: 16 patients were included. The average age was 45.94 ± 12.10 years [28-71], with a female predominance of 87.5%. The mean age at onset of symptoms was 34.69 ± 12.71 years [14-57]. The disease duration was 11.25 ± 10.44 years. History was dominated by hepatic steatosis in 25%, diabetes in 18.8%, hypertension and smoking in 12.5%. A history of familial rheumatism and cutaneous psoriasis was found in only one patient. The revealing symptomatology was dominated by chronic polyarthritis in 75%, polyarthralgia in 18.8%