

C039-003-e

Interest of a systematic screening of comorbidities in chronic inflammatory rheumatism



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Background Patients with chronic inflammatory rheumatism (CIR) have a greater risk of cardiovascular events, infections, lung diseases and osteoporosis. European League against Rheumatism (EULAR) recommends annual evaluation of the cardiovascular risks.

Methods A program of comorbidity screening was set up in a daily clinic of our Rheumatology department and includes:

- rheumatism evaluation;
- cardiovascular evaluation; clinical examination, blood tests, modified systematic coronary risk evaluation (mSCORE) calculation, vessel ultrasound and echocardiography;
- lung evaluation; self-questionnaires and spirometry;
- osteoporosis; bone mineral density and FRAX calculation;
- check-up of vaccinal status and the recommended neoplastic screenings.

Results Ninety-two patients already benefited from this systematic screening with 83% ($n = 76$) of rheumatoid arthritis, 11% ($n = 10$) of spondyloarthritis, 3% ($n = 2$) of psoriatic arthritis and 4% ($n = 4$) of other diseases. The mean rheumatism duration was 14 ± 9 years, the mean age was 59 ± 11 years and 64% were women. Hypertension was diagnosed in 8.7% ($n = 8$) of the patients; dyslipidemia in 9.8% ($n = 9$); diabetes in 6.5% ($n = 6$) of the patients. The echocardiography showed significant abnormalities (valvular and hypokinesia) in 9% ($n = 8$) of the patients, a significant supra-aortic vessel stenosis was found in 4.5% ($n = 4$) of the population and an abdominal aortic aneurysm was diagnosed in 5.7% ($n = 5$). Among 92 patients, 18.4% ($n = 14$) were estimated at high risk of lethal cardiovascular event with a mSCORE ≥ 5 and 27.5% ($n = 25$) patients were sent to a cardiologist to pursue further cardiovascular investigations. Among these, 8 had a myocardial scintigraphy and all were normal. Moreover, 32.6% ($n = 30$) of the patients were estimated at risk of chronic obstructive pulmonary disease or sleep apnea syndrome and were recommended to consult pneumologist. An anti-osteoporosis drug was introduced in 12% ($n = 11$) of the patients. The update of the vaccinations and the neoplastic screenings were prescribed for respectively 52.7% ($n = 48$) and 35.2% ($n = 32$) of the patients.

Discussion A daily hospitalization for comorbidity screening seems worthy with significant abnormalities discovered in 36.2% of the patients. Further investigations were recommended in 50% of the patients. Patient's satisfaction and the effective impact of the proposed or prescribed measures are under evaluation.

Keywords Rheumatism; Rheumatoid arthritis; Screening; Comorbidity; Cardiovascular

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Effect of rehabilitation in systemic sclerosis



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Importance Physical therapy could be of interest to reduce disability of systemic sclerosis (SSc) patients.

Objective To develop a physical therapy program for SSc and compare its efficacy with that of usual care.

Design 12-month, parallel-group randomized controlled trial involving a modified Zelen design conducted between September 2005 and October 2011. Randomization was computer-generated with allocation concealment by fax to a central coordinating office. Investigators were not blinded, but participants in the control group were blinded to study hypothesis.

Setting Four tertiary-care hospitals.

Participants Patients were enrolled if they had a SSc diagnosis, a disability rating ≥ 0.5 on the Health Assessment Questionnaire Disability Index (HAQ-DI) or complaints of decreased mouth opening or limited range of motion of at least one joint.

Interventions The experimental intervention was a 1-month personalized supervised physical therapy program provided by specifically trained care providers followed by home sessions. The comparator was usual care.

Main outcomes and measures The primary outcome was the HAQ-DI score at 12 months.

Results In the intention-to-treat analysis, as compared with the usual care group ($n = 108$), patients in the physical therapy group ($n = 110$) showed reduced disability at 1 month (HAQ-DI between-group difference (0.14; 95% confidence interval [CI] -0.24 to -0.03 ; $P = 0.01$), at 6 months the HAQDI scores between-group difference was -0.12 ; 95% CI, -0.23 to 0.01 ; $P = 0.054$. There was no statistically significant difference at 12 months (between-group difference at 12 months, -0.01 ; 95% CI -0.15 to 0.13 ; $P = 0.86$). There was a statistically significant difference for hand mobility and function, and pain, at 1 month but no difference at 12 months. Microstomia was lower in the physical therapy group at 1, 6 and 12 months (between-group difference at 12 months, 1.62 ; 95% CI 0.32 to 2.93 ; $P = 0.01$). No differences in adverse effects were observed between the two treatment groups.

Conclusions and relevance A 1-month personalized supervised physical therapy program followed by home exercise sessions had short-term benefits for patients with SSc but did not reduce disability at 12 months. The program had long-term benefits for microstomia.

Trial registration clinicaltrials.gov identifier NCT00318188.

Keywords Systemic sclerosis; Rehabilitation

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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Benefit and management of biologics in patients with chronic inflammatory



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Rheumatoid arthritis (RA) and Spondyloarthritis (SpA) control and outcome have greatly improved with the efficacy of biologic disease-modifying anti-rheumatic drugs (bDMARDs) combined with early effective management and treatment targeting remission or low disease activity. In addition, remission has now been showed to be an achieving objective in the daily management of patients with inflammatory arthritis. Overall, comparative