agents for the purpose of PCP prophylaxis and continued with it throughout the treatment with biologics. The second group (TMP-SMX−) comprised patients who were not prescribed TMP-SMX throughout the treatment with biologics. We analyzed the retention rate of each group by Kaplan-Meier curves and the Wilcoxon test. The primary end point was the 18-month retention rate of biologics without severe infection (defined as hospitalization or multiple days of intravenous antibiotic treatment in the clinic, including suspected cases).

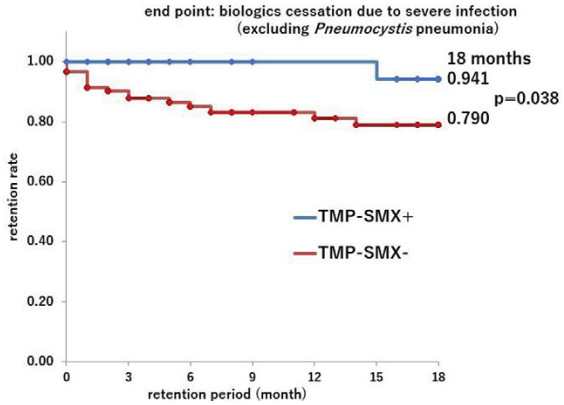
Results: The TMP-SMX+ group included 30 patients with a mean age of 76.7±7.0 years. The rate of ACPA positivity was 80.0%, MTX use was 73.3%, oral steroid use was 43.3%, and bio-naive patients was 73.3%. The number of patients treated with abatacept, certolizumab pegol, etanercept, golimumab, infliximab, and tocilizumab was 13, 1, 7, 7, 1, and 1, respectively. The cumulative retention rates at 12 and 18 months were 1.000 and 0.941, respectively. Prophylactic doses of TMP-SMX were between TMX 20mg/SMX 100mg/day and TMX 91mg/SMX 457mg/day.

The TMP-SMX− group included 113 patients with a mean age of 73.6±5.6 years. The rate of ACPA positivity was 79.3%, MTX use was 70.8%, oral steroid use was 54.9%, and bio-naive patients was 80.5%. The number of patients treated with abatacept, adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, and tocilizumab was 15, 15, 4, 41, 7, 18, and 13, respectively. The cumulative retention rates at 12 and 18 months were 0.812 and 0.790, respectively. There was a significant difference between the retention rates in the two groups (p =0.038, Wilcoxon test). Five patients were enrolled in both groups because another biologic agent was used in different periods.

In the TMP-SMX+ group, only one patient was hospitalized for probable bacterial pneumonia (causative bacteria not detected). In the TMP-SMX− group, nine patients were hospitalized for pneumonia, three for septic arthritis, two for urinary tract infection, and two for soft tissue infection. The causative bacteria were *Escherichia coli*, *Klebsiella oxytoca*, *Enterococcus faecalis* and others.

Furthermore, seven patients in the TMP-SMX− group were treated for PCP, whereas no patients contracted PCP in the TMP-SMX+ group.

The retention rates of biologics for elderly (≧65 years) RA patients



Conclusions: Prophylactic administration of TMP-SMX may reduce the risk of bacterial infection in elderly patients with rheumatoid arthritis undergoing treatment with biologics.

References:

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SAT0102 THE EFFECT OF LACTATION ON THE ACTIVITY OF RHEUMATOID ARTHRITIS

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Background: It has been reported that rheumatoid arthritis (RA) onset in females is often associated with post-partum period and lactation. Moreover, flares of pre-existing RA occur in 33–91% of cases during post-partum and breastfeeding periods.

Objectives: To assess the effect of lactation on RA activity during the post-partum period.

Methods: Prospective study included 32 RA pts (ARA criteria, 1987) who were followed up and assessed at 30–34 weeks of pregnancy, and at 1, 3, 6 and 12 months post-partum. Pts' median age was 29 (20–37) years, disease duration 8 (1–28) years. RF (62,1%) and ACPA (58,6%) seropositive, of radiographic stage 2–3 (72,4%) and functional class 1–2 (86,2%) prevailed. At each control visit DAS28^{CRP} score and the number of between the visits flares were obtained among breastfeeding and non-breastfeeding women. RA flare was documented based on changes in DAS28^{CRP} score values vs the previous visit following EULAR recommendations.

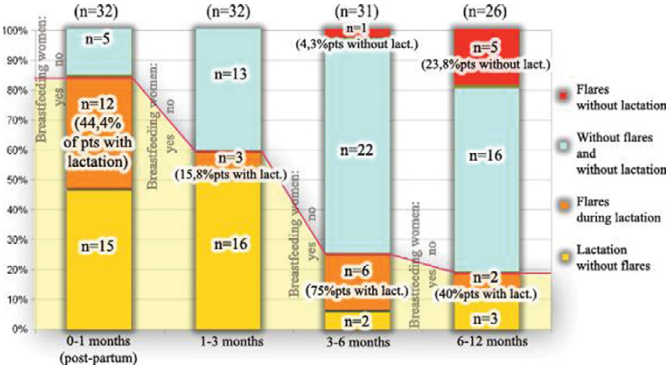
Results: 6 pts were lost for follow up (FUP; the 1 after Mo 3?, 5 after Mo 5–6 post-partum). Lactation immediately after birth was suppressed in 5 (15,6%)pts. 27 (84,4%)pts were breast-feeding their babies for the period from 2 weeks to 16 months (Me=2,5 [1;6] months). All relevant data on the study population during the FUP is summarized in the Table1.

During the whole FUP the DAS28^{CRP} score was higher among breast-feeding females, although the difference was statistically significant only during the first month post-partum (p=0,01). During the first month post-partum, as well as at Mo3 post-partum RA flares were registered only in nursing mothers, i.e. in 12 out of 27, and in 3 out of 19, respectively. The number of nursing mothers after 3d month was reduced to 8. RA flares in these breast-feeding women were more frequent, than in non-breast-feeders during 3 to 6 months period of the FUP: 6 vs 1 (RR=10,3, 95% CI=2,6;40,1; p=0,0002).Only after 6 mo postpartum the rate of RA flares among nursing mothers did not statistically significant exceed the rate among non-feeders (in 2 out of 5 vs 5 out of 21, p>0,05) (Fig.1).

Assessment of RA flares at all 121 points during 12 months post-partum FUP (59 points during lactation, 62 – after termination of lactation) demonstrate that RA flares were documented in 23 (39%) lactating women and in 6 (9,7%) non-lactating women. Therefore, the risk of RA flare in lactating women was 4-fold higher vs the risk in non-lactating women (RR=4; 95% CI=1,8;9,2; p=0,0002).

Increased RA exacerbation rates among nursing mothers is partially explained by postponement of active therapy. The majority of pts refused initiation of therapy for the sake of breastfeeding.

Approaches to breastfeeding practices in RA mothers should be individual. Nursing is acceptable during RA remission or low disease activity given the patient continues on the recommended drugs, compatible with breast-feeding.



Conclusions: Lactation and breastfeeding is associated with 4-fold higher risk of RA exacerbation as compared to non-breastfeeding population (RR=4; 95% CI=1,8;9,2; p=0,0002)

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SAT0103 NON-DIPPING STATUS IS ASSOCIATED WITH DIASTOLIC NOCTURNAL HYPERTENSION IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis is associated with increased cardiovascular risk. Nocturnal hypertension and non-dipping status are important determinants of cardiovascular mortality and morbidity. Little is known about their associations in patients with RA.

Objectives: The aim of the study was to assess the prevalence of nocturnal hypertension and its associations in patients with RA.

Methods: 62 patients with RA (EULAR 2010) without known cardio-vascular disease were examined (73% females, age 58,5±15,4 (M±SD) years, 13%

Abstract SAT0102 – Table 1. The mean DAS28^{CRP} scores in the groups

	III pregn trimester		1 month		3 month		6 month		12 month	
	n	DAS28^{CRP}	n	DAS28^{CRP}	n	DAS28^{CRP}	n	DAS28^{CRP}	n	DAS28^{CRP}
Nursing mothers	–	–	27	3,6±1,2*	19	3,4±1,2	8	3,7±1,1	5	3,2±1,5
Nonnursing mothers	32	3±1,2	5	3,1±1,4*	13	3,3±1,9	23	2,9±1,4	21	2,9±1,1

*p=0,01.