

Cassandra Michele Skinner-Taylor¹, and Dionicio Á. Galarza-Delgado¹. ¹*Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Monterrey, México.*

Objectives: Oral abnormalities are frequent in patients with rheumatic diseases and may indicate the presence of an immune disorder or be secondary to them, manifested as decreased salivary flow, dysbiosis and mucosal abnormalities. Information on the prevalence of oral abnormalities in other rheumatologic diseases and their impact on disease activity is still lacking.

To describe the oral-dental health habits of patients with rheumatologic diseases through the application of a short institutional questionnaire.

Methods: A cross-sectional and descriptive study was carried out. Patients with at least one rheumatologic diagnosis who were cared for at the rheumatology service of *Hospital Universitario "Dr. José Eleuterio González"* were included. A brief questionnaire was administered regarding the dental control performed by the patients. The questionnaire consists of 10 questions, where data on dental hygiene habits, use of alcohol and tobacco, if they know the implication of dental problems in their rheumatologic disease and if their rheumatologist has recommended a visit to the dentist are collected.

Results: A total of 350 patients were included, 326 (93.1%) were women. Diagnoses were rheumatoid arthritis in 196 (56%), Sjogren's syndrome in 59 (16.9%), systemic lupus erythematosus in 44 (12.6%), osteoarthritis in 16 (4.6%), scleroderma in 8 (2.3%), ankylosing spondylitis in 6 (1.7%) and others in 21 (6.1%) including anti-synthetase syndrome, dermatomyositis, vasculitis, psoriatic arthritis and antiphospholipid syndrome. Smoking was positive in 16 (4.6%) patients and alcoholism in 26 (7.4%). A total of 254 patients (72.5%) had a dental care service (13.4% in a public institution and 59.1% in private facilities), while 96 (27.4%) refused dental care. The mean time from the last dental appointment was 19.71 (± 42.05) months, the patients were seen 1.36 (± 3.19) times/year for dental consultation and brushed their teeth 2.3 (± 0.7) times/day. Moreover, 197 patients (56.3%) denied knowing that dental disease can affect their rheumatologic disease outcomes and 159 (45.4%) denied being referred to dentistry by their rheumatologist. However, 307 (87.7%) agreed to receive a dental check-up reference to the dental service.

Conclusion: More than one third of patients visits the dentist less than once a year and more than half are unaware of the implications of oro-dental disorders in their rheumatologic disease. Patient education on oral health could change their perspective and have a positive impact on preventing the development of oral and systemic complications.

Disclosure of Interest: None declared

Keywords: Dental habits, Oral health, Rheumatic diseases

PANLAR2023-1415

FACTORS ASSOCIATED WITH MANIFESTATIONS OF THE PERIPHERAL NERVOUS SYSTEM IN PATIENTS WITH SJOGREN'S SYNDROME

Daniel-Efrén Rodríguez-Ariza*¹, and on behalf of Autoimmunity research group Artmedica-CES University; Maria-Virginia García¹; on behalf of Autoimmunity research group Artmedica-CES University; Angélica Ortiz-Pardey¹; Manuela Vallejo¹; Luis Suarez¹; Dania Torres-Cuervo¹; Alejandro Múnera Peña¹; Esteban Arias Cadavid¹; Juan-Camilo Puentes¹. ¹*Artmedica, Medellín, Colombia.*

Objectives: Sjogren syndrome (SS) is a chronic autoimmune disease primarily characterized by chronic inflammation of exocrine glands. SS can be accompanied by peripheral nervous system manifestations (PNS). In Colombia there are few descriptive studies on the extraglandular manifestations of SS

Methods: An observational cross-sectional study was conducted that included 290 SS patients treated at a rheumatology specialized institution between 2010 and 2022. The diagnosis of SS was based on the 2016 ACR/EULAR classification criteria. A univariate analysis was performed to describe the sociodemographic, immunological, clinical, and therapeutic characteristics of the population. Bivariate analysis was performed using Chi-square and Fisher's exact test for nominal variables, Mann Whitney U test for quantitative variables to compare the presence or absence of PNS manifestations. A multivariate analysis was performed using binary logistic regression with variables with a value of $p < 0.2$ in the bivariate analysis. The epidemiological characteristics were obtained from the review of the medical records.

Results: 288 patients were included, of whom 95.8% were women; with a median age at diagnosis of 55.3 years (IQR = 15.5), 94.8% with primary SS. 9 (3.1%) patients with PNS manifestations; 5 sensorimotor polyneuropathy, 2 distal axonal sensory polyneuropathy, and 2 chronic inflammatory

demyelinating polyneuropathies. The factors associated with the presence of PNS manifestations are described in Table 1. When performing the multivariate analysis, it was documented that the C4 complement was low (adjusted OR 29.9; 95% confidence interval [CI], 5.8 to 154.1 $p < 0.001$) is associated with manifestations of the SNP

Conclusion: The prevalence of PNS manifestations is similar to that reported in other populations; we found that low C4 complement was associated with the presence of PNS manifestations, which supports the inflammatory origin of these manifestations as reported in the literature.

Disclosure of Interest: None declared

Keywords: Clinical activity, Peripheral nervous system, Sjogren's syndrome

TABLE 1. Factors associated with the presence of PNS manifestations of patients with Sjogren's syndrome.

| PNS Manifestations | Absent (n:279) | | Present (n:9) | | p value |
|--------------------------------|----------------|--------|---------------|--------|---------|
| | n; Median | %, IQR | n; Median | %, IQR | |
| Female sex | 270 | 96.4 | 7 | 87.5 | 0,194 |
| Skin manifestations | 7 | 2.5 | 2 | 22.2 | 0,001+ |
| Low complement C3 | 9 | 3.8 | 2 | 22.2 | 0,054+ |
| Low complement C4 | 11 | 4.6 | 4 | 44.4 | 0,001 |
| Corticosteroid therapy | 96 | 34.2 | 7 | 77.8 | 0,011 |
| Non-biological immunomodulator | 132 | 47.0 | 8 | 88.9 | 0,016 |
| Lymphocyte count | 1860 | 822 | 1190 | 760 | 0,014 |

PNS: peripheral nervous system
+Analyzed by Fisher's Exact Test

PANLAR2023-1087

FREQUENCY AND PREVALENCE OF RHEUMATIC DISEASES IN A SPECIALIZED RHEUMATOLOGY CARE CLINIC

Diana Páez*¹, Nilmo Chávez¹, Estuardo Anzueto¹, Silvia Rivera¹, Gilbert Martínez¹, Valeria Rodríguez¹, William Recinos¹, Alejandra Felipe¹, and Luis Gómez¹. ¹*Rheumatology, Instituto Guatemalteco de Seguridad Social, Guatemala, Guatemala.*

Objectives: Describe the frequency and prevalence of rheumatic diseases in a single referral center.

Methods: Cross-sectional, historical study, of patients evaluated in the rheumatology outpatient clinic in the Guatemalan Social Security Institute during the period from January 1, 2010, to July 31, 2022.

Results: A total of 56,800 consultations were performed, of which 2% were first visits, 48% follow-up visits, and 1.36% were consultations. The diagnosis with the highest percentage and prevalence was rheumatoid arthritis (31.99%), followed by systemic lupus erythematosus (27.20%), osteoarthritis (8.41%) and inflammatory myopathies (5.19%) (Table 1). The percentage of diagnosis of rheumatic diseases increased over the years from 4% to 12% (Figure 1).

Conclusion: The data found suggest that the frequency and prevalence of rheumatological diseases behave in a similar way to data collected in other latitudes of the world; however, the frequency of rheumatoid arthritis was lower compared to that of other countries worldwide. This may be explained because our unit is specialized in treatment with Biological DMARDS. It is highlighted that the identification of rheumatic diseases is increasing over time.

Disclosure of Interest: None declared

Keywords: Diseases, Prevalence, Rheumatic

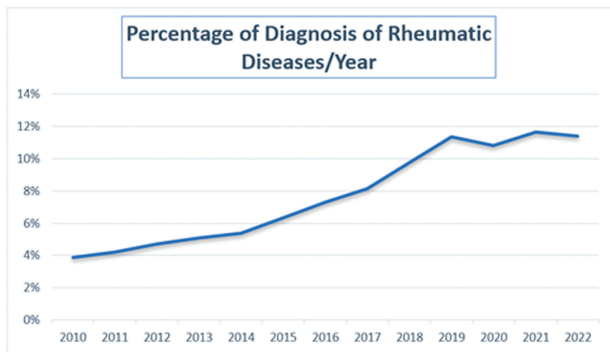
TABLE:

| Diagnosis | Total | Percentage | Prevalence/100 patients |
|------------------------------|-------|------------|-------------------------|
| Rheumatoid arthritis | 2943 | 31.99% | 5.18 |
| Systemic lupus erythematosus | 2502 | 27.20% | 4.40 |
| Osteoarthritis | 774 | 8.41% | 1.36 |
| Inflammatory myopathy | 477 | 5.19% | 0.84 |
| Spondylarthritis | 418 | 4.54% | 0.74 |
| Primary vasculitis | 409 | 4.45% | 0.72 |
| Osteoporosis | 343 | 3.73% | 0.60 |
| Systemic sclerosis | 258 | 2.80% | 0.45 |

Continued next page

TABLE: (Continued)

| | | | |
|--------------------------------|-------------|----------------|------|
| Antiphospholipid syndrome | 166 | 1.80% | 0.29 |
| Sjogren's syndrome | 151 | 1.64% | 0.27 |
| Psoriatic arthritis | 146 | 1.59% | 0.26 |
| Gout | 101 | 1.10% | 0.18 |
| Primary pulmonary hypertension | 54 | 0.59% | 0.10 |
| Interstitial lung disease | 48 | 0.52% | 0.08 |
| Juvenile idiopathic arthritis | 20 | 0.22% | 0.04 |
| Adult-onset Still's disease | 17 | 0.18% | 0.03 |
| Paget's disease | 13 | 0.14% | 0.02 |
| Reactive arthritis | 8 | 0.09% | 0.01 |
| Infectious arthritis | 3 | 0.03% | 0.01 |
| Relapsing polychondritis | 4 | 0.04% | 0.01 |
| Others | 344 | 3.74% | 0.61 |
| Total | 9199 | 100.00% | |



PANLAR2023-1379

CLUSTER ANALYSIS TO IDENTIFY PATIENT GROUPS AND ASSESS THE PRESENCE OF ADVERSE EVENTS. REAL WORLD EVIDENCE FROM THE BIOBADASAR 3.0 REGISTRY

Alejandro Brigante^{*1}, Karen Roberts¹, Carolina Isnardi¹, Maria Gimena Gomez¹, Maria J Haye Salinas¹, Mercedes A Garcia², and on behalf of BIOBADASAR 3.0; Carla Gobbi²; on behalf of BIOBADASAR 3.0; Gustavo C Casado²; on behalf of BIOBADASAR 3.0; Carola Soliz Cordero²; on behalf of BIOBADASAR 3.0; Joan Manuel Da Peña²; on behalf of BIOBADASAR 3.0; Gladys Bovea C²; on behalf of BIOBADASAR 3.0; Amelia Granel²; on behalf of BIOBADASAR 3.0; Anastasia Secco²; on behalf of BIOBADASAR 3.0; Osvaldo Kerzberg²; on behalf of BIOBADASAR 3.0; Silvia Papisidero²; on behalf of BIOBADASAR 3.0; Guillermo Berbotto²; on behalf of BIOBADASAR 3.0; Malena Viola²; on behalf of BIOBADASAR 3.0; Veronica Saurit²; on behalf of BIOBADASAR 3.0; Ingrid Petkovic²; on behalf of BIOBADASAR 3.0; Ana Bertoli²; on behalf of BIOBADASAR 3.0; Monica Diaz²; on behalf of BIOBADASAR 3.0; Erika Catay²; on behalf of BIOBADASAR 3.0; Bernardo Pons Estel²; on behalf of BIOBADASAR 3.0; Ida Elena Exeni²; on behalf of BIOBADASAR 3.0; Mercedes E De La Sota²; on behalf of BIOBADASAR 3.0; Maria Silvia Larroude²; on behalf of BIOBADASAR 3.0; Dora Pereira²; on behalf of BIOBADASAR 3.0; Gustavo Medina²; on behalf of BIOBADASAR 3.0; Cecilia Pisoni²; on behalf of BIOBADASAR 3.0; Monica Sacnun²; on behalf of BIOBADASAR 3.0; Edson Velozo²; on behalf of BIOBADASAR 3.0; Nora Aste²; on behalf of BIOBADASAR 3.0; Cecilia Castro²; on behalf of BIOBADASAR 3.0; Veronica Savio²; on behalf of BIOBADASAR 3.0; Maria Julieta Gamba²; on behalf of BIOBADASAR 3.0; Gustavo Citera²; on behalf of BIOBADASAR 3.0; Cesar Graf²; on behalf of BIOBADASAR 3.0; Enrique Soriano²; on behalf of BIOBADASAR 3.0; Guillermo Pons Estel¹; on behalf of BIOBADASAR 3.0; Maria De La Vega³; on behalf of BIOBADASAR 3.0. ¹Research Unit of the Argentine Society of Rheumatology - UNISAR, ²Argentine Society of Rheumatology, Ciudad Autónoma de Buenos Aires, Argentina, ³President, Argentine Society of Rheumatology, Ciudad Autónoma de Buenos Aires, Argentina.

Objectives: Through cluster analysis, this study aimed at identifying different clinical phenotypes related to adverse events in patients treated with biological drugs.

Methods: Historical, multicenter study of patients with rheumatic diseases treated with original biological drugs, biosimilars, or original and generic targeted therapies in Argentina, follow-up from August 2010 to July 2021. Demographic and clinical data, time of treatment initiation and completion, data on disease activity, and on AEs were collected.

Patients were unbiasedly matched based on their clinical and phenotypic profiles using a k-means pooling method. The initiation of biological disease-modifying antirheumatic drugs (b-DMARD) was evaluated in the different groups to investigate each group's clinical course and differential characteristics.

Results: A total of 5676 patients were analyzed. Three different clusters were obtained. Image 1: Cluster Graph by K-Means

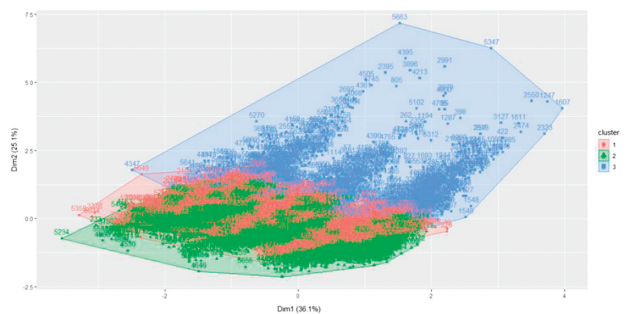
Cluster 1: 1041 patients. Disease duration was 30.5 years (Q1 25.8; Q3 35.6) longer than for the other clusters; there was also a longer delay in starting treatment: 18.3 years (Q1 14.4; Q3 24) $p < 0.0001$.

Cluster 2: 2136 patients. We observed a higher frequency of patients with systemic lupus erythematosus: 156 (7.3%) $p < 0.0001$ and a lower frequency of AEs 190 (8.9%) $p < 0.0001$

Cluster 3: 2499 patients. We observed an older mean age than in the other two clusters, 57.3 (SD 8.3) $p < 0.001$.

The use of systemic corticosteroids was evenly distributed among the 3 clusters. **Conclusion:** The unsupervised grouping of patients from the BIOBADASAR registry demonstrated the existence of clusters based on clinical and demographic characteristics. Identifying high-risk patients through a combination of these parameters may be helpful for the early identification of risk factors and their association with adverse events.

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