## DISEASES AMONG PATIENTS WITH RHEUMATOID ARTHRITIS AND ITS ASSOCIATION WITH CLINICAL DECOMPENSATION

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### BACKGROUND

Rheumatoid arthritis (RA) is a chronic, autoimmune inflammatory disease that affects synovial joints and evolves with functional disability. Patients with RA often have comorbidities that may influence the clinical course of the disease. The objective of this study was to evaluate the association between comorbidities and the RA activity profile among outpatients in a public university hospital.

### MATERIALS AND METHODS

A cross-sectional study with patients with RA defined by the American College of Rheumatology (ACR 1987) and ACR / European League Against Rheumatism (ACR / EULAR 2010) criteria. Demographic data, diseases and health problems were collected, on life habits and RA profile of a representative sample of the patients seen at the outpatient clinic. A descriptive analysis of these data and univariate and multivariate analyzes were performed to evaluate factors associated with the DAS28 (combined disease activity score 28), in a "moderate or high" activity profile.

### RESULTS

Two hundred and one patients were included, 172 (85.6%) were female, and the mean age was 60.3 ± 11.5. Seven patients (3.5%) were obese and 17 (8.5%) were smokers. A mean functional comorbidity index (FCI) of 2.3 ± 1.19 was identified in the sample and a mean of 4.2 ± 2.2 diseases per patient. Age greater than or equal to 60 years (OR = 0.40, 95% CI 0.21-0.74) and diabetes mellitus (OR = 2.96, 95% CI 1.30-6.74) were significantly associated statistically significant with the identification of moderate or high DAS28. Other comorbidities such as hypertension, dyslipidemia, osteoporosis, pulmonary disease, mood disorders and anxiety had no statistically significant association with disease activity.

### CONCLUSION

The presence of comorbidities was frequent among patients with RA. In addition, age equal to or greater than 60 years was negatively associated, and a diagnosis of DM positively associated with the identification of moderate to high disease activity according to DAS28, reinforcing the need for DM monitoring among RA patients, patients who are not usually the focus of greater caution on the part of health professionals.