

Camille Bourgeois¹², Olivier Fogel¹³, Maxime Dougados³, Anna Moltó¹³

¹Cochin Hospital, AP-HP, Rheumatology, Paris, France ²Hospital General Universitario Gregorio Marañón, Rheumatology, Madrid, Spain ³INSERM U-1153, Université Paris Cité, Paris, France

BACKGROUND

▪Systematic screening for **comorbidities** in patients with chronic inflammatory diseases such as Rheumatoid Arthritis (RA) and Spondylarthritis (SpA) is recommended (1). However, implementation in **clinical practice** of such screening is often challenging.

OBJECTIVE

•The aim of this study is to describe the **systematic comorbidities screening program** for patients with RA and SpA, implemented in routine clinical practice in our tertiary care rheumatology department and the actions derived from such program.

METHODS

- From June 2017 to November 2024
- Eligibility: RA or SpA diagnosis (preferably with a stable disease)
- It includes: comorbidities screening, patient’s education on the disease and its treatments, treatment adherence, self-assessment and self-management.
- Areas: cardiovascular (CV) disease, osteoporosis, cancer and infection (i.e. vaccination status), and whether patients were managed (or not) according to the recommendations of the French Society of Rheumatology.
- Process: patient’s self-questionnaire and a one-to-one interview with a nurse or a medical assistant, and a final conclusion by the senior rheumatologist
- Specific recommendation was given to the patients (e.g. vaccines prescription or cardiology referrals). The screening of comorbidities was performed both by

RESULTS

Patient Demographics and Disease Characteristics	
Population: 436 patients (RA: 173; SpA: 263)	Age: SpA 48.5 (13.4) years ; RA 55.2 (15.3) years
Sex: 59.6% of women (RA: 85.5%; SpA: 42.6%)	Disease activity: ASDAS of 1.83 (1.01) and DAS28 of 2.72 (1.27)
Overall mean disease duration: 17.1 (SD = 13.0) years.	Treatment: 275 (63.1%) on biologics

Cardiovascular Comorbidities		
	RA	SpA
History of major CV events (%)	6.9	3.8
≥ 1 Risk Factor (%)	69.9	75.3
Hypertension (%)	22.5	23.6
Type 2 diabetes (%)	8.7	3.0
Overweight (%)	33.5	45.6
Current smokers (%)	19.1	24.3
LDL ≥ 2.6 mmol/L (%)	50.3	54.4
Cardiology referrals (%)	18.5	11.4

Vaccination Status (%)	
Fully compliant with vaccine guidelines	5
Prescription of at least one vaccination	95
Cancer Screening (%)	
Skin cancer (last 12 months)	38.8
Fecal occult blood test (age >50)	46.4 (104/224)
Breast cancer (women)	82.5 (104/126)
Cervical cancer (women)	79.2 (206/260)
Bone health (%)	
Vitamin D insufficiency	64.7
Osteoporosis diagnosed by DXA	11.2

CONCLUSIONS

- Our study highlights **the importance of implementing systematic screening for comorbidities programs**, as agreement to recommendations was found to be far from optimal.
- The participation in such a program led to several **actions** to improve such agreement.
- Furthermore, our study shows that implementation of such systematic screening in clinical practice is **feasible**