NUTRITION IN RHEUMATOID ARTHRITIS: A CROSS SECTIONAL STUDY IN 71 FEMALES

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BACKGROUND

In rheumatoid arthritis (RA) patient's survival may be decreased due to lung impairment, infections, and cardiovascular diseases associated with accelerated atherosclerosis. Nutrition is also impacted in these individuals and may further aggravate the disease's morbidity and mortality. Cachexia in RA is different from classic cachexia due to inadequate dietary consumption and associated with weight loss. In RA, the muscle loss is compensated by an increase in body fat, so the body mass index (BMI) remains unaltered or even higher than previously and it is called obese cachexia. The aim of this study was to study the nutritional profile in RA female patients and its association with disease activity, function, clinical and treatment parameters.

METHODS

Data on disease activity (SDAI and CDAI), function (HAQ), epidemiological, clinical and treatment were obtained from 71 females with RA. Mini-nutritional assessment (MNA) and electrical bioimpedance to study body composition were also obtained.

RESULTS

By the MNA, 24/71 (33.8%) patients were undernourished or at malnutrition risk. An impaired nutritional state associated with SDAI ($p = 0.02$), CDAI ($p = 0.02$) and HAQ ($p = 0.002$). No associations of MNA with medications, age and disease duration were found ($p = ns$). By bioimpedance, 98.5% of patients had the percentage of body fat above normal and 95.7% had lean mass under normal. Bioimpedance results did not associate with disease activity or HAQ but the percentage of body fat was lower in those using abatacept ($p = 0.01$).

CONCLUSION

Almost 1/3 of RA patients from this sample were undernourished or at risk for it, mainly those with high disease activity and low function. Body fat was above normal in almost the whole sample and associate negatively with abatacept use.

KEYWORDS

Rheumatoid arthritis, Nutrition, Inflammation.