

Lung involvement in rheumatoid arthritis: the portrait of a national cohort

Lung involvement is expected in 7-80% of RA patients and includes interstitial lung disease (ILD), airways disease, pleural disease and pulmonary nodules.

Most of the cohorts published in the literature are dedicated to RA-ILD and address its prevalence, risk factors, treatment and prognosis. Data on the remaining types of lung involvement are scarce, although they can have an important impact on patients' quality of life and survival.

Regarding treatment, advances have occurred mainly in ILD. As far as immunosuppressants are concerned, some encouraging results have emerged in relation to abatacept, although rituximab is to date the most used drug for the treatment of RA-ILD. More recently, antifibrotics (nintedanib and pirfenidone), which were initially approved for the treatment of idiopathic pulmonary fibrosis, have also been used with good results in patients with RA-ILD (19–21).

Lung disease remains an important cause of morbidity and mortality in RA patients, and raising awareness for this complication is crucial for a timely diagnosis and treatment. The aim of this study is to characterize the spectrum of lung involvement in a nationwide cohort of RA patients, highlighting different types of lung disease and the current standard of care in ILD treatment.

Data will be collected from Reuma.pt database. This registry is voluntary and in order to deal with possible reporting bias, the primary objective will focus on patients under biological therapy (bDMARD), whose registration is more consistently performed in clinical practice. As a second step, we intend to introduce in Reuma.pt a lung specific protocol that will allow a detailed assessment of lung involvement in RA.

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