- cyclic citrullinated peptide (CCP) antibodies. Demographics (age/gender) as well as duration of symptomatology prior to the initial consultation, and other related comorbidities (degenerative osteoarthritis, chondrocalcinosis and sicca symptomatology) were recorded.

Inflammatory markers and hematological parameters were routinely analyzed. Radiology was requested mainly in the cases where it was deemed necessary to diagnostically confirm the presence of osteoarthritis and/or chondrocalcinosis. When considered appropriate, quantitative and qualitative analysis of immunoglobulin fractions were requested. Autoantibody profiling was not routinely analyzed; specific autoantibody characterization was requested mainly in the cases of co-existing symptoms, e.g. sicca symptomatology or other autoimmune manifestations, or in the cases of persisting symptomatology in the absence of diagnostic radiological findings. Frequency and levels of positivity for autoantibodies were subsequently related to the presence of other autoimmune manifestations. Statistical analysis was performed using SPSS, version 19 (SPSS Inc., Chicago, IL, USA). Variables were described as mean values ± standard deviation and median (minimum-maximum values) according to distributions normality; t-student and Mann Whitney test were used to compare mean values of continuous variables and chi square for qualitative variables respectively.

Results

One hundred and twenty eight patients were included (103 female, 25 male). Mean age of the patients was 71.2 ± 5.2 years. The majority of the patients (73/128, 57%) presented to the clinic 1-6 months after the initiation of symptomatology. However, a significant proportion of the patients (55/128, 43%) presented >6 months after manifestation of the disease. The vast majority of the patients presented with polyarthritis (79.5%; 102/128); symptomatology spared the lower extremities more often than the upper ones (74.5% of the patients presented with lower extremity manifestations compared to 97% with symptoms affecting the upper extremities respectively). Oligoarthritis, presenting in 23/118 patients (19%), was not associated (p=0.67) with radiological evidence of chondrocalcinosis (detected in 13 patients, 10.1%). 54 patients (42.2%) had preexisting osteoarthritis. 33 patients (25.78%) reported sicca symptomatology, which was not however found to correlate significantly with the detection of antinuclear autoantibodies. At presentation, all patients fulfilled the ACR 2010 criteria for rheumatoid arthritis. Patients with oligoarthritis were either seropositive (RF and/or anti-CCP +; 16/23) or had typical RA-compatible radiological progression. No patient had a positive history for psoriasis. Mean disease activity score of 28 joints (DAS28) of the patients at presentation was 5.5 ± 0.99 (high disease activity). Clinical and laboratory parameters are summarized in Table 1. Eighteen out of 128 (14%) patients had systemic manifestations (fever, weight loss). Systemic manifestations were not related significantly to increased inflammatory markers [erythrocyte sedimentation rate (ESR): 56.7 ± 31.4 mm/ hr in those with, vs 45.5 ± 29.8 in those without systemic manifestations, p=0.192, and C-reactive protein (CRP): 34.6 (2.6-141) mg/l in those with, vs 8 (0.3-112) in those without systemic manifestations, p=0.094], and/ or with high titres of positive RF (p=0.512) and/ or anti-CCP autoantibodies (p=0.954). On the other hand, hematological abnormalities (anemia: Hb <11 g/dl, and/or thrombocytosis; PLTs >400 x10^3/μl) were found to significantly associate with high titres of positive RF (p=0.01) but not anti-CCP antibodies (p=0.102) (>5x above normal), as well as with increased inflammatory markers [ESR: 65.1 ± 28.6 in those with, vs 33.3 ± 21.1 in those without hematologic manifestations, p<0.001, and CRP: 20.5 mg/l (0.3-112) in those with, vs 3.8 (0.3-55) in those without hematologic manifestations, p=0.001].

Discussion

The female preponderance is established in rheumatoid arthritis, the gender ratio however is allegedly expected to tend to normalize in more advanced ages. Our study was not epidemiological; it was rather an analysis of a selected cohort of patients who presented to a specialized outpatients’ clinic with manifested symptoms. Even though it summarizes data derived from a small cohort study, this study provides interesting observations in a population not particularly appreciated in previous studies.

Epidemiological studies show an increased frequen-