

## Día 2 - Miscelánea

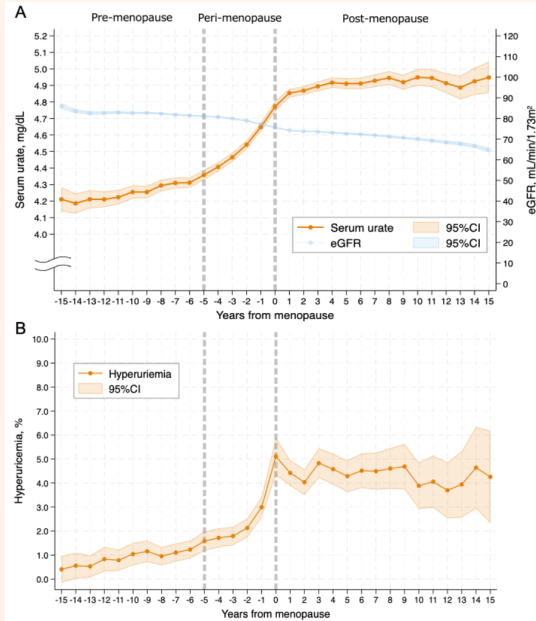
**Dr. Luis Coronel Tarancón**

Hospital Universitario Vall d'Hebrón, Barcelona



ABSTRACT NUMBER: 2660

## Understanding Gout in Women: Longitudinal Changes in Serum Urate Levels from Pre-menopause through Post-menopause



### Objetivo

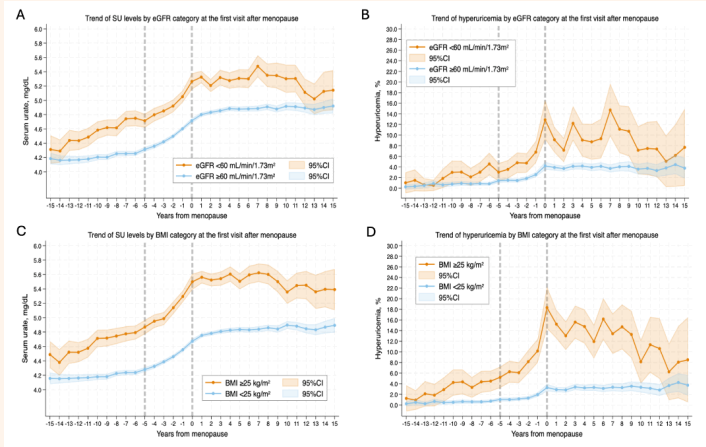
• Analizar cambios longitudinales del ácido úrico (SU) durante la transición menopáusica.

### Métodos

- 8.169 mujeres seguidas durante ~14 años.
- Premenopausia, Perimenopausia, Postmenopausia

### Resultados principales

- Aumento progresivo de SU
- Ascenso acelerado en la perimenopausia.
- Niveles elevados mantenidos tras la menopausia.
- +0,41 mg/dL de SU en postmenopausia vs. premenopausia.
- Hiperuricemia casi inexistente antes de la menopausia → 4–5% después.



## Factores de riesgo

- Mayor aumento de SU en:
  - **IMC  $\geq 25$  (sobrepeso/obesidad).**
  - **eGFR  $< 60\text{ mL/min/1,73 m}^2$  (función renal reducida).**
- **Hasta 18%** de hiperuricemia en mujeres de riesgo al llegar a la menopausia.

## Conclusión

- **La perimenopausia es un punto crítico** para el aumento del ácido úrico y riesgo de **gota**.
- **Controlar peso y función renal antes de la menopausia puede prevenir hiperuricemia y gota** en mujeres.

# ABSTRACT NUMBER: 1032

## Exploring the role of the gut microbiome in gout: Prospective analysis of dietary fiber intake and the risk of gout

|                              | Quintiles of Dietary Fiber Intake |                   |                   |                   |                   | P for trend |
|------------------------------|-----------------------------------|-------------------|-------------------|-------------------|-------------------|-------------|
|                              | Quintile 1                        | Quintile 2        | Quintile 3        | Quintile 4        | Quintile 5        |             |
| <b>Total fiber</b>           |                                   |                   |                   |                   |                   |             |
| Median intake (g/day)        | 12.6                              | 15.4              | 17.4              | 19.7              | 23.7              | --          |
| No. of gout cases            | 251                               | 251               | 230               | 225               | 160               | --          |
| Person-years                 | 442,803                           | 443,550           | 444,489           | 442,980           | 444,705           | --          |
| Age-adjusted model           | 1.0 (Reference)                   | 0.95 (0.79, 1.13) | 0.83 (0.70, 1.00) | 0.78 (0.66, 0.94) | 0.53 (0.43, 0.65) | <0.001      |
| Multivariable-adjusted model | 1.0 (Reference)                   | 1.00 (0.83, 1.20) | 0.91 (0.75, 1.10) | 0.91 (0.75, 1.11) | 0.69 (0.56, 0.87) | 0.001       |
| <b>Cereal fiber</b>          |                                   |                   |                   |                   |                   |             |
| Median intake (g/day)        | 2.7                               | 3.8               | 4.7               | 5.7               | 7.6               | --          |
| No. of gout cases            | 318                               | 244               | 228               | 179               | 148               | --          |
| Person-years                 | 444,526                           | 439,570           | 444,511           | 445,688           | 444,232           | --          |
| Age-adjusted model           | 1.0 (Reference)                   | 0.77 (0.65, 0.91) | 0.71 (0.60, 0.84) | 0.53 (0.44, 0.64) | 0.42 (0.35, 0.52) | <0.001      |
| Multivariable-adjusted model | 1.0 (Reference)                   | 0.81 (0.68, 0.96) | 0.80 (0.67, 0.95) | 0.65 (0.54, 0.79) | 0.61 (0.50, 0.76) | <0.001      |
| <b>Fruit fiber</b>           |                                   |                   |                   |                   |                   |             |
| Median intake (g/day)        | 1.6                               | 2.7               | 3.7               | 4.8               | 6.7               | --          |
| No. of gout cases            | 237                               | 240               | 268               | 189               | 183               | --          |
| Person-years                 | 442,468                           | 444,749           | 444,283           | 442,251           | 444,775           | --          |
| Age-adjusted model           | 1.0 (Reference)                   | 0.96 (0.80, 1.14) | 1.04 (0.87, 1.24) | 0.69 (0.57, 0.84) | 0.64 (0.53, 0.78) | <0.001      |
| Multivariable-adjusted model | 1.0 (Reference)                   | 1.02 (0.84, 1.22) | 1.15 (0.95, 1.38) | 0.82 (0.67, 1.00) | 0.81 (0.65, 1.00) | 0.009       |
| <b>Vegetable fiber</b>       |                                   |                   |                   |                   |                   |             |
| Median intake (g/day)        | 3.8                               | 5.0               | 6.0               | 7.1               | 9.2               | --          |
| No. of gout cases            | 199                               | 207               | 248               | 229               | 234               | --          |
| Person-years                 | 441,676                           | 443,939           | 445,021           | 444,120           | 443,770           | --          |
| Age-adjusted model           | 1.0 (Reference)                   | 1.02 (0.84, 1.24) | 1.19 (0.98, 1.43) | 1.09 (0.90, 1.31) | 1.09 (0.90, 1.32) | 0.38        |
| Multivariable-adjusted model | 1.0 (Reference)                   | 0.98 (0.80, 1.19) | 1.14 (0.94, 1.39) | 1.04 (0.85, 1.27) | 1.06 (0.87, 1.30) | 0.53        |
| <b>Legume fiber</b>          |                                   |                   |                   |                   |                   |             |
| Median intake (g/day)        | 0.3                               | 0.6               | 0.8               | 1.1               | 1.8               | --          |
| No. of gout cases            | 252                               | 247               | 251               | 218               | 189               | --          |
| Person-years                 | 442,640                           | 449,383           | 441,574           | 439,930           | 445,001           | --          |
| Age-adjusted model           | 1.0 (Reference)                   | 1.03 (0.86, 1.23) | 0.96 (0.80, 1.15) | 0.89 (0.74, 1.07) | 0.76 (0.62, 0.92) | <0.001      |
| Multivariable-adjusted model | 1.0 (Reference)                   | 1.03 (0.86, 1.23) | 0.99 (0.82, 1.19) | 0.95 (0.79, 1.15) | 0.87 (0.72, 1.06) | 0.12        |

All models were stratified by age and calendar time. All multivariable models were adjusted for energy intake, body mass index, hypertension status, diuretic use, physical activity, alcohol intake, postmenopausal status, postmenopausal hormone use, dairy intake, meat intake, and fish intake.

### Objetivo

• Evaluar si la **fibra dietética** reduce el riesgo de **gota en mujeres**.

### Métodos

• **80.175 mujeres**, seguimiento **34 años**.

• Análisis de **fibra total** y por grupos (Cereales, Frutas, Verduras, Legumbres)

• **1.117 casos** de gota incidentes.

### Resultados

• **Más fibra = menos riesgo de gota** (-31%, HR 0,69).

• **Fibra de cereales:** mayor protección (-39%, HR 0,61).

• **Fibra de frutas:** moderada protección (HR 0,81).

• **Verduras/legumbres:** **sin efecto claro**.

### Conclusión

• **La fibra, especialmente de cereales y frutas, protege frente a la gota.**

• Probable efecto mediado por **microbioma intestinal + menor inflamación**.

• **Recomendación práctica:** aumentar fibra → estrategia preventiva sencilla.

ABSTRACT NUMBER: 2592

# Romozosumab and Denosumab Combination Therapy in Postmenopausal Osteoporosis

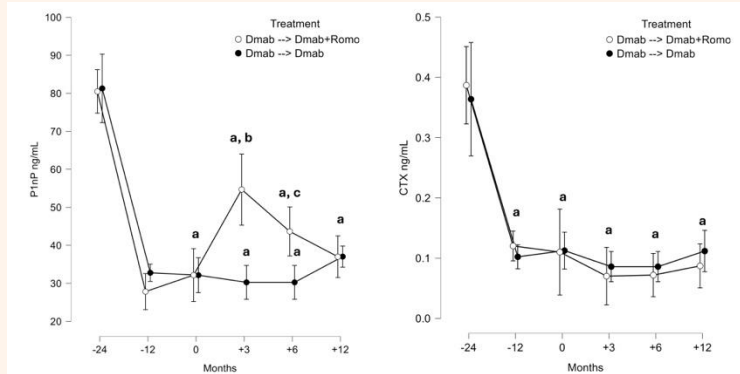


Figura 1. P1NP y CTX.

## Objetivo

• Evaluar si **añadir romozosumab (Romo) a denosumab (Dmab)** mejora resultados óseos y evita **rebote** en osteoporosis postmenopáusica.

## Métodos

- Estudio prospectivo 36 meses
- 50 mujeres postmenopáusicas
- 2 grupos:
  - Dmab → Dmab + Romo (12 meses)
  - Dmab continuo (control)
- Evaluación: DMO (DEXA) y marcadores óseos (CTX, P1NP)

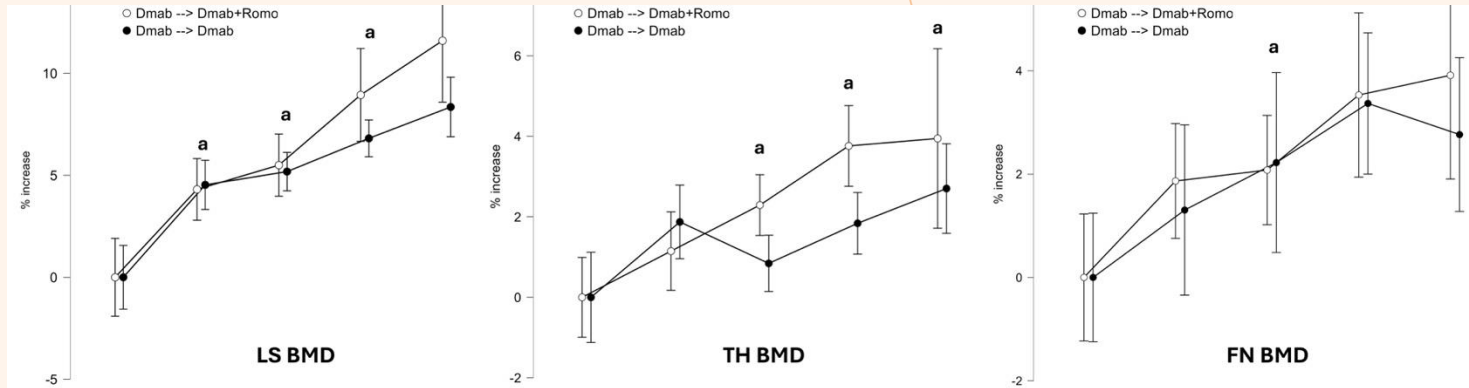
## Resultados

- ↑ **mayor DMO lumbar** con **Dmab + Romo** vs. Dmab solo
- ↑ **P1NP** significativo con Romo (mes 0 y 3)
- Remodelado óseo **activo y sostenido**

## Conclusión

- **Romo conserva su efecto anabólico pese a Dmab previo**
- **Combinación Dmab + Romo = opción útil en pacientes con fracturas bajo Dmab**
- Posible estrategia para **evitar rebote al cambiar tratamiento**

Figure 2. Densidad mineral ósea.



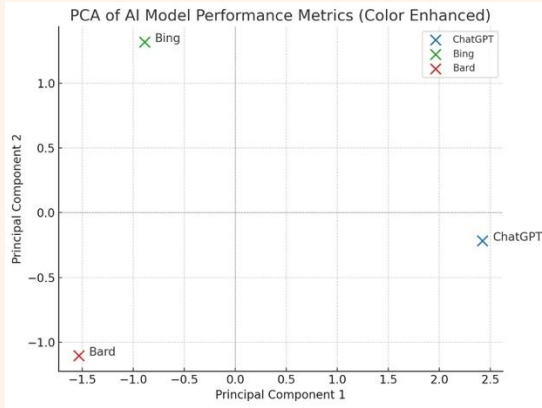
ABSTRACT NUMBER: 0177

Artificial intelligence in adult and paediatric rheumatology practice and research: pilot results from an international survey

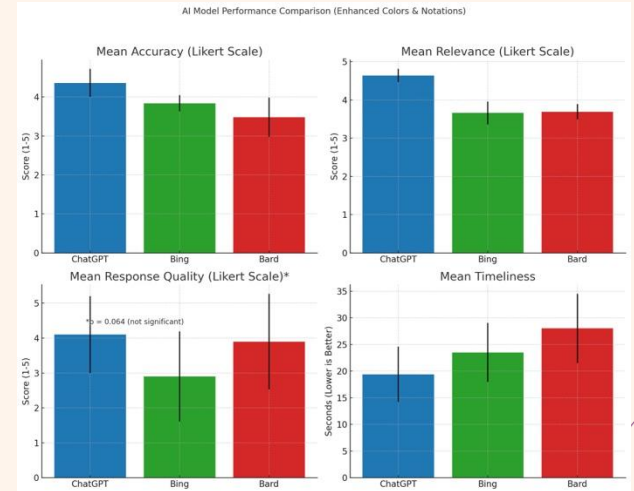


# ABSTRACT NUMBER: 1914

## Performance Comparison of Artificial Intelligence tools ChatGPT, Bing AI, and Google Bard for Clinical Rheumatology Decision Support: When AI Talks Rheumatology



| Metric           | ChatGPT (Mean ± SD) | Bing (Mean ± SD) | Bard (Mean ± SD) | ANOVA <i>p</i> -value    |
|------------------|---------------------|------------------|------------------|--------------------------|
| Accuracy         | 4.36 ± 0.36         | 3.84 ± 0.21      | 3.48 ± 0.50      | 0.000076                 |
| Relevance        | 4.64 ± 0.17         | 3.66 ± 0.30      | 3.69 ± 0.20      | 1.32 × 10 <sup>-7</sup>  |
| Response Quality | 4.10 ± 1.10         | 2.90 ± 1.29      | 3.90 ± 1.37      | 0.064                    |
| Timeliness (s)   | 19.4 ± 5.19         | 23.5 ± 5.54      | 28.0 ± 6.50      | 1.09 × 10 <sup>-13</sup> |



Comparación del rendimiento de modelos de IA en preguntas clínicas de reumatología utilizando métricas de escala Likert.

Likert scale metrics are scored on a 1–5 scale

Diferentes modelos en relación con precisión, relevancia, calidad de la respuesta y tiempos