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Presentation Of Rheumatoid Arthritis In Elderly Patients: How Is It Different From The Usual Presentation?

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INTRODUCTION

Rheumatoid arthritis (RA) is a chronic inflammatory rheumatic disease that primarily affects premenopausal women. While its onset typically occurs around the age of 50, RA can present at any age, including juvenile forms before the age of 16 years and late-onset forms after the age of 60 years. The objective of our study is to describe the epidemiological, clinical and paraclinical characteristics of late-onset rheumatoid arthritis (LORA).

PATIENTS AND METHODS

We conducted a retrospective comparative study involving patients diagnosed with RA according to the 2010 American College of Rheumatology (ACR)/European League Against Rheumatism (EULAR) classification criteria. Patients were divided into two groups: Group 1 included those with late-onset RA (≥60 years), and Group 2 included those with early-onset RA (<60 years). Demographic, clinical, biological, and radiological data were collected and analyzed using SPSS version 26.

RESULTS

Our study included 200 patients with RA, with a mean age of 47.87 ± 11.99 years and a predominance of females (87%). Late-onset RA was observed in 24.5% of patients.

Cardiovascular risk factors were significantly more prevalent in the late-onset group (73.8% vs. 38.2%; p = 0.00; r = 0.32). Osteoporosis was more frequent in the late-onset group (60.9% vs. 29%; p = 0.00; r = 0.28). Pulmonary involvement was also more common in the late-onset group (81.1% vs. 53.1%; p = 0.039; r = 0.17).

The mean C-reactive protein (CRP) level was significantly higher in the late-onset RA group (56.07 mg/L vs. 26.83 mg/L; p = 0.022; r = 0.16).

No significant differences were found between the two groups regarding disease activity, seropositivity for rheumatoid factor and anti-citrullinated protein antibodies (ACPA), or the presence of joint deformities and structural damage.

Table: Comparison of demographic, clinical, and serological data between two patient groups: Late-onset RA (≥ 60 years) and Early-onset RA (< 60 years)

Variable	Group 1: Late-onset RA (≥ 60 years)	Group 2: Early-onset RA (< 60 years)	p-value
Female (%) Male (%)	77.6 22.4	89.3 10.7	0.05
Cardiovascular risk factors (%)	73.8	38.2	0.00
Comorbidities (%)	28.5	71.4	0.25
Osteoporosis (%)	60.9	29	0.00
Pulmonary involvement (%)	81.1	53.1	0.39
CRP (mean in mg/dl)	56.07	26.83	0.02
ESR (mean in mm/h)	50.92	42.47	0.14
DAS28 CRP (mean)	4.95	5.33	0.9
Rheumatoid factor positivity (%)	62.1	52.2	0.5
ACPA positivity (%)	69	70.2	0.7
Presence of deformities (%)	75	59.7	0.08
Structural damage (%)	85.7	84.7	0.9

CONCLUSION

Late-onset RA is associated with a higher prevalence of cardiovascular risk factors, a more pronounced inflammatory response, and a greater frequency of osteoporosis compared to early-onset RA.