Results: Of all 155 returned questionnaires (return rate 98%), 143 were evaluable. Patient mean age ±SD was 60.5±11.7 years, 64% female gender, mean age at RA-manifestation was 45.5±15.1 years. Medium monthly EDI of RA-patients (113,3 IQR 835-1350) was 86% of the median EDI in the region (1323€) and 80% of the median EDI in Germany (1413€). The at-risk-of-poverty-rate (RPR) was significantly higher compared to the population in Region Brandenburg (22% vs. 14% OR 1.83 p<0.001). Comparing subgroups with different educational level, we found for RA-patients with an university degree and resulting medium EDI (1333 IQR 967-1667 vs. 1000 IQR 735-1333€) an 10 years retarred disease manifestation (mean 55.3±10.6 vs. 43.2±15.5 years, p<0.001), less functional limitations (mean FFbH 79.0±15.5 years, p=0.001), and a lower rate of early retirement (9.7% vs. 30.4%, p<0.001) than for patients with lower educational level. Trends with statistically significant results were found for lower numbers of active smokers (19% vs. 28%) and higher rates of early treatment within 6 months after disease onset (48 vs. 37%) in the group with university degree. However, there were no significantly different findings in mean age or gender distribution. The proportion of patients with biologicDMARDs was even higher in the group with lower educational level (53 vs. 35%, p=0.01), reflecting the more severe disease.

Conclusion: Our data support the notion that poverty is not only result of disabling RA and its disease-related expenses but that educational level and income themselves may influence disease course of RA thus resulting in a vicious circle. The factors contributing to less severe disease and later manifestation in individuals with higher educational levels are mostly unclear and need more elucidation.

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