Table 1. LTBI screening results and TB occurrence in the 653 TNFi-treated patients (Pearson χ^2 test)

	TST (n=324)	QFT (n=329)	All (n=653)	p value
Positive immuno-diagnostic test at baseline	52 (16.0%)	63 (19.1%)	115 (17.6%)	<0.001*
Active TB	17 (5.2%)	7 (2.1%)	24 (3.7%)	0.185*
Reactivation TB	4 (1.2%)	2 (0.6%)	6 (0.9%)	**
New infection TB	13 (4.0%)	5 (1.5%)	18 (2.8%)	0.052*
Total TB incidence (per 10^5 PY)	848.9	672.3	788.5	–
Maximal period of TNFi exposure in group	2002–2016	2011–2016	2002–2016	–
Mean TB incidence in Romania in the respective time period (per 10^5 PY)	102.3	76.7	102.3	–
TB incidence patients/general population	8.3	8.8	7.7	0.88†

*Pearson χ^2 test comparing TST and QFT. **Reactivation TB cases were too few to perform statistical testing. †Pearson χ^2 test comparing total TB incidence in the TST and QFT groups to the average TB incidence in our region in the respective period of exposure.

had pulmonary TB, whereas the rest were disseminated TB (8 cases), TB pleurisy and/or pericarditis (4 cases), one mediastinal lymph node TB and one isolated hepatic TB. Using Pearson chi-square test, we found no significant differences between LTBI group and active TB (Table 1).

Conclusions: In our cohort, new infection TB exceeds reactivation TB, suggesting the necessity of periodical LTBI re-screening.

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SAT0682 PREVALENCE OF SARCOPENIA IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASES

A. Tournadre[1,2], P. Jaffeux[3], T. Frayssac[1], A. Fan[1], M. Couderc[1], J.J. Dubost[1], S. Malochet-Guinamand[1], S. Mathieu[1], Z. Tatar[1], J.C. Jourdy[3], M. Soubrier[1,2]. *[1]Rheumatology, CHU Clermont Ferrand; [2]UNH, University Clermont Auvergne INRA; [3]Medical Information, CHU Clermont Ferrand, Clermont Ferrand, France*

Background: Evaluation of sarcopenia is of major relevance because of these clinical repercussions on morbidity and mortality. Although the definition should include both low muscle mass and function, a combination of the 2 criteria was not reported in inflammatory rheumatic diseases (IRDs).

Objectives: To determine in a cohort of IRDs the prevalence of sarcopenia using established combined criteria (EWGSOP) (1).

Methods: Sarcopenia defined as both low muscle mass (skeletal muscle index (SMI) <7.26 kg/m^2 for men; <5.45 kg/m^2 for women) and impaired muscular function (handgrip strength or gait speed) (1) was assessed in active rheumatoid arthritis (RA), spondyloarthritis (SpA) and psoriatic arthritis (PsoA) patients before initiating first biologic. Body composition (DXA) and related factors were compared using univariate, multivariate and correlation analysis.

Results: 148 patients were included (Table). Sarcopenia with decrease in muscle mass and function was observed in 5 RA (7.8%), one SpA (1.7%) and one PsoA (9.1%). Sarcopenia in terms of reduced SMI only (1) was not more frequent occuring in 5 RA (7.8%), 3 SpA (5.1%) and one PsoA (9.1%). Grip strength was decreased in RA as well as muscle mass compared to SpA and PsoA but the difference was no longer significant when adjusted on age, sex, disease duration (Table). Only fat distribution differed with a trunk/peripheral fat ratio higher in PsoA. In RA, lean mass was negatively correlated with disease duration and sedentary time. In SpA and PsoA, fat mass was correlated with age, disease activity, HAQ. HAQ and CRP level negatively correlated with lean mass. No association between treatments and body composition was observed.

Table 1. Characteristics and body composition of patients with RA, SpA, PsoA [mean±SD; n (%)]

	RA (n=74)	SPA (n=63)	PsoA (n=11)	p/p*
Age, years	59.5±11.7	44.1±12.0	54.6±11.0	<0.0001
Women	54 (73)	27 (43)	6 (55)	0.001
Disease duration, years	9±15.9	6.4±9.4	5.5±6.8	0.4
Body Mass Index	25.8±6.3	26.6±5.8	28.7±5.1	0.3
DAS28	4.37±1.08	2.78±0.91	3.63±1.06	<0.0001
BASDAI		50.8±17.2	49.6±17.7	0.8
HAQ	0.9±0.6	0.7±0.5	1.0±0.7	0.09
CRP, mg/l	16.4±21.3	11.9±14.3	10.7±13.6	0.3
MTX	54 (73.0)	6 (9.5)	6 (54.6)	<0.0001
Steroids	41 (55.4)	1 (1.6)	1 (9.1)	<0.0001
NSAIDs	18 (24.3)	38 (60.3)	7 (63.6)	<0.0001
Total lean mass, kg	46.7±10.8	53.3±11.1	51.1±9.8	**0.004**/0.6
SMI, Kg/m^2	7.2±1.4	8.1±1.6	8.0±1.7	**0.009**/0.5
Total fat mass, kg	21.9±8.1	21.8±10.3	25.5±10.7	0.5/0.1
Fat mass index (FMI), kg/m^2	8.2±3.2	7.8±4.2	9.6±4.3	0.3/0.05
Overfat (Body fat percentage >27% for men and 38% for women)	18 (28)	18 (30.5)	4 (36)	0.8
Trunk/peripheral fat ratio	0.97±0.30	0.99±0.33	1.23±0.26	**0.04**/**0.02**

*Adjusted for age, sex, disease duration.

Conclusions: Sarcopenia with combined criteria (muscle mass and function) occurred in 7.8% of RA corresponding to the values of the general population aged over 70 years-old (2). Reduced muscle mass only was not highly prevalent and lower than that reported in elderly suggesting important cofactors such as functional limitations or muscle quality in sarcopenia associated with rheumatic diseases.

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SAT0683 PREVALENCE OF OSTEOPOROSIS IN ALBANIAN POSTMENOPAUSE WOMEN AND THE ROLE OF RISK FACTORS IN OSTEOPOROSIS

A. Kollcaku, J. Kollcaku, V. Duraj. *Rheumatology, University Hospital Center "Nene Tereza", Tirana, Albania*

Background: Menopause is the time in woman's life when production of sex hormones ceases. Sex hormones deficiency leads to increasing bone fragility and, thus, fracture risk. Bone turnover and bone mass could be affected by too many other risk factors. Osteoporosis threatens the health and quality of life of women with postmenopausal osteoporosis.

Objectives: The aims of this study were to assess the prevalence of osteoporosis in Albanian postmenopause women and the role of risk factors in osteoporosis.

Methods: A cross-sectional study was conducted in Tirana city in a period 2009–2013, including a population-based sample of 4,789 women. All subjects enrolled in the study were asked for risk factors for osteoporosis by completing a specific questionnaire. Low bone mineral density (osteopenia defined as a bone mineral density T-score less than -1 and osteoporosis for T-score less than -2.5) was assessed with a bone ultrasound device which is simple and easy to use for screening of bone mineral density in population-based studies. Binary logistic regression was used to determine the relationship of osteoporosis and independent factors in this study population.

Results: The prevalence of osteoporosis in this study population was 6.2% (N=286) and prevalence of osteopenia was 16.6%; 77.1% of osteoporosis women were in postmenopause. In logistic regression models was seen that menopausal women had 69% more chances than no menopausal women to have osteoporosis (OR=1.69, 95% CI=1.45–1.77, P<0.001). Osteoporosis was positively associated with multiparity (P<0.001) and long treatment with glucocorticoids (OR: 1.52; CI95% 1.46–1.94; p=0.02). In multivariable analysis osteoporosis was positively associated with rheumatoid arthritis (OR=1.62, 95% CI=1.47–1.81, P<0.001). In Kendal's correlation coeficient, osteoporosis was negatively associated with level of education (r=-0.101, p<0.001) and body mass index (r=-0.0033, p<0.009) and positively associated with white color of skin (r=0.003, p<0.027) and treatment with diuretics (r=0.007, p<0.001).

Conclusions: This study offers useful evidence about the osteoporosis and osteopenia prevalence among postmenopausal albanian women. Caucasian females with early menopause, multiparous, lower body-weight, suffering from rheumatoid arthritis, long treated with glucocorticoids and diuretics and lower education should be followed-up more carefully for development of osteoporosis.

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SAT0684 DETERMINANTS OF 12-MONTHS PERSISTENCE IN RHEUMATOID ARTHRITIS PATIENTS INITIATING SUBCUTANEOUS TNF-ALPHA INHIBITORS

B. Fautrel[1], M. Belhassen[2], C. Hudry[3], M.-C. Woronoff[4], N. Gouyette[5], A. Clément[5], E. Van Ganse[6], F. Tubach[7]. *[1]Sorbonne Universités, UPMC Univ Paris 06; AP-HP, Rheumatology Department, Pitié Salpétrière University Hospital, Paris, France., Paris; [2]Hesper 7425, Health Services and Performance Research, University Claude Bernard Lyon 1; PELyon, Pharmacoepidemiologie Lyon, Lyon; [3]AP-HP Hôpital Cochin, Paris; [4]CHU Besançon, Université Franche-Comté, Comue UBFC, UMR INSERM 1098, Besançon; [5]Merck Sharp & Dohme, Paris; [6]Hesper 7425, Health Services and Performance Research, University Claude Bernard Lyon 1, PELyon, Pharmacoepidemiologie Lyon, Lyon; [7]APHP, Hôpital Pitié-Salpêtrière, Département de Biostatistiques, Santé publique et Information médicale, APHP, Centre de Pharmacoépidémiologie (Cephepi); INSERM, UMR 1123 ECEVE; Université Pierre et Marie Curie Paris 6, Sorbonne Universités, Paris, France*

Background: Biotherapies such as subcutaneous tumor necrosis factor-alpha