Methods: PROMs data was collected from all patients visiting one of the outpatient rheumatology clinics at the University of Michigan from July 1,2016 – Jan 31, 2017. An Android based tablet using Welcome ® software was handed to every patient with instructions to complete a questionnaire on Adult Physical Function and Pain Intensity Score – PROMIS based questionnaires on patient-reported outcome measures. The results were stored in the patients EMR.
Results: Between July 1st 2016 and Jan 31st, 2017, we collected PROMs on patients via patient portals (home computers) and in office mobile devices-tablets. Assisted completion was done by clinic staff on a clinic desk top computer. Total of 2059 out of 2554 patients invited to participate completed the PROMs questionnaires. Of those patients that answered the questionnaires, 82% were done on a mobile device, 10% of patients used the home portal, 8% of patients needed in office assistance. 20% of patients did not answer the questionnaires.

Mode for completion of PROMs	Number of patients
Mobile Device	1694
Portal Home PC	211
Assisted in clinic	154
Total questionnaires completed	2059

Conclusions: Mobile devices are being increaseinlgy used by the patients in the United States for capture of PROMs. Mobile devices increased the PROMs collection rate from approximately 10% to 80% when combining both home portal (home PC) and an office based mobile device (Tablet). Mobile devices alone accounted for >80% of the collection rate of PROMs. In an era of changing information technology, the utilization of mobile devices for PROMs should be explored as a preferred modality.
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Epidemiology, risk factors for disease or disease progression

AB1116 PREVALENCE OF POLIAUTOIMMUNITY AND FAMILY AUTOIMMUNITY IN MEXICO

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Background: Autoimmune diseases share pathophysiological mechanisms, genetic factors and certain environmental triggers. Its frequency is reported up to 43% for poliautoimmunity and almost half of these have family autoimmunity, but this is unknown in our population.
Objectives: To identify the prevalence of poliautoimmunity and family autoimmunity in a Rheumatology Service of a third level hospital in Mexico.
Methods: Observational, descriptive, cross-sectional study. Consecutive outpatients who attended the Rheumatology Service of the Hospital Civil de Guadalajara "Fray Antonio Alcalde" during 2 months were applied a questionnaire to obtain demographic data, autoimmunity and risk factors. Descriptive statistical analysis was done.
Results: Of 1,208 patients, 484 (40%) had autoimmunity, of these 58 (12%) had polyautoimmunity and 6 (1%) with Multiple Autoimmune Syndrome (MAS). The most frequent of 35 autoimmune diseases registered were: RA 42%; SLE 17%; AS 6%; SSc 5%; SSj 4%; PsA 3%; JIA 3%; autoimmune hypothyroidism 3%; APS 2%; Dermatomyositis 2% and Psoriasis 1%. In the group with polyautoimmunity SLE was present in 26 (45%) patients, SSj in 13 (22%) and autoimmune thyroid disease in 14 (24%). In the MAS group autoimmune thyroid disease in 5 patients. Patients with polyautoimmunity developed first: SLE (14%) and RA (14%). In the patient with MAS autoimmune thyroid disease in 33%. Of the 58 patients with poliautoimmunity 31 (53%) have familial autoimmunity, of which SLE is the most frequent in (22%), followed by autoimmune thyroid disease (17%) and RA (16%). All 6 MAS patients had familial autoimmunity. Referent to risk factores: 154/484 reported active smoking. Of the 58 patients with poliautoimmunity, only 23 (40%) had or are current smokers. Of the 6 patients with MAS 50% presented this risk factor.158/484 (33%) patients had periodontal disease. In patients with autoimmune disease 54% were overweight (28%) or obese (26%). Of the 58 patients with poliautoimmunity 48% were overweight and 21% obese; of patients with MAS 50% were overweight or obese. Only one patient had ASIA syndrome with GCA diagnosed.
Conclusions: The search of polyautoimmunity is required in all patients with autoimmune disease and convenient to consider that these patients will have a higher frequency for familial autoimmunity. Smoking and periodontal disease are widely known risk factors that are no taken serious by patients.
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AB1117 LATENT TUBERCULOSIS INFECTION AND TUBERCULOSIS IN PATIENTS WITH RHEUMATIC DISEASES UNDER TREATMENT WITH ANTI-TUMOR NECROSIS FACTOR DRUGS

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Background: The introduction of biological agents, especially the tumor necrosis factor inhibitors (anti-TNF) for the treatment of rheumatic diseases increased the risk of developing tuberculosis (TB). Screening for latent TB infection (LTBI) is strongly recommended before starting therapy with anti-TNF agents.
Objectives: This study aimed to identify the prevalence of LTBI and TB among patients with rheumatic diseases on anti-TNF drugs.
Methods: In a cross-sectional study, the electronic medical records of all adult patients (≥18 years old) undergoing anti-TNF treatment at Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil, were reviewed. Every patient underwent Tuberculin Skin Test (TST) before starting anti-TNF treatment.
Results: In total, 176 patients were included. The mean age was 51.9±12.4 years, 34.7% were males, and 90.9% were white. The underlying diseases were rheumatoid arthritis (RA) in 50.6% (N=89), ankylosing spondylitis (AS) in 27.8% (N=49) and psoriatic arthritis (PsA) in 17.6% (N=31). Anti-TNF agents started after TST were: infliximab (22.7%, N=40), adalimumab (48.9%, N=86), etanercept (27.3%, N=48), and golimumab (1.1%, N=2). The prevalence of positive TST was 29.5%. Household contact with TB was significantly associated with a positive TST (p=0.020). RA patients had lower TST reactions than AS patients (p=0.022). There were six cases of TB (3.4%) diagnosed during anti-TNF therapy.
Conclusions: We demonstrated a high prevalence of positive TST (29.5%) among patients with rheumatic diseases in a region with high TB prevalence. Our data corroborates the ACR's recommendation that patients who live in high TB incidence settings should be tested annually for LTBI.
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AB1118 REVIEW OF METHODS FOR ASSESSING THE RELATIONSHIP BETWEEN WEATHER AND CHRONIC MUSCULOSKELETAL PAIN

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Background: People with chronic pain commonly believe that their pain is affected by the weather. Despite a century's worth of research, there is no scientific consensus on the existence of a relationship between weather and chronic pain.
Objectives: A systematic literature review to (1) gain an overview of existing research on the weather-pain relationship, and (2) summarise the methodologies, methodological rigour and risk of bias in published studies of patients with musculoskeletal conditions.