study was to assess prevalence of osteoporosis in Polish elderly population and to assess risk factors related to osteoporotic fractures

Objectives: The study was based on questionnaires distributed among 645 students (61 men, 533 women and 51 not report mean age 69,42±5,88) attending the Healthy Aging Academy at Medical University.

Methods: Students were asked to answer 20 questions including information about endured fractures, osteoporosis risk factors, screening densitometry, treatment of osteoporosis, supplementation with vitamin D3 and calcium. Also, questions about classical risk factors for osteoporosis (loss of height (5 cm/year), family history, falls, loss of weight, treatment with steroids) were included to questionnaire.

Results: Fractures caused by fall from their own height were reported by 180 (27,91%). Moreover, 96 (14,88%) responders without fracture history declared more than 3cm decrease of height after their forties, what strongly suggest osteoporotic vertebral fractures. Forty three (24%) of the respondents had multiple fractures and single fractures were reported by 137 (76%) respondents. The most common localization of fractures was forearm (57%), shin bones (10,4%) and foot bones (9%). Among subjects who underwent densitometry after the fracture 32% had the diagnosis of osteopenia; 19,4% were diagnosed with osteoporosis and in 23,1% bone density was within normal limits. The strongest risk factors for osteoporotic fractures were numerous falls per year (p=0,000) and frequent drinking of alcohol (p=0,008). The risk factors of fractures (sum of risk factors for falls and osteoporosis) among people with previous fractures vs. those without fractures were statistically significant (p=0,037). Only 13% of patient with fracture and 15% of all patients with osteoporosis and osteopenia were treated by antiosteoporotic drugs (ibandronian/aledronian). Calcium supplementation was received by 30% of patients with fracture and 43% supplemented vitamin D3.

Conclusions: The prevalence of osteoporotic fractures in population of relatively well educated population of participants of Third Age University seems to be high. Patients with osteoporosis do not receive appropriate pharmacological prophylactic treatment, pointing at the need for education of primary care physicians and elderly population about burden and consequences of osteoporosis.

Disclosure of Interest: None declared
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AB1154 **CHARACTERIZATION OF CHILEAN PATIENTS WITH PULMONARY DISEASE ASSOCIATED TO A RHEUMATOLOGIC DIAGNOSIS IN AN INTEGRATED POLYCLINIC. HOSPITAL PADRE HURTADO EXPERIENCE**

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Background: Pulmonary diseases associated to a rheumatologic condition constitute a heterogeneous group of pathologies that are grouped according to their clinical and radiological similarity. There is a perception that the incidence of these diseases has been increasing, however, in Chile, there are no up-to-date publications regarding the characteristics of this group of patients.

Objectives: To describe and characterize patients with pulmonary disease associated to a rheumatologic diagnosis at Hospital Padre Hurtado, Chile, between the years 2014 and 2016.

Methods: Patients with suspected lung involvement associated to a connective tissue disease were evaluated by a bronchopulmonar specialist and a rheumatologist in a joint polyclinic. If the diagnosis was confirmed by the specialist the patient was included in the database. Data collected included age, gender, rheumatologic diagnosis and radiological pattern.

Results: 76 patients were included. 85.5% were female. The mean age was 58 years. Eighty-nine percent of the patients came from the Rheumatology department. These patients developed respiratory symptoms during the course

Table 1. Rheumatologic diagnosis of 76 patients

Rheumatoid Arthritis (%)	31 (40.8)
Scleroderma (%)	8 (10.5)
Inflammatory Myopathy (%)	5 (6.6)
Sjögren Syndrome (%)	5 (6.6)
Systemic Lupus Erythematosus (%)	4 (5.3)
Undifferentiated Connective Tissue Disease (%)	3 (3.9)
Mixed Connective Tissue Disease (%)	3 (3.9)
Recurrent Polychondritis (%)	2 (2.6)
Other diagnosis (%)	15 (19.7)

Table 2. Radiological evaluation of 53 patients

Interstitial Lung Disease pattern: Non Usual Interstitial Pneumonia (%)	26 (49.1)
Interstitial Lung Disease pattern: Usual Intersticial Pneumonia (%)	8 (15.1)
Bronchiolitis (%)	6 (11.3)
Emphysema (%)	5 (9.4)
Nodules (%)	3 (5.7)
Pulmonary embolism (%)	2 (3.8)
Bronchiectasis (%)	1 (1.9)
Sarcoidosis (%)	1 (1.9)
Tracheal stenosis (%)	1 (1.9)

of their disease. The remaining 11% were patients controlled in the Pulmonary diseases department, and the respiratory symptoms were the first manifestation of their conective tissue disease.The rheumatologic diagnoses that were concluded in this multidisciplinary polyclinic were distributed as described in Table 1. 69.7% of the patients have completed the radiological evaluation (Table 2).

Conclusions: Having a multidisciplinary clinical unit allowed us to order and protocolize the study, follow-up and treatment of the patients with lung involvement associated with a connective tissue disease. Currently, the multidisciplinary management of these patients is indispensable, as described in the literature.

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AB1155 **DEPRESSION AND SUICIDALITY ARE COMMON IN PSORIATIC ARTHRITIS AND AXIAL SPONDYLOARTHRITIS, AND RATES ARE COMPARABLE TO THOSE IN PSORIASIS**

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Background: Depression and suicidality are well-described comorbidities in psoriasis (PSO). The prevalence of these comorbidities in psoriatic arthritis (PsA) and axial spondyloarthritis (axSpA) is less well described.

Objectives: To assess the prevalence of depression and suicidality in PsA and axSpA in the recent literature, and compare rates to PSO.

Methods: For PsA and axSpA, we evaluated the recent English-language literature identified through a PubMed search; we used a recent review and performed a targeted review of the period since the publication in order to establish the rates for PSO for comparison.[1] Review articles were also examined to identify key publications.

Results: Rates of depression in PSO vary widely, depending on the outcome definition and method of ascertainment. Dowlatshahi et al. reported a pooled rate of 9.0–55.0%, with rates from the literature after the review period ranging from 9.0–39.8%. Rates for suicidality also varied widely, with 2.5–17.3% of patients (pts) reporting suicidal ideation. The limited data available provide ranges for depression in PsA of 3.4–28.6%, and in axSpA of 3.1–44.0%. The single study that differentiated between ankylosing spondylitis (AS) and non-radiographic (nr)-axSpA did not identify a difference between the two groups.[2] Very limited data existed on suicidality in PsA and axSpA. For PsA, the incidence rates (IR) of suicidal ideation, attempts, and suicide per 1000 person-years in the UK were 0.4, 1.3, and <0.001, respectively;[3] no prevalence data were identified. In a study in China, 2.5% of pts with axSpA reported a past suicide attempt,[4] while a study in Turkey found 9.6% of pts with AS had thoughts of suicide in the past year, but without plans.[5] Depending on the study, different definitions and tools were used to assess depression (eg. HADS, ICD9, antidepressant use), and even when the same tool was used, different cutoffs for defining depression were implemented (eg. cutoff for HADS ranged from ≥5 to ≥11), making comparisons across studies difficult. In a large observational study of AS with matched controls, the IR of depression per 1000 pt-years was 5.48 in AS versus 3.29 without AS, risk ratio 1.63.[6]

Conclusions: Although data are limited, rates of depression and suicidality in PsA and axSpA are comparable to those in PSO. Comparisons between studies and diseases are challenging due to a lack of standardized assessment tools and definitions of depression and suicidality. There are almost no data for nr-axSpA, which unlike AS has no gender predominance. Given that depression in PSO pts is more common in women,[7] understanding the relative prevalence in AS versus nr-axSpA would be important. Generating additional data regarding the impact of depression and suicidality in PsA and axSpA should increase awareness among treating physicians.

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AB1156 **THE DESCRIPTIVE EPIDEMIOLOGY OF CUTANEOUS LUPUS ERYTHEMATOSUS IN THREE LARGE U.S. ADMINISTRATIVE DATABASES, 2010-2014**

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Background: Previous epidemiologic studies of cutaneous lupus erythematosus (CLE) have not described the pediatric burden, and have focused on specific geographic areas, limiting generalizability.

Objectives: To describe the demographics, comorbid conditions and pharmacy drug utilization of CLE patients, 3 large sources of U.S. administrative claims

data: 1) commercial insurance, 2) Medicaid insurance, and 3) Medicare insurance were utilized.

Methods: The data source was Truven Health MarketScan® Databases, containing medical service and prescription drug claims from commercial, Medicaid (11 states) and Medicare supplemental insurance plans for >80M US patients. CLE cases were identified by presence of ≥2 service dates with an ICD-9 code 695.4 on unique dates ≥28 days apart during the study period (Jan 1 2010-Dec 31 2014). For the most recent study year, the 5 most frequent comorbidity categories were reported using Clinical Classifications Software (CCS) Level 2 groupings. Similarly, the 5 most frequent pharmacy dispensings among CLE cases in 2014 were reported.

Results: In the Commercial, Medicaid, and Medicare claims data, 35,781, 7,361 and 5,594 CLE patients, respectively, were identified. CLE cases were >80% female with <6% aged <19 (Table). The most frequent CCS category (in all databases except Medicare) was CCS 13.7 (SLE and connective tissue disorders including systemic sclerosis, sicca syndrome, dermatomyositis, and polymyositis) where 63.1%, 76.6%, and 59.4% of CLE cases in the Commercial/Medicaid/Medicare data, respectively, had ≥1 claim. The most frequently-dispensed medication was corticosteroid hormone (62.5%, 72.1%, and 62.3% in the Commercial/Medicaid/Medicare data), while antimalarials were used by 58.3%, 55.9%, and 52.1% of CLE patients in the 3 databases, respectively.

Table 1. Demographics of CLE patients, by database, 2010–2014

	Commercial	Medicaid	Medicare
N	35,781	7,361	5,594
Mean (Median) Age	46.6 (49)	44.1 (44)	71.9 (71)
Age category			
≤18	2.2%	5.3%	0.0%
19–30	9.1%	15.1%	0.0%
31–45	29.5%	32.3%	0.1%
46–60	47.9%	33.1%	2.5%
61–64	10.7%	5.4%	1.9%
65+	0.7%	8.8%	95.5%
% Female	84.8%	89.7%	81.2%

Conclusions: Our results document a low relative burden of pediatric CLE. Notably, 23 to 41% of CLE patients did not have a claim for SLE or other connective tissue disease. Limitations include the inability of code 695.4 to distinguish between CLE subtypes, including discoid and subacute cutaneous lupus.

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AB1157 **PREVALENCE OF MUSCULOSKELETAL DISORDERS AMONG GARMENT INDUSTRY WORKERS IN BANGLADESH**

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Background: Garments industry is flourishing in many developing countries. Attention is often not paid to ergonomics. It is plausible that the prevalence of musculoskeletal (MSK) pain may be high among garments workers.
Objectives: To estimate the prevalence of symptoms and disorders (MSD) among garment workers in Bangladesh.
Methods: This cross sectional study was carried out among 350 workers in two garment factories by face-to-face interview. The COPCORD (Community Oriented Program for Control of Rheumatic Disorders) methodology was adopted for the survey. The workers were classified into cutting, sewing, finishing and quality control operators. Trained interviewers identified subjects with musculoskeletal pain. Trained internists and rheumatologists examined the positive respondents.
Results: The point prevalence of musculoskeletal pain was 61.71%. The parts commonly affected during the preceding 7 days of interview in the whole group were shoulder (17.9%), lower back (15.2%), neck (13.8%) and knee (10.8%). The cutting operators suffered more from back (15.4%), neck (15.4%) and lower limb (11.5%); sewing operators from lower limb (12.4%), back (8.5%) and upper limb (7.7%); finishing operators from lower limb (50%) and quality control group from back pain (50%). Multiple regional pains were more frequent (n=155) among all operators. The sewing and cutting operators suffered from multiple regional pains more than other operators. The prevalence of Rheumatoid arthritis (RA) 0.9%, spondyloarthropathy (SpA) 1.42%, undifferentiated arthritis (UA) 1.1%, nonspecific low back pain (NSLBP) 4.6%, soft tissue rheumatism (STR) 3.7%, osteoarthritis (OA) 0.9% and lumbarspondylosis 1.1%. Nonspecific pain was the commonest condition (63.71%).
Conclusions: Rheumatic disorders are common causes of morbidity, disability, and work loss among the garment workers of Bangladesh where male and female workers are almost equally affected. Multiple regional involvements are common in this occupational group. Mechanical disorders are the commonest.
Disclosure of Interest: None declared
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AB1158 **PREVALENCE OF COMORBIDITIES IN PSORIATIC ARTHRITIS: A CROSS-SECTIONAL STUDY**

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Background: Psoriatic arthritis (PsA) is associated with important comorbidities: cardiovascular, gastro-intestinal, infectious, malignant, and psychiatric [1, 2]. However, they are less studied in PsA compared to other chronic inflammatory arthritis.
Objectives: The objective of this study was to calculate the prevalence of comorbidities and risk factors in a cohort of PsA patients.
Methods: This was an observational cross-sectional study, including consecutive, unselected adult patients, with a diagnosis of PsA according to their rheumatologist. Data collected: demographical, clinical (affected joints, current psoriasis, axial involvement, enthesitis, dactylitis), biological (acute phase reactants), and treatment related (nonsteroidal anti-inflammatory drugs, synthetic remissive drugs and biologics). Data on comorbidities and risk factors were collected according to the European League Against Rheumatism (EULAR) recommendations on reporting comorbidities in chronic inflammatory rheumatic diseases in daily practice [3].
Results: In all, 129 PsA patients were included: 77 (59.7%) women, mean age ± standard deviation 53.5±11.8 years, disease duration 7±7.4 years; 53 (41.1%) had axial involvement, 33 (25.6%) dactylitis, 18 (14%) enthesitis, and 24 (18.6%) current moderate/severe psoriasis. Most of them had low or moderate disease activity and almost a quarter of them (32; 24.8%) were taking a biologic.
The most prevalent comorbidities were: dyslipidaemia 103 patients (79.8%), hypertension 67 (51.9%), obesity 44 (34.1%), diabetes 21 (16.3%) and ischemic heart disease 15 (11.6%). Almost a third of patients (42, 32.6%) suffered a cardiovascular event after their PsA diagnosis, of which heart attack 2 patients, stroke 4, cardiac failure 4 and peripheral arterial disease one patient. Cardiovascular events correlated with smoking (r=0.893, p<0.001) and current moderate/severe psoriasis (r=0.218, p=0.013).
Regarding infectious comorbidities: 11 patients (8.5%) had a history of tuberculosis after being diagnosed with PsA, 7 (5.4%) chronic viral hepatitis, of which 4 with B virus and 3 with C virus, and 5 patients (3.9%) developed severe infections. Five patients (3.9%) were diagnosed with neoplasia, but no correlation was identified with any of the clinical, biological or treatment related included variables. Only 11 patients (8.5%) were diagnosed with depression, but the prevalence is probably underestimated, since not all patients were screened to this end.
Conclusions: PsA is associated with a high prevalence of comorbidities, especially cardiovascular diseases. This should be taken into consideration in the therapeutic and the global management of PsA patients.
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AB1159 **HIGH DOSE GLUCOCORTICOIDS AS A RISK FACTOR OF SIGMOID DIVERTICULITIS PERFORATIONS IN AUTOIMMUNE DISEASES**

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Background: It has been reported that glucocorticoids (GCs) and non-steroidal anti-inflammatory drugs (NSAIDs) might increase sigmoid diverticulitis perforations (SDPs) for rheumatoid arthritis patients, however, there are few previous reports referring to the relationship between SDPs and GCs in patients with systemic autoimmune diseases. We investigate relationship between SDPs and GCs in patients used GCs for not only rheumatic patients but also other autoimmune disease' sufferer.
SDPs and GCs
Objectives: To describe development of SDPs during high dose GC (over PSL 0.8mg/kg equivalent) therapy for systemic autoimmune diseases in our department, additionally reviewing previous reports with regard to the relationship between SDPs and GCs.
Methods: 187 patients hospitalized in our department from April 2015 to December 2016 were retrospectively reviewed.
Results: Among 187 patients, 61 took high dose GCs, 29 took moderate dose GCs (0.5–0.6mg/kg PSL equivalent), 53 took low dose (less than 0.5mg/kg PSL equivalent), and 29 didn't take GCs. Four patients out of 61 who took high dose GCs developed SDPs (table). Nobody developed SDPs in moderate, low and