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.
Disclosure of Interest: S. Hall Shareholder of: Biogen, Employee of: Biogen, L. Li Shareholder of: Biogen, Employee of: Biogen, S. Eaton Shareholder of: Biogen, Employee of: Biogen, C. Musselli Shareholder of: Biogen, Employee of: Biogen, A. Dilley Shareholder of: Biogen, Employee of: Biogen
DOI: 10.1136/annrheumdis-2017-eular.5402

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 involvementsare common in this occupational group. Mechanical disorders are the commonest.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.1966

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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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.5838

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

not any dose GCs group. Case 1–3 took NSAIDs. Case 2 received mPSL pulse therapy (mPSL 1 g x 3 days). Case 1 and 2 developed SDPs within 3 months from initiating GCs. Case 1 recurred SDPs at 17 and 63 months from initiating GCs. Case 2 was prescribed Tacrolimus as a concurrent medication. All four patients were operated to remove the perforated segment, and case 2 and 4 were created artificial anus. Although they were clinically diagnosed as SDPs only case 4 clarified perforation in pathological findings.

case	age sex	target	age at onset (year)	period from GCs start to onset (mo)	maximum doses of GCs (mg)	doses at onset (mg)	cumulative doses of GCs (mg)
1	76 female	Dermatomyositis	70	3	60	32.5	2.5
2	72 male	Polymyositis	70	2	60	19	6
3	74 female	Rheumatoid vasculitis	74	94	50	9	30
4	73 male	Psoriatic arthritis	71	103	40	10	25

table – patients characteristics and GCs profile

Conclusions: We should take care of developing SDPs in patients described high dose GCs.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3212

AB1160 EPIDEMIOLOGY AND CLINICAL PRESENTATION OF OCULAR INVOLVEMENT IN A POPULATION OF 278 PATIENTS WITH NON INFECTIOUS UVEITIS

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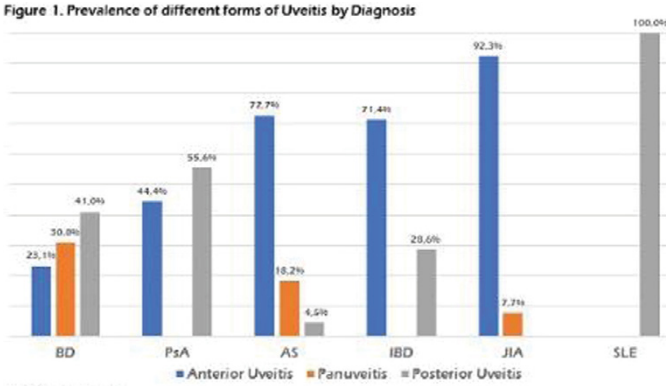
Background: Uveitis is a sight-threatening inflammation which may involve different anatomic parts inside the eye. Rheumatologists should be aware of the ocular clinical signs and of the frequency of uveitis because it may cause irreversible lesions to the eye that predominantly affect people in their most productive years, being one of the most common extra-articular manifestation in several rheumatic diseases.

Objectives: We aimed to describe the presentation of the clinical features of ocular involvement in a population of patients affected with newly diagnosed Non Infectious Uveitis (NIU).

Methods: 278 patients (mean age 42±18,18 years, range 4 - 87) from three specialized centres, all affected with uveitides, were enrolled; 158 were female, 120 male, all caucasian but one asiatic. Complete ophtalmologic examination was carried out in all of them, malignancy or infections of any kind were preventively ruled out. In addition blood tests, serum antibodies level evaluation and HLA haplotype typization were performed. Moreover instrumental tests were performed when a relation with systemic diseases was suspected. Uveitides were then classified according to the Standardization of Uveitis Nomenclature Working Group Criteria.

Results: 149 (53,6%) patients were affected with Anterior Uveitis (AU), 45 (16,2%) with Panuveitis, 16 (5,8%) with Intermediate Uveitis (IU) and 68 (24,5%) with Posterior Uveitis (PU). 110 (41,7%) patients were known to have a systemic disease at the moment of the uveitis onset. HLA-B27 positivity was found in 15,8% of patients, whereas HLA-B51 positivity was found in 21,9% of patients. Behçet's Disease (BD) was diagnosed in 39 (14%) patients: in particular AU was found in 9 out of 39 patients (23,1%), while PU in 16 out of 39 patients (41%). Ankylosing Spondylitis (AS) was recognized in 22 (7,9%) patients: AU was diagnosed in 16 out of 22 (72,7%) of them while 4 out of 22 (18,2%) where affected with Panuveitis. The cases of Psoriatic Arthritis (PsA) were 9 (3,2%); specifically, AU was recognized in 4 out of 9 (44,4%) of them while PU was found in 5 out of 9 (55,6%) of them. We also defined the most common form of uveitis in patients affected with either Juvenile Idiopathic Arthritis, or Systemic Lupus Erythematosus, or Sarcoidosis, or Vogt-Koyanagi-Harada disease or Inflammatory Bowel Diseases. The idiopathic form of uveitis, was diagnosed in 162 (58,3%) patients. Anti-nuclear antibodies (ANA) levels were assessed in 148 patients of whom 57 (38,5%) have been found ANA positive and 91 (61,5%) ANA negative. Notably 38 (66,7%) ANA positive patients were affected with AU.

Figure 1. Prevalence of different forms of Uveitis by Diagnosis



BD: Behçet's Disease
PsA: Psoriatic Arthritis
AS: Ankylosing Spondylitis
IBD: Inflammatory Bowel Diseases
JIA: Juvenile Idiopathic Arthritis
SLE: Systemic Lupus Erythematosus

Conclusions: Our study provides a depiction of clinical features and epidemiology of ocular involvement in a huge population of patients presenting newly diagnosed NIU. Notably, in our population, idiopathic uveitis was the most commonly diagnosed form; it took shape of AU in 56,6% of cases. The majority of HLA-B27 positive uveitides were also AU (68,2%), while, among HLA-B51 uveitides, PU (39,3%) and AU (37,7%) were recognized as the most common presentations.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2232

Validation of outcome measures and biomarkers

AB1161 PORTUGUESE ADAPTATION AND VALIDATION OF THE ANKYLOSING SPONDYLITIS QUALITY OF LIFE (ASQOL) QUESTIONNAIRE

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Background: Ankylosing Spondylitis (AS) is a chronic rheumatic disease that affects mainly the axial skeleton and entheses. If left untreated, AS evolves with limited spine mobility and irreversible structural changes, with severe repercussions in patients' quality of life. Throughout the years many instruments have been used in order to evaluate AS impact in patients' lives, focusing predominantly on symptoms and functioning however, these instruments do not inform on the impact of the condition on quality of life (QoL). The ASQoL is a patient reported outcome measure, specifically developed to evaluate QoL in AS patients. It has been adapted to several languages worldwide, though a Portuguese version hadn't been developed yet.

Objectives: Translation of the ASQoL questionnaire into Portuguese and ascertain its psychometric properties.

Methods: Translation of the original UK English ASQoL into Portuguese was performed by bilingual panel and then assessed by a lay panel. Cognitive debriefing interviews were performed with AS patients to assess face and content validity. Finally, a sample of AS patients were included in a test-retest postal survey, administered on two different occasions, two weeks apart, to investigate the reliability and construct validity of the new Portuguese adaptation of the ASQoL. Nottingham Health Profile (NHP) was used as a comparator measure.

Results: The Portuguese version of ASQoL proved to be relevant and easy to understand.

Validation of the ASQoL included fifty-eight AS patients, with a mean age of 51 years (Range 25.0 – 80.0), with 55.2% males. The Portuguese ASQoL had good internal consistency at Time 1 (α =0.93) and Time 2 (α =0.91). Test-retest reliability was excellent, with a strong positive correlation between scores at two time points ($r=0.92$, $p<0.001$). Correlation between ASQoL scores and NHP was moderately strong with Spearman's rank correlation coefficients between ASQoL and NHP section scores, including the distress scale embedded within, all $p<0.001$. These results suggest that patient's quality of life is influenced by many factors in addition to disease severity, including social skills and ability to adapt to physical limitations.

The Portuguese version of ASQoL was able to discriminate between patients who differed on their perception of general health and presence of comorbidity, although there were no significant differences according to self-perception of disease severity.