

In the bivariate analysis, factors statistically significant associated with the development of DKF were: glomerular sclerosis, fibrous crescents, interstitial cell infiltration and tubular atrophy; having membranous component resulted as a "protector" factor for the development of DKF. The Cox regression model included all the factors with a p-value less than 0.25 in the bivariate analysis; independent factors associated with increased HR of DKF were glomerular sclerosis and fibrous crescents; however, hyaline thrombi and presence of membranous nephritis were associated with a decreased HR of DKF. (Table 1).

Conclusions: We describe factors associated with a DKF. We found that the proliferative LN in combination with membranous have a better prognosis than pure proliferative LN. Our study could help to evaluate the effects of therapies in LN.

References:

[1] Austin HA, et al. Am J Med 1983;75:382–391.

Disclosure of Interest: None declared

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FRI0715 BEING A WOMAN AND HAVING KNEE OSTEOARTHRITIS INCREASES THE LIKELIHOOD OF COMORBIDITIES

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Background: Osteoarthritis (OA) is the most prevalent joint disease and the leading cause of disability from 60 years onwards. In fact, 14.8% of the Spanish population has OA.

Objectives: This study aimed to determine if there is a differential profile and greater comorbidity in women affected by symptomatic knee OA compared to a control group without OA.

Methods: The EMARTRO study was designed as an observational, multicenter, transversal study to compare probability of suffering a comorbidities based on presence of symptomatic knee OA visited by GPs. Sociodemographic, anthropometric, clinical parameters and clinical variables of interest were recorded. The probability of suffering comorbidities in each study group was estimated using the Odds Ratio estimation with conditioned logistic regression models. The HAD scale, the Goldberg health questionnaire were administered to patients and the concomitant medication was also registered. The comparison between groups was done using t-Student, Chi-square and Mann-Whitney.

Results: A total of 897 women were included with a mean (SD) age of 67.4 (6.8) years.

Osteoarthritic women were obese and had a higher BMI compared with control group, 31.2 (5.5) vs 27.5 (4.3) ($p < 0.0001$), respectively. Regarding blood pressure, no differences were found in the systolic BP ($p = 0.0646$) but in the diastolic, women with OA also had higher values, 77.9 (9.1) vs 75.8 (8.9) mmHg ($p = 0.0005$).

In general terms, the presence of OA doubled the probability of having concomitant conditions with respect to controls [OR=2,220 (95% CI: 1,449–3,400) $p = 0.0002$]. Likewise, women with symptomatic knee OA were more likely to have hypertension [OR=1.697 (95% CI 1.299–2.217), $p = 0.0001$], venous peripheral vascular disease [OR=2.148 (95% CI 1.547–2.984), $p < 0.0001$] and gastroesophageal reflux (OR=1.890 (95% CI 1.297–2.754), $p = 0.0009$).

Regarding the mental health of the patients, according to the Goldberg scale, 41% of the patients with OA elicited psychopathology vs 17.8% in controls, $p < 0.0001$. As for the HAD scale, there were more cases of anxiety ($p < 0.0001$) and depression in the OA women ($p < 0.0001$).

The greater burden of physical and mental comorbidity in the OA patients was accompanied by a higher consumption of concomitant medications ($p < 0.0001$).

Conclusions: The results of the present study indicate that in patients with knee OA, being female is a risk factor for the development of concomitant pathologies. Also, the increased likelihood of suffering from hypertension, venous peripheral vascular disease and gastroesophageal reflux should determine chronic medications for the treatment of osteoarthritis.

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FRI0716 RISK STRATIFICATION IN YOUNG PATIENTS WITH ACUTE MYOCARDIAL INFARCTION USING THE ADJUSTED GLOBAL ANTIPHOSPHOLIPID SYNDROME SCORE (AGAPSS)

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Background: Young adults with acute myocardial infarction are a critical group to examine for the purpose of risk factors stratification and modification [1].

In the setting of underlying systemic autoimmune diseases, premature cardiovascular disease deserves even more attention in these conditions, such as antiphospholipid syndrome (APS), the most common acquired thrombophilia.

Objectives: In this study we aimed to assess the clinical utility of the adjusted Global Antiphospholipid Syndrome Score (aGAPSS)[2] for the risk stratification of acute myocardial infarction in a cohort of young APS patients with thrombotic events.

Methods: The analysis included 83 consecutive APS patients (≤ 50 years old) who presented with arterial or venous thromboembolic events. Data on cardiovascular risk factors and antiphospholipid antibodies (aPL) positivity were retrospectively collected. The aGAPSS was calculated for each patient by adding the points corresponding to the risk factors, based on a linear transformation derived from the β regression coefficient as follows: 3 for hyperlipidaemia, 1 for arterial hypertension, 5 for aCL IgG/IgM, 4 for anti-b2 glycoprotein I IgG/IgM and 4 for LA.

Results: Demographic, clinical and laboratory characteristics of the cohort are summarized in Table 1. Higher aGAPSS values were observed in patients with acute myocardial infarction when compared to the others [mean aGAPSS 11.9 (S.D. 4.15, range 4–18) Vs. (mean aGAPSS 9.2, S.D. 5.1, range 1–17); T test: $p < 0.05$]. Significantly higher aGAPSS values were also seen in patients with acute coronary syndrome compared to patients with a history of peripheral or cerebrovascular arterial thrombotic events [mean aGAPSS 11.9 (S.D. 4.15, range 4–18) Vs. (mean aGAPSS 6.7, S.D. 5.7, range 1–17); T test: $P < 0.005$]. When separating for cardiovascular risk factors and aPL positivity, hypercholesterolemia was significantly higher in the group that developed myocardial infarction compared with patients with a history of any thrombosis and patients with a history of peripheral or cerebrovascular arterial thrombotic events (Chi square test: $p < 0.0001$ and $p < 0.0001$) and significantly higher rate of multiple positivity

Patients Characteristics	All (n=83)	%
Female sex	75	90
Age, mean (S.D.), years	44,6 (11,3)	
Disease duration, mean (S.D.), years	11,4 (7,8)	
Caucasians, n	82	93
Arterial thrombosis, n	53	60
Venous thrombosis, n	44	50
Acute Myocardial infarction	13	15
APS, n	31	35
SLE and APS, n	44	50
Arterial Hypertension, n	27	31
Hyperlipidemia, n	16	18
LA, n	38	43
aCL IgG/IgM, n	65	74
IgG	60	68
IgM	35	40
Anti-beta2GPI IgG/IgM, n	44	50
IgG	39	44
IgM	12	14
Triple aPL positive	27	31

Table 1. Demographic, clinical and laboratory characteristics of the cohort

	Acute myocardial infarction (13)	Arterial and/or venous thrombosis (70)
Hyperlipidemia	10	9
Arterial Hypertension	4	22
LA	8	31
aCL IgG/IgM	11/6	51/30
Anti-beta2GPI IgG/IgM	8/2	31/11
Triple aPL positive	5	22

Table 2. Patients cardiovascular risk factors and aPL positivity between groups