Objectives: The aim of this study was to determine possible correlation of the SSC clinical parameters with oral health-related quality of life measured with the Oral Health Impact Profile 49 (OHIP 49).

Methods: Subjects were recruited from the Center of excellency for systemic sclerosis in Croatia cohort. Detailed dental by the same dentist and clinical examinations were performed according to standardized protocols. Associations between oral health-related quality of life and disease characteristics were examined. We evaluated the disease severity using clinical and laboratory parameters according to the Medsger Severity Scale. The level of SSC activity was evaluated according to Valentini activity score. Oral quality of life was measured using the OHIP 49, which consists of 49 questions on the frequency of adverse oral conditions such as toothache, mouth pain, difficulty chewing or pronouncing words and discomfort related to appearance (higher scores indicating worse oral health-related quality of life). The study was approved by the University Hospital Split Ethics Committee.

Results: Thirty-one SSC patients (29 women and 2 men, mean age 56.45±13.60 years, median disease duration 7 years with minimum–maximum range 1–28 years) were consecutively enrolled for this study between January 2014 and December 2015. All patients fulfilled the ACR criteria for the diagnosis of SSC. The distinction between limited cutaneous SSC (lcSSc) and diffuse cutaneous SSC (dcSSc) was made according to the Leroy et al. criteria (28 dcSSc, 3 lcSSc). OHIP 49 scores highly positively correlated with disease activity ($p=0.005$, $r=0.4872$, Spearman's rank coefficient) and severity ($p=0.016$, $r=0.4303$, Spearman's rank coefficient). Furthermore, oral health-related quality of life positively correlated with the skin involvement evaluated by modified Rodnan skin score ($p=0.003$, $r=0.5207$, Spearman's rank coefficient). Impaired quality of oral health positively correlated with the severity of general involvement, skin, gastrointestinal and joint/tendon involvement ($p=0.003$, $r=0.506$ for general involvement, $p=0.003$, $r=0.511$; $p<0.001$, $r=0.591$ and $p=0.02$, $r=0.391$ for skin, gastrointestinal and joint/tendon involvement, respectively, Spearman's rank coefficient). OHIP 49 score was highly variable between anti-topoisomerase I antibodies positive or negative SSC patients ($p<0.001$, Fisher's exact test).

Conclusions: Contrary to previous studies in our study disease severity and activity were related to OHIP 49 scores. Our data suggest that OHIP scores correlate with severity of general involvement, skin, gastrointestinal, and joint/tendon involvement in SSC patients. Disease subset and autoantibodies profile could play a role in the oral manifestation of SSC. Better collaboration between rheumatologists and the dental team is required to improve access to dental care and oral health outcomes for SSC patients.

Disclosure of Interest: None declared

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AB0662 SYSTEMIC SCLEROSIS (SSC) COHORT IN ABU DHABI: FOCUS ON DIGITAL ULCERS (DU)

M. Al-Maini¹, H. Al-Mashari¹, T. Khan¹, N. Abutaha¹, R. Aneja¹, A. Las Alas¹, S. Gonuguntla¹, M. Cerinic², K. Khawaja¹. ¹Adult and Pediatric Rheumatology, Allergy and Immunology, Al-Mafraq Hospital, Abu Dhabi, United Arab Emirates; ²Rheumatology, University of Florence, Florence, Italy

Background: DU are a significant burden for SSC patients affecting approximately 40–50% of patients (1). No data are available on the frequency of DU on SSC patients living in the United Arab Emirates.

Objectives: To identify the frequency of DU in a cohort of SSC in Abu Dhabi which is the capital city of the United Arab Emirates (UAE).

Methods: SSC patients identified according to ACR EULAR criteria through the hospital electronic medical records system, which was implemented from January 2011 for medical documentation in all public hospitals in Abu Dhabi and districts. Using the International statistical classification of diseases and related health problems, usually called by the short form name international classification of Diseases (ICD), version 9 (710.1) from 1st of January 2011 to 31st of December 2016. Retrospective review of electronic medical records and paper case notes was performed on patients who presented during this period. The frequency of DU was searched. DU were defined (1) and categorised (2) (no digital ulcers, episodic (rarely recurrent), recurrent (frequently recurrent) and chronic (≥ 1 DU at every follow up). Results and the incidence of gangrene were compared to data from DUO registry (3).

Results: 47 SSC patients (Male to female ratio 12 (25.5%) to 35 (74.5%)) (Duration of disease from 2 to 24 years with peak age for ulcers between 40–50 years) were identified. No ulcers were detected in 34 patients (72.3%) while DU were found in 13 patients (27.7%): they were episodic in 9 patients (19%) and chronic in 4 patients (8.5%) of the total patients. No recurrent ulcers were found. Only one patient (2%) evolved to gangrene (she was a smoker). The other 12 patients with DU were non-smokers and three of them were under 16 years of age.

Conclusions: In Abu Dhabi SSC population, the incidence of DU is 27.7%. This differs from the incidence in the western literature where it peaks from 40 to 50% (3). Our patients had episodic (19%) and chronic DU (8.5%) of the total patients. The incidence of gangrene in our cohort was lower when compared to the data reported in the DUO registry (20%) (2). Although patients live in a very warm climate, DU are still experienced in SSC in Abu Dhabi. Likely, the chronic exposure to air conditioning may explain this paradox.

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AB0663 THE RELATIONSHIP OF SERUM LEVEL OF ANTICCP ANTIBODY WITH SEVERITY OF SKIN INVOLVEMENT IN SYSTEMIC SCLEROSIS PATIENTS REFERRED TO TOHID HOSPITAL

N. Moghimy¹, A. Saeidi². ¹Liver and Digestive Research Center; ²Master of clinical Psychologist, Kordestan Medical Sciences, Sanandaj, Iran, Islamic Republic Of

Background: Systemic sclerosis is a chronic systemic disease of unknown etiology. There are a number of autoantibodies that correlated with disease severity and severity of skin involvement (1). Various studies have shown that AntiCCP Ab can also be seen in other autoimmune diseases such as systemic sclerosis (2–4). Results Polimen et al (4) and Morita et al (3) studies showed no relationship was found between AntiCCP Ab with skin Rodnan score.

Objectives: This study aimed to determine the relationship between serum levels of AntiCCP Ab with severity of skin involvement in systemic sclerosis patients referred to Tohid Hospital.

Methods: This study is a cross-sectional study, in the study population included all patients diagnosed with systemic sclerosis according to ACR 1980 criteria and subtypes according to Le Roy, that between 2013 and 2014 referred to Tohid hospital. We used from MRSS index to determine the extent of skin involvement. Sampling was available and we used to determine this association from chi-square statistics and to determine the amount of the connection from Phi statistics. Serum antibodies directed against CCP were assessed by ELISA.

Results: The results showed that the patients who were evaluated at the end of study were 50 patients, of whom 48 were women (96%) and (2%) 2 were male. The mean age of subjects is 38±10 years. The subtype of systemic sclerosis in 15 (30 percent) of the patients were diffuse systemic sclerosis and 35 patients (70 percent) have limited systemic sclerosis. Serum Anti CCP Antibody was positive in 10% (5 patients). Also, there is no statistically significant relationship between the severity of skin involvement with Anticcp Ab ($p=0.164$). Severity of skin involvement in both groups was more severe form, and there is no statistically significant relationship between the severity of skin involvement and subtypes of systemic sclerosis ($p=0.233$). Also we didn't find no association between levels AntiCCP and joint symptoms and other symptoms.

Conclusions: In this study wasn't observed a significant correlation between serum levels of Anti CCP Antibody with severity of skin involvement in patients with systemic sclerosis ($p=0.164$), also serum level of AntiCCP Antibody couldn't as a predict factor to determine the severity of the disease. It seems that the relationship between other symptoms of systemic sclerosis and serum level of AntiCCP Antibody may be result from overlapping with RA.

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AB0664 LEVEL OF SATISFACTION IN PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES

N. Loghin-Oprea¹, S. Vetrila², L. Mazur-Nicorici², M. Cebanu³, V. Salaru⁴, M. Mazur¹. ¹Internal Medicine; ²Cardiology; ³Emergency Medicine; ⁴Family Medicine, PI SUMPh Nicolae Testemitanu, Chisinau, Moldova, Republic of

Background: Idiopathic Inflammatory Myopathies (IIM) are the group of rare diseases that carry a significant impact on patient's quality of life, influenced by the level of patient's satisfaction regarding medical services.

Objectives: To assess the patient's satisfaction and quality of life.

Methods: A cross-sectional study was performed from December 2015 to December 2016. There were included consecutive patients that fulfilled the Bohan and Peter¹ criteria for IIM. The collected information was about demographic data, clinical and laboratory findings. The patient's satisfaction was assessed by self-administered Patient Satisfaction Questionnaire (PSQ III)², which is a 50-item tool, covering 7 domains: general satisfaction, technical quality,