Abstract AB0669 – Table 1

ScleroID weighting (out of a total of 100 points)	Raynaud phenomenon	Hand function	Upper gastrointestinal tract symptoms	Pain	Fatigue	Lower gastrointestinal tract symptoms	Limitations of life choices and activities
Median (IQR)	15 (20)	10 (15)	6 (10)	10 (10)	10 (10)	5 (10)	5 (10)

ized in SSc. Patients fulfilling the ACR/EULAR 2013 criteria were prospectively included since 05/16 in the ongoing observational cohort study. Patients filled in the ScleroID questionnaire (Figure 1), as well as selected comparators SHAQ, EQ5D, SF36. Additionally, they weighted the 10 dimensions of the ScleroID by distributing 100 points according to the perceived impact on their health. The final score calculation will be based on the ranking of the weights. The study includes a reliability arm (follow-up questionnaire 7–10 days from baseline), as well as a longitudinal arm, looking at sensitivity to change at follow-up visits after 6 and 12 months from baseline.

Results: As of 01/2017 the study cohort included 224 patients with valid baseline data, 44 also had a reliability visit and 6 a 6-months follow-up visit. 84.4% of patients were female, 54.4% had limited SSc, median age 58, and median disease duration 8 years. The highest preliminary median weights for ScleroID domains were for Raynaud, impaired hand function, fatigue and pain (Table 1). Except for pain, these dimensions were also scored most highly in the ScleroID questionnaire at baseline.

The EULAR Scleroderma Impact of Disease Score (ScleroID)

How much have the different aspects of systemic sclerosis affected you during the last week? Please mark your responses on the scale by choosing the appropriate number for each of the following dimensions:

Raynaud's phenomenon:
Circle the number that best describes the severity of your Raynaud's phenomenon during the last week:
None 0 1 2 3 4 5 6 7 8 9 10 Extreme

Hand function:
Circle the number that best describes your hand function limitations due to your systemic sclerosis during the last week:
No limitation 0 1 2 3 4 5 6 7 8 9 10 Extreme limitation

Upper gastrointestinal tract symptoms (e.g. swallowing difficulties, reflux, vomiting):
Circle the number that best describes the severity of your upper gastrointestinal tract symptoms due to your systemic sclerosis during the last week:
None 0 1 2 3 4 5 6 7 8 9 10 Extreme

Pain:
Circle the number that best describes the pain you felt due to your systemic sclerosis during the last week:
None 0 1 2 3 4 5 6 7 8 9 10 Extreme

Fatigue:
Circle the number that best describes the impact of overall fatigue due to your systemic sclerosis during the last week:
None 0 1 2 3 4 5 6 7 8 9 10 Extreme

Lower gastrointestinal tract symptoms (e.g. bloating, diarrhea, constipation, anal incontinence):
Circle the number that best describes the severity of lower gastrointestinal tract symptoms during the last week:
None 0 1 2 3 4 5 6 7 8 9 10 Extreme

Limitations of life choices and activities (e.g. social life, personal care, work):
Circle the number that best describes how severe the limitations of life choices and activities due to your systemic sclerosis were during the last week:
None 0 1 2 3 4 5 6 7 8 9 10 Extreme

Body mobility:
Circle the number that best describes how much your body mobility was affected due to your systemic sclerosis during the last week:
Not affected 0 1 2 3 4 5 6 7 8 9 10 Extremely affected

Breathlessness:
Circle the number that best describes how severe your breathlessness due to systemic sclerosis was during the last week:
None 0 1 2 3 4 5 6 7 8 9 10 Extreme

Digital ulcers:
Circle the number that best describes how much your digital ulcers affected you overall during the last week:
None 0 1 2 3 4 5 6 7 8 9 10 Extreme

Conclusions: The EULAR ScleroID score is a novel tool designed for use in clinical practice and clinical trials to display the disease impact of SSc. In this preliminary analysis, Raynaud syndrome, impaired hand function, and fatigue were the main patient reported drivers of disease impact, however, further recruitment and validation of this new instrument is ongoing.

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AB0670 CLINICAL AND LABORATORY MANIFESTATIONS OF RNP-POSITIVE PATIENTS WITH SYSTEMIC SCLEROSIS

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Background: Among patients, who meet the classification criteria for systemic sclerosis (SSc), there are the patients without specific SSc anti-nuclear antibodies and who are positive for antibodies to ribonucleoprotein (RNP). The clinical significance of the RNP antibodies in SSc is not clear.

Objectives: To investigate clinical and laboratory characteristics of SSc patients positive for antibodies to RNP.

Methods: The study included 52 patients (49 women and 3 men, mean age 44.2±15 years, median disease duration from the beginning of Raynaud's phenomenon 11.2±7years) who met the classification criteria of SSc (ACR/EULAR 2013) and have high level (>200 U/ml) of antibodies to RNP-70 (determined by ELISA, range 0–25 U/ml). Clinical, laboratory, and immunologic data were collected on all patients.

Results: All the patients met the criteria for classification of SSc ACR/EULAR 2013 (table 1). Other prevalent clinical manifestations were gastroesophageal reflux in 63, 5% of patients, joints involvement in 58%, myositis in 30, 7%, serositis in 27.5% (including 23% of pericarditis). All patients were positive for antinuclear factor (Hep-2) and in some cases RF, anti-SS-A, anti-SS-B, anti-Sm and anti-dsDNA antibodies were identified. The increased levels of CRP and/or ESR were found in 56% of cases. Among the SSc patients, there were 38 (73%) who satisfied for the classification criteria for mixed connective tissue disease (MCTD) proposed by Kasukawa et al. (1987).

Table 1. Frequency of items of SSc classification criteria (ACR/EULAR 2013) in the group under study

Items	52 patients
Skin thickening of the fingers extending proximal to the metacarpophalangeal joints	9 (17,3%)
Skin thickening of the fingers:	41 (78,8%)
puffy fingers	29 (55,7%)
sclerodactyly	14 (27%)
Fingertip lesions	22 (42,3%)
Telangiectasia	25 (48%)
Abnormal nailfold capillaries	45 (86,5%)
Lung involvement:	37 (72%)
Pulmonary arterial hypertension	2 (4%)
Interstitial lung disease	35 (68%)
Raynaud's phenomenon	52 (100%)
SSc-related autoantibodies:	12 (23%)
ACA	4 (7,7%)
Anti-Scl-70	8 (15,4%)

Conclusions: In the group under study the limited form of SSc dominated, with high frequency of the different manifestations of vasculopathy, esophagus, joint and muscle disorders symptoms. A subtype of RNP-positive SSc patients often met the criteria for MCTD. This fact makes it reasonable to discuss the possibility of overlap-syndrome between these two diseases.

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AB0671 INCREASED BODY FAT BUT DECREASED LEAN BODY MASS AND BONE MINERAL DENSITY IN PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES ARE ASSOCIATED WITH DISEASE DURATION, INFLAMMATORY STATUS, SKELETAL MUSCLE INVOLVEMENT AND PHYSICAL ACTIVITY

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Background: Idiopathic inflammatory myopathies (IIM) are characterized by inflammation and atrophy of skeletal muscles, pulmonary and articular involvement, which limit the mobility/self-sufficiency of patients, and can have a negative impact on body composition.

Objectives: To assess body composition and physical activity of IIM patients and healthy controls (HC).

Methods: 54 patients with IIM (45 females/9 males; mean age 57.3; disease duration 5.8 years; polymyositis (PM,22)/dermatomyositis (DM,25)/necrotizing