tionnaire to explore fears related to CIRDS using the Fears Assessment in Inflammatory Rheumatic Diseases (FAIR) Scale.

Methods: The preliminary questionnaire included 44 items (23 related to fears) most frequently cited by pts in a qualitative study of 50 French pts.¹ Each item was formulated as an affirmative sentence and scored from 0 (completely disagree) to 10 (totally agree). Item scores were summed to provide a total score. The questionnaire was finalised and validated. Pts diagnosed with RA (EULAR/ACR criteria) or axSpA (ASAS criteria), recruited during routine visits by 100 participating rheumatologists across France, completed the preliminary questionnaire, HAD (Hospital Anxiety and Depression) and AHL (Arthritis Helplessness Index) scores. Redundant items (inter-item correlation coefficient > 0.65) were eliminated. For the others, internal consistency (Cronbach alpha) and the factorial structure of the scale (principal component analysis) were assessed. Pts were classified according to their level of fears (cluster analysis) and corresponding score thresholds were determined (ROC analysis). The final questionnaire was independently translated into English and back into French twice, with reconciliation of the translated texts.

Results: 672 pts were included: 432 RA pts (mean±SD disease duration was 13.1±11.4 years, DAS28[ESR] was 2.6±1.2, 77.3% were taking biologics) and 240 axSpA pts (disease duration was 13.8±10.6 years, BASDAI was 3.3±2.2, 72.7% were taking biologics). The final FAIR Scale included 10 questions (Table) with total scores ranging 0–100. Mean±SD scores were 51.2±25.4 in RA and 60.5±22.9 in axSpA. Three pt groups were identified, characterised by high, moderate and low level of fears (17.2%, 41.1% and 41.7% of the population, respectively). The corresponding thresholds of the total score were 77 and 51, respectively. Fear scores were correlated with HAD scores for anxiety (r=0.47) and depression (r=0.40) and with the AHL (r=0.50).

Table: FAIR Scale – 10 items [a]

Fears about the progression and consequences of the disease:	
B-7: I am afraid of suffering like I did in the past.	
D-3: I am afraid that my disease is rapidly getting worse.	
D-5: I am afraid that my spinal column or some of my bones will fuse.	
D-7: I am afraid of not having anyone to help me if I lose my autonomy.	
E-1: I am afraid that I will no longer be able to carry out my daily activities.	
E-5: I am afraid that people will think of me as disabled.	
C-6: I am afraid that at some point there will be no more effective treatments for my disease.	
Fears about treatments:	
C-2: I am afraid of the side effects of treatments for my disease.	
C-3: I am afraid that the treatments of my disease may cause cancer.	
C-4: I am afraid that the treatments of my disease will become less effective.	

[a] Each item is scored between 0 (strongly disagree) and 10 (strongly agree); total score of 100.

Conclusions: The FAIR Scale is a 10-question PRO to evaluate disease-related fears in CIRDS pts. In this pt population, 17.2% had high fear scores, contrasting with a disease that is often well-controlled. The FAIR Scale was associated with psychological distress. This psychometrically-validated and easy to use questionnaire could be used to improve pt-physician dialogue in CIRDS and also be of value in clinical studies. Further validation in other populations is needed.

References:

[1] Berenbaum F. PloS One 2014; 9(12):e114350.

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THU0676 ANTI-RO/SS-A 52-KDA ANTIBODIES: A MARKER FOR LUNG FIBROSIS IN RHEUMATIC DISEASES

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Background: Lung fibrosis (LF) is a type of interstitial disease that leads to lung scarring, respiratory failure and later on, death. There are 2 main types of LF: idiopathic and secondary; and the prognosis is very different. LF becomes relevant in connective tissue diseases (CTD) and some studies have suggested

that there could be an association between anti-Ro/TRIM21 antibodies and the development of interstitial lung disease in these patients.

Objectives: The aim of this study was to assess if the presence of anti-Ro52/TRIM21 antibodies is an independent risk factor for developing CTD-associated LF. We also aimed to evaluate the initial manifestations of systemic diseases and clinical characteristics linked to certain antibodies.

Methods: It is a prospective, observational, longitudinal, single-center study conducted among unselected patients with CTD (rheumatoid arthritis, systemic lupus erythematosus (SLE), systemic sclerosis (SSc), polymyositis (PM), overlap CTD syndrome (OCTD), MCTD, primary Sjögren's sd (PSS), primary antiphospholipid sd, systemic vasculitis, and undifferentiated connective tissue disease). We analysed data from 1,432 caucasian patients included in the "Systemic Autoimmune Diseases (SAD) Registry" from 1988 to 2014. They were all checked at least biannually and blood samples were taken according to clinical practice. Exclusion criteria were LF as the initial manifestation of the SAD, LF already diagnosed at the first visit and also LF secondary to drugs or a specific environment.

Results: 10% of patients included in the study developed LF. The OR for LF in patients with anti-Ro52/TRIM21 antibodies was 1.757 (95%CI=1.1–2.7). The OR for LF increased with every year of age (OR=1.03, 95%CI=1.02–1.04). Only 9 out of 146 patients with LF were positive for Anti-La/SS-B antibodies, and the OR for males was 8.6 compared to women (95%CI=1.8–39.5). Patients with SSc and PM showed a higher OR for the development of LF (6.9 95%CI=4.6–10.4 and 2.0, 95%CI=1.2–2.8 respectively) compared to those diagnosed with other CTD. The time passed from the first symptoms to the diagnosis of LF was inversely related to the age of onset (r=-.230; p=0.013). The average time was 60 months for patients with anti-Ro52/TRIM21 antibodies (29 patients) and 138 months for patients without them.

	LF				p	OR	OR 95% CI
	Yes (n=146)		No (n=1286)				
	Mean (Sd)	n (%)	Mean (Sd)	n (%)			
anti-Ro/SS-A 60 kDa	39	26.7	307	23.9	0.47	1.16	0.78–1.71
anti-Ro52/TRIM21	36	24.7	205	15.9	0.01	1.72	1.15–2.58
anti-La	9	6.2	129	10.1	0.14	0.58	0.29–1.17
SLE	25	17.1	398	30.9	<0.001	0.46	0.29–0.72
MCTD	13	8.9	71	5.5	0.13	1.67	0.90–3.10
OCTD	13	8.9	52	4.0	0.01	2.32	1.23–4.37
SSc	52	35.6	107	8.3	<0.001	6.09	4.11–9.02
PM	26	17.8	126	9.8	0.006	1.99	1.25–3.16
SSc-PM	8	5.5	16	1.2	0.002	4.60	1.93–10.9
PSS	8	5.5	100	7.8	0.408	0.68	0.32–1.44
Female	30	20.5	229	17.8	0.42	1.19	0.78–1.82
Age (y.)	65.25	14.5	58.3	17.2	<0.001	1.02	1.01–1.03

Figure 1. Multiple logistic regression predictions (the black line represents the base prediction)

CSS: cutaneous systemic sclerosis; PM: polymyositis

Conclusions: Anti-Ro52/TRIM21 antibodies have been proved to be a risk factor for developing LF. The earlier the age of onset, the slower the progression to fibrosis. However, patients with anti-Ro52/TRIM21 antibodies tend to have a faster development, independent of the age of onset. Anti-La-SS-B antibodies seem to be a protective factor for the development of LF in both genders; but the association is stronger in women.

Disclosure of Interest: None declared

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