Abstract SAT0352 – Table 1. Hazard ratio (HR) and 95% confidence intervals (CI) comparing the mortality in idiopathic inflammatory myopathy (IIM) patients identified in the National Patient register between 2002 and 2011 and in an individually matched general population comparator. Overall mortality and stratified by underlying cause of death and time since IIM diagnosis

	IIM duration categories HR (95% CI) Deaths per 1,000 person years IIM patients/comparators			
	<1 year	1–<5 years	5–10 years	>10 years
Overall	10.3 (7.5–14.2) 110.8/ 11.6	3.2 (2.5–4.0) 51.2/19.6	2.6 (1.8–3.6) 48.2/24.7	2.4 (0.6–9.2) 42.1/27.7
Cardiovascular disease	5.3 (2.8–9.9) 21.9/4.4	2.3 (1.6–3.5) 14.9/8.0	2.4 (1.4–4.2) 16.7/10.0	6.49 (1.1–40.0) 28.1/13.4
Cancer	12.4 (7.4–20.8) 46.7/4.2	3.2 (2.1–4.8) 15.4/5.5	3.1 (1.6–6.0) 12.8/5.6	1.5 (0.1–14.9) 14.0/6.7
Pulmonary disease	22.49 (4.2–119.7) 7.3/0.1	5.2 (2.5–10.8) 6.1/0.3	2.4 (0.7–8.5) 3.0/1.0	- -

was noted within a year of diagnosis due to pulmonary disease, cancer and cardiovascular disease which calls for extra vigilance with respect to comorbidities during the first year of IIM diagnosis.

Disclosure of Interest: None declared

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SAT0353 SMALL AIRWAYS INVOLVEMENT IN SCLERODERMA PATIENTS: RESULTS OF A CASE-CONTROL STUDY

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Background: Interstitial lung disease (ILD) and pulmonary hypertension are the leading cause of morbidity and mortality in systemic sclerosis (SSc). Although a ventilatory obstructive pattern, due to large airways impairment, has been rarely observed in SSc, a potential involvement of smaller airways (SA) has been suggested in previous reports. Recently, impulse oscillometry (IOS), a non-invasive forced oscillation technique, has been advocated as a valuable diagnostic tool for a sensitive assessment of SA.

Objectives: The main objectives of the present study was to investigate the prevalence of SA dysfunction by IOS in SSc patients compared to healthy controls, and to evaluate the correlation between SA dysfunction and selected radiological and clinical disease-related features.

Methods: Consecutive SSc patients were included in the present study according to eligibility criteria; controls were health volunteers. Both cases and controls underwent IOS measurements; cases also underwent pulmonary function tests and St. George's respiratory questionnaire. Radiological features were assessed on the latest chest high resolution computed tomography (HRTC) scan available in the twelve months before study enrolment, evaluating for both SA signs of disease and ILD. A SA involvement at IOS was defined as R5-R20 $\geq$0.07 kPa/L/sec. Odds ratios and 95% confidence intervals for the IOS value was computed using multiple logistic regression models. Correlation between SA dysfunction and selected parameters were assessed using Pearson's correlation coefficient.

Results: 92 cases (M/F 14/78, mean age 57.06) and 84 controls (M/F 15/69, mean age 54.28) were included in the present study. The R5-R20$\geq$0.07 kpa/L/sec was found in 20.65% of cases and in 3.57% of controls. The OR was 7.027 (95% CI 1.99–24.72, p<0.01). This value did not significantly change after the adjustment for confounding variables (OR a* 7.091). Correlations between R5–20 $\geq$0,07 kPa/L/s and selected parameters showed a significant inverse association with vital capacity (FVC) and forced expiratory volume in first second (FEV1) and a direct correlation with pulmonary artery systolic pressure estimated. With reference to cutaneous subtype a SA dysfunction was more prevalent in the limited form compared to the diffuse, respectively in 23% and 12%. Radiologic HRCT assessment of SA pathological features and ILD extent were provided for 77 patients: 19 (24.7%) presented at least one sign of SA disease. An underlying ILD was detected in 40 patients, characterized by NSIP pattern in 37.

Conclusions: A significant involvement of SA was found in a substantial proportion of SSc patients, compared to healthy controls. Moreover, this seemed to be associated with a more severe functional obstructive and restrictive impairment, and with higher PAPs values. Therefore, our findings suggests that SA may be a potential, less known, target of disease, and further studies are needed to assess prognostic and therapeutic implications of this pathologic feature.

Disclosure of Interest: None declared

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SAT0354 NAILFOLD VIDEOCAPILLAROSCOPY AND RAYNAUD'S PHENOMENON IN A COHORT OF MESTIZO LATIN AMERICAN PATIENTS: A PRELIMINARY OBSERVATIONAL STUDY

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Background: The prevalence of Raynaud's phenomenon (RP) has been reported between 3–22%. When associated with systemic autoimmune diseases (SAD), especially systemic sclerosis (SSc), it is the sentinel event of irreversible organic damage. Nailfold videocapillaroscopy (NVC) is a non-invasive and safe procedure that allows *in vivo* observation of the microcirculation. Between 15–20% of patients who have RP with videocapillaroscopic alterations and certain autoantibodies will develop a SAD over two years. In addition, 90% of individuals with SSc and 85% with mixed connective tissue disease (MCTD) had RP as the first symptom.

Objectives: To evaluate the role of NVC in the differential diagnosis of RP, as well as in the early detection of SAD, in a cohort of Colombian patients.

Methods: A prospective, longitudinal, analytical study was conducted in subjects with RP, over 18-year-old, not active smokers, without previous connective tissue disease, secondary causes or aggravating factors. Optilia NVC with OptiPix software was used (Optilia Instruments; Sollentuna, Sweden). Qualitative variables are described by means, as well as absolute and relative frequencies; quantitative variables, according to the distribution of data, were reported by means or median, with standard deviation (SD) and interquartile range (IQR), respectively. We are reporting the baseline characteristics of these individuals.

Results: Fifty-eight individuals were included; 91.4% were female. The mean age was 40.9 years (SD: 14.1). RP was biphasic in 63.6% of the patients, with a median of 30 episodes per month (IQR: 8–30). In 41 subjects (available data), antinuclear antibodies were positive; the most common patterns were: speckled (41.5%) and centromere (26.8%). The median of erythrosedimentation rate (ESR) was 9 (IQR 4–13). Ten individuals (19.2%) were diagnosed with SAD in the first NVC: Seven patients with limited SSc, two with MCTD, and one with diffuse SSc. The patterns observed in the individuals with SSc were: early (n=3), active (n=3), late (n=2), and minor and unspecific abnormalities in subjects with MCTD (one each). The most frequent NCV alterations in subjects with SAD were: megacapillaries (n=10), microhemorrhages (n=10), avascular zones (n=8), neovascularization (n=6), and capilar disorganization (n=6). In these subjects, the mean capillary diameter was 76.7±33.9 mm; the median of capillary number per mm was 7 (IQR: 6–8).

Conclusions: The frequency of systemic autoimmune disease was similar to the published reports in the literature. We highlight the following aspects: 1) The normal erythrosedimentation rate in subjects with a rheumatologic diagnosis, a particular finding when compared to previous data; 2) The important percentage of subjects with a specific diagnosis in the first nailfold capillaroscopy; one possible explanation could be a underdiagnosed disorder; this fact could be possibly demonstrated by the large capillary diameter found.

References:

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SAT0355 NEUROPATHIC PAIN: IS IT AN UNDERESTIMATED SYMPTOM IN SYSTEMIC SCLEROSIS?

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Background: Pain is one of the most common symptoms in SSc patients, yet not considered in the assessment of disease severity. Former studies have shown that pain has a neuropathic component; however there is still lack of evidence about its distribution in the body regions and the direct effect of neuropathic pain on the quality of life (QoL).

Objectives: We aimed to investigate the frequency of neuropathic pain syndrome (NPS) and to evaluate its interference with the quality of life in SSc patients.

Methods: Diffuse and Limited SSc patients diagnosed by *American College of Rheumatology* 2013 criteria were included in the study. Pain was evaluated with *Visual Analogue Scale* (VAS); painful body regions and pain intensity with *Brief Pain Inventory* (BPI); presence of neuropathic pain with *The Leeds Assessment of Neuropathic Symptoms and Signs* (LANNS) questionnaire; disease activity with *Medsger Disease Severity Scale* and QoL with *Short-form 36* (SF36). Multiple regression analysis was used to assess the associations of NPS with sociodemographic and clinical factors.

Results: One hundred twenty patients were included in the study (mean age 53.64±11.44 years, female/male 83.3%>16.7%). Total pain frequency was found 69.2% and NPS was 35.9% in the whole patient group. Mean VAS in the