the carotid ultrasound findings showed 110 patients with intermediate risk, 28 with high risk and 43 with a very high risk.

In table 1, the characteristics of the 43 patients whose carotid ultrasound findings resulted in a risk re-stratification vs the 138 with no risk modification.

	Risk modification due to pathologic carotid ultrasound (n=43)	No risk modification due to pathologic carotid ultrasound (n=138)
Sex (Woman)	32 (74%)	90 (65%)
Age (years)	58.1 (±9)	53.5 (±12)*
Disease	28 (65%)	68 (49%)
RA (n=96)	6 (14%)	31 (22%)
SpA (n=37)	9 (21%)	39 (28%)
PsA (n=48)		
DM	4 (9%)	15 (11%)
High blood pressure	24 (56%)	54 (39%)
Hypercholesterolemia	30 (70%)	59 (43%)*
Smoker	12 (28%)	26 (19%)
Obesity	31 (72%)	87 (63%)
Modified SCORE	2.7 (±1.6)	2.3 (±1.7)

*p<0.05 between group comparison

Conclusions: Patients with risk modification due to carotid ultrasound findings were older and were more frequently hypercholesterolemic. Performing a carotid ultrasound in these patients seems to offer especially relevant information.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4867

SAT0652

STUDY OF NAIL UNIT WITH ULTRASONOGRAPHY IN SEVERAL RHEUMATOLOGICAL CONDITIONS: A CROSS SECTIONAL STUDY OF DISTAL INTERPHALANGEAL JOINT AND NAIL

G. Adami, E. Vantaggiato, C. Benini, A. Fassio, A. Giollo, G. Orsolini, L. Idolazzi, D. Gatti. *Rheumatology Unit, University of Verona, Verona, Italy*

Background: The ultrasonography (US) is a feasible technique when you refer to the peripheral small joints and also to the nail.¹ DIP joints are not only affected by inflammatory disease and a more frequent condition is osteoarthritis (OA). The bone and synovial changes due to this condition are very similar to the ones of PSA especially regarding osteoproliferative lesions.

Objectives: The aim of our study was exploring through imaging the changes of nail and enthesis of extensor tendon of the finger in inflammatory and degenerative conditions in order to find structural differences of nail and DIP.

Methods: This is an observational study on PSO, PSA, RA or OA patients. A control group of 50 healthy volunteers was used for comparison. Diagnosis was based on clinical or scientific criteria, such as CASPAR or EULAR/ACR were applicable. The study sample included 203 individual. The ultrasonographers were blind to clinical data and diagnosis of the patient. The ultrasound examination was done with a GE Logiq S8. The structural alterations of the plate were evaluated using a semiquantitative score for the magnitude of the alteration. The score provides values from 0 (no alteration) to 3 (severely altered). A semiquantitative approach was also used for evaluation of the power Doppler signal.

Results: The study sample was composed by 51 patients affected by PsA, 31 affected by PSO group, 37 subjects with RA, 34 with OA and 50 HC. The analysis of nail bed PDUS revealed an unusual trend for patients affected by OA who showed a prevalence of lesions of every grade but a lower rate of normal cases. The evaluation of the PDUS of the enthesis revealed that patients affected by PsA have an increased rate of PDUS signal at the enthesis of the extensor tendon. Considering nail plate HC showed a strong difference (p value<0.001) vs all groups except for patients affected by RA. Regarding nail bed thickness HC showed difference only if compared with PSA or OA group. P values are reported in table 1.

		PSO	PSA	RA	OA	HC
Nail plate Thickness	PSO	//	0.99	0.021	0.99	<0.001
	PSA	0.99	//	0.002	0.99	<0.001
	RA	0.021	0.002	//	0.06	0.06
	OA	0.99	0.99	0.06	//	<0.001
	HC	<0.001	<0.001	0.06	<0.001	//
Nail bed Thickness	PSO	//	0.99	0.003	<0.001	0.15
	PSA	0.99	//	<0.001	<0.001	0.002
	RA	0.003	<0.001	//	0.69	0.12
	OA	<0.001	<0.001	0.69	//	0.012
	HC	0.15	0.002	0.12	0.012	//

Conclusions: The data support the concept that nail enthesis unit is in some way involved in different pathological conditions. No exclusive feature belongs only to one or another disease, but the data provided suggested that peculiar lesions might be found only in certain disease and in certain structures, like the entheses.

The US of the nail should be considered as one of the possible and promising approach in the study of these structures.

REFERENCE:

- [1] Arbault A, Devilliers H, Laroche D, et al. Reliability, validity and feasibility of nail ultrasonography in psoriatic arthritis. *Jt Bone Spine Rev Rhum* 2016;83:539-44. doi:10.1016/j.jbspin.2015.11.004

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6992

SAT0653

RELATIONSHIP BETWEEN CARDIAC VALVULAR CALCIFICATION, CAROTID ATHEROSCLEROSIS, AND CORONARY CALCIFICATION IN PATIENTS WITH RHEUMATOID ARTHRITIS

H. Udachkina, D. Novikova, T. Popkova, E. Markelova, I. Kirillova, E. Gerasimova. *V.A. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation*

Background: The prevalence and relationship of VC with arterial atherosclerosis in patients with rheumatoid arthritis (RA) is under-investigated.

Objectives: investigate the prevalence of VC in patients with RA and its relationship with carotid atherosclerosis (CA) and coronary artery calcification (CAC).

Methods: Study population was consisted of 128 adult patients (65.6% women, age 55^{43;61} years) with RA according to ACR/EULAR criteria (disease duration 6^{5;18} month) with moderate/high RA activity (DAS28 5.3 [5.0; 6.1]). Arterial hypertension (AH) was found in 64%, ischaemic heart disease (IHD) – in 14%, dyslipidemia – in 54.7%, smoking – in 20.3%, diabetes mellitus type 2 – in 7%, myocardial infarction – in 1.6%, stroke – in 1.6%. Cardiac VC was evaluated by transthoracic echocardiography; CAC scoring was done with 32-row scanner by standard Agatston method; CA was evaluated with duplex ultrasound.

Results: Patients were divided on 3 groups depending on valve condition: normal (34.3%); leaves thickening (30.5%); VC (35.25%). The VC group consisted of isolated mitral VC – in 11%, isolated aortic VC – in 51%, calcification of both valve – in 38%. Mitral regurgitation (3 degree) was detected in 0.8% patient, mitral stenosis (mild) – 0.8%, aortic regurgitation (1 degree) – in 25%, aortic stenosis (mild) – in 0.8%. Age, BMI, SBP and frequency of AH, IHD, CA, CAC significant increased from 1 to 3 group (p<0.05). There was no significant difference in the sex, lipid levels, Rg-stage, RA duration and level of parameters of RA activity (DAS28, CRP, ESR) between investigated groups.

	Normal valve (n=44)	Thickening (n=39)	Calcification (n=45)
Age	39.5 ^{29;51}	56.5 [51.5;62]	60 ^{57;67} *
BMI	23.4 [21.4;28.6]	26.3 [23.7;29.3]	27.2 ^{25;31} *
SBP	120 ^{100;130}	120 ^{110;134}	130 ^{120;140} *
AH	19 (43.2)	23 (59)	40 (88.9) *
IHD	1 (2.3)	6 (15.4)	11 (24.4) *
CA	12 (27.3)	30 (77)	39 (86.7) *
CAC	8 (18.2)	16 (41)	32 (71.1) *

Note: Data are expressed as median [25 percentile;75 percentile] for continuous variables and as a number (%) for the categorical variables. * Difference for trend (p<0.05)

Conclusions: Among RA patients, more than half have a modified valve structure and in 1/3 of them VC. The presence of VC is correlated with traditional cardiovascular risk factors, but not with lipid levels, activity and severity of RA. The probability of CA and CAC presence is significantly increased when there is VC.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5447

SAT0654

ASSOCIATION OF PREDNISONE AND ANTIMALARIALS AND ECHOCARDIOGRAPHIC FINDINGS IN ASYMPTOMATIC CARDIOVASCULAR PATIENTS WITH SLE

I. Jochims, L.M.H. Mota, L. Muniz, D.F. Vasconcelos, L.L. Santos-Neto. *UNIVERSITY OF BRASILIA, Brasilia, Brazil*

Background: Systemic lupus erythematosus (SLE) is an autoimmune inflammatory disease that presents with increase of cardiovascular risk. Echocardiogram can detect morphofunctional cardiac changes and predict clinical outcomes in patients with SLE¹.

Objectives: To evaluate echocardiographic morphofunctional parameters in women with SLE, using conventional echocardiogram and to relate the echocardiographic findings to disease-related factors and therapeutics.

Methods: We have selected 51 women with SLE, without cardiovascular symptoms, under regular medical follow-up. Patients who had limitations to do echocardiography, smokers, and those with a creatinine level higher than 1.5 mg/dL were