above 60 years old, diagnosed and made starts of treatment in our hospital, and observed more than 6 months, from medical records.

Results: One hundred eighty eight EORA patients were enrolled in this study. Female were 116 (62.0%). Mean observation period from first visit until September 30, was 68 months. Rheumatoid factor positive rate was 67.0%. Anti-CCP antibody-positive was 68.2% (107/157), and most of them (65.5%, 70/107) had high antibody titer over 100 U/mL. At the time of diagnosis, average CRP was 3.1 mg/dL. Respiratory complications were seen in 26.1% (49 cases), including 28 interstitial lung disease, 10 COPD/emphysema, 7 non-tuberculous mycobacteriosis/obsolete tuberculosis, and 6 bronchiectasis. Other complications were diabetes 16.5% (past 25 cases, new 6), hypertension 38.3% (past 66, new 6), and hyperlipidemia 23.9% (past 33, new 12). Histories of cerebrovascular or cardiovascular events were seen in 10.6% (20 cases), and history of malignancy was seen in 6.9% (13 cases). During observation period, newly developed malignancy was seen in 14 cases (14.1/1000 person-years) including 4 MTX related lymphoproliferative disorders (MTX-LPD), 3 gastrointestinal cancer, 3 gynaecological cancer, 2 lung cancer, and so on. Infectious adverse event were occurred in 35 patients (35.3/1000 person-years). From the point of treatment, corticosteroids were prescribed in 32%, csDMARDs 88%, and biological DMARDs (BIO) 47%. Of 89 EORA patient treated with BIO, average DAS28-ESR was 5.77, and HAQ-DI 1.48 at the baseline. Twenty-nine cases were started to treat with BIO as monotherapy, 13 cases as switching to BIO from csDMARDs, and 47 as addition BIO to csDMARDs. During observation period, reasons of cessation of the first BIO were remission in 21, adverse events in 19 (7 infections, 6 injection-site/infusion reaction, 3 malignancies, and so on), insufficient response in 16, and patient's hope in 2.

Conclusions: RF/anti-CCP antibody positive rate was lower than general RA population, but slightly higher than previous reports on EORA.¹⁾ BIO could be discontinued in 24% of 89 patients who received BIO because of remission. On the other hand, the frequency of infection and malignancy was still higher in EORA patients. So it is necessary to adjust anti-rheumatic therapy for poor prognostic cases, and we should be careful to follow up EORA patients.

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Disclosure of Interest: T. Kurasawa: None declared, Y. Okada: None declared, A. Shibata: None declared, S. Saito: None declared, K. Chino: None declared, A. Okuyama: None declared, H. Takei: None declared, T. Kondo: None declared, K. Amano Grant/research support from: Chugai Pharmaceutical Co. Ltd., Speakers bureau: Chugai Pharmaceutical Co. Ltd., Daiichi-Sankyo Co., Ltd., Pfizer Japan Inc., Mitsubishi Tanabe Pharma Corporation

DOI: 10.1136/annrheumdis-2018-eular.3589

AB0406

SIGNIFICANT ASSOCIATION BETWEEN RENAL FUNCTION AND AREA OF AMYLOID DEPOSITION IN KIDNEY BIOPSY SPECIMENS IN BOTH AA AMYLOIDOSIS ASSOCIATED WITH RHEUMATOID ARTHRITIS AND AL AMYLOIDOSIS

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Background: The kidney is a major target organ for systemic amyloidosis, which results in proteinuria and an elevated serum creatinine level. The clinical manifestations and precursor proteins of amyloid A (AA) and light-chain (AL) amyloidosis are different, and the renal damage due to amyloid deposition also seems to differ.

Objectives: The purpose of this study was to clarify how the difference in clinical features between AA and AL amyloidosis are explained by the difference in the amount and distribution of amyloid deposition in the renal tissues.

Methods: A total of 119 patients participated: 58 patients with an established diagnosis of AA amyloidosis (AA group) and 61 with AL amyloidosis (AL group). We retrospectively investigated the correlation between clinical data, pathological manifestations, and the area occupied by amyloid in renal biopsy specimens. In most of the renal specimens the percentage area occupied by amyloid was less than 10%. For statistical analyses, the percentage area of amyloid deposition was transformed to a common logarithmic value (Log10%amyloid).

Results: The results of sex-, age-, and Log10%amyloid-adjusted analyses showed that systolic blood pressure (SBP) was higher in the AA group. In terms of

renal function parameters, serum creatinine, creatinine clearance (Ccr) and estimated glomerular filtration rate (eGFR) indicated significant renal impairment in the AA group, whereas urinary protein indicated significant renal impairment in the AL group. Pathological examinations revealed amyloid was predominantly deposited at glomerular basement membrane (GBM) and easily transferred to the mesangial area in the AA group, and it was predominantly deposited at in the AL group. The degree of amyloid deposition in the glomerular capillary was significantly more severe in AL group. The frequency of amyloid deposits in extraglomerular mesangium was not significantly different between the two groups, but in AA group, the degree amyloid deposition was significantly more severe, and the deposition pattern in the glomerulus was nodular. Nodular deposition in extraglomerular mesangium leads to renal impairment in AA group. There are significant differences between AA and AL amyloidosis with regard to the renal function, especially in terms of Ccr, eGFR and urinary protein, even after Log10%amyloid was adjusted; showing that these inter-group differences in renal function would not be depend on the amount of renal amyloid deposits.

Conclusions: These differences could be explained by the difference in distribution and morphological pattern of amyloid deposition in the renal tissue.

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Acknowledgements: This work was supported by JSPS KAKENHI Grant Number 17 K09973.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1321

AB0407

THE IMPACT OF DEPRESSION ON SOCIAL CONTACTS OF PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) affects the psychological and emotional state of the patient, leading to a significant reduction in the quality of life and social contacts.

Objectives: Assess the occurrence and degree of depression in RA patients and their impact on quality of life and social contacts.

Methods: The study involved 110 patients, 78.4% women and 22.6% men, with RA of median age 58.7. The average disease duration was 13.6 years. 68% of patients were treated with methotrexate monotherapy (MTX), 32% by combination of MTX and other DMARD. The disease activity in patients was determined by the ideax DAS28, the functional status -HAQ-DI questionnaire. The intensity of the pain was determined using a visual analogue scale for VAS pain (0–100 mm). The degree of radiological changes was determined based on the classification by Steinbrocker. Patients completed a questionnaire related to the quality of social relationships. The degree of depression was determined using Bäck scale for depression.

Results: The incidence of depression had 65.4% of the patients. A mild degree of depression was observed in 26.4%, moderate 24%, expressed 13% while 2% of the patients had a more severe degree. There was a significant statistic correlation between the degree of depression with age, the duration of the disease, the high degree of DAS28, HAQ-DI, VAS pain and the degree of radiological changes. By analysing the quality of life and social contact, patients in 62% were supported by a close family and a spouse, 28% of their close relatives, 7% of the wider family, while 3% of the patients lived alone.

Conclusions: Depression is the most common and most important psychological state that occurs in patients with RA. It is important to recognise and start treatment on time, which should be based on a multidisciplinary approach. In addition to family support, overall social support also takes a significant place.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1972