the other capillary parameters (capillary ramification, microhemorrhages) between the two groups of patients.

Conclusions: In a limited cohort of MCTD patients with an average disease duration of 6.4 years and a follow-up of three years, the nailfold microangiopathy does not seem to be significantly progressive. Patients with MCTD seem to show less enlarged/giant capillaries, and larger absolute number of total and normal capillaries than SSc patients. Still difficult to identify a defined NVC pattern in MCTD patients.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5539

AB0762

RELATIONSHIP OF THE SIX MINUTE WALKING TEST AND QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC SCLEROSIS

G. Cuomo, K. GJELOSHI, F. Masini, F. Danzo, C. Romano, L.E. Adinolfi. UOC Medicina Interna, UNIVERSITA DEGLI STUDI DELLA CAMPANIA, NAPOLI, Italy

Background: The six minute walking test (6MWT) is a standardised measure of submaximal exercise capacity. It is a surrogate measure of heart and lung involvement. There are no studies on relationship between 6MWT and quality of life evaluated by Short form 36.

Objectives: To evaluate the relationships between the 6 min walking distance (6MWD) and each item of SF36

Methods: Fifty consecutive SSc patients were investigated. They underwent 6MWT and complete the SF-36 (assessed the 8 domains of the questionnaire as well as the physical component score-PCS and mental component score-MCS). **Results:** 6MWD ranged from 253 to 582 (median 420); we listed the correlations from 6MWT and only the statistically significant features of SSc and the items of SF36

Age: median 48 (range 20–72); Rho –0.51; p<0.00001

EScSG Activity Index: median 0.5 (range 0–5); Rho –0.33; p0.009

HAQ-DI: median 0.375 (range 0–2.275); Rho –0.26; p 0.048

mRSS: median 2 (range 0–17); Rho-0.35; p0.007

Pulmonary hypertension (echocardiography): median 30 (range 13–80); Rho –0.26; p 0.048

SF36: PCS: median 43 (range 20–65); Rho 0.41; p 0.0016

PF: median 75 (Range 0–100); Rho 0.40; p 0.002

GH: median 50 (range 10–92); Rho 0.43; p 0.0007

Conclusions: Our study first demonstrates that 6MWT is correlated to some aspects of quality of life as measured by SF36 in the SSc patients. This results must be considered when assessing 6MWT in SSc.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4315

AB0763

BIOELECTRICAL IMPEDANCE ANALYSIS FOR THE ASSESSMENT OF BODY COMPOSITION IN PATIENTS WITH SYSTEMIC SCLEROSIS

G. Cuomo, G. Guarino, F. Danzo, C. Romano, F. Masini, R. Ferrara, S. Gentile, L. E. Adinolfi. UOC Medicina Interna, UNIVERSITA DEGLI STUDI DELLA CAMPANIA, NAPOLI, Italy

Objectives: The aim of the present study was to evaluate the body composition by bioelectrical impedance analysis (BIA) and to assess the nutritional status by BMI and possible correlations with epidemiological and clinical characteristics in patients with SSc

Methods: Malnutrition was defined as BMI <18.5 kg/m² or unintentional weight loss >10% in combination with a fat-free mass index (FFMI) <15 kg/m² for women or <17 kg/m² for men or BMI <20.0 kg/m² (age <70 years) or <22 kg/m² (age >70 years). Body composition was assessed in 40 patients (female) (age mean $\pm$ sd: 45.2 $\pm$ 12.2) and 20 healthy controls (age mean $\pm$ sd 41.5 $\pm$ 5.3) with BIA

(Akern, Italy) and BMI. The manufacturer's equation and the Geneva equation were used to estimate fat mass (FFM).

In addition, correlations with disease activity, gastrointestinal severity, disease subset, autoantibody profile, skin score were evaluated.

Results: Malnutrition was found in 10% of patients vs 8% of healthy controls; and low FFMI in 30% of patients vs 10.5% of HC. Bioimpedentiometry showed a Fat Free Mass (FFM) (metabolically active component of fat free mass) reduced in patients compared to controls (46.8 $\pm$ 7.6 vs 53.6 $\pm$ 6.3 respectively; p=0.01). Furthermore, with the same instrument a lower basal metabolic rate was found in patients compared to controls: 1462 $\pm$ 145 vs 1720 $\pm$ 169 calories (p=0.001). The correlations between FFM and basal metabolism with the clinical features of the patients were not statistically significant

Conclusions: This study confirm the study of Spanjer MJ et al¹ and shows a relatively low prevalence of malnutrition in comparison with other studies, but a high prevalence of low FFMI, underlining the necessity of measuring body composition in SSc patients with a standardised and validated method. Furthermore, Caporali et al,² have shown an alteration of the nutritional status of patients of SSc probably related to a gastro-intestinal commitment. In our patients despite the presence of an apparent good nutritional status the use of bioimpedanceometry revealed a different body composition, a lower share of muscle mass, in patients compared to controls, related, in part, to musculoskeletal involvement by systemic sclerosis (increase in muscle catabolism and/or poor nutrient supply due to malabsorption phenomena). The early detection of such alterations could be useful to insert subjects at risk in physical rehabilitation programs.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4298

AB0764

COMPARISON OF DISEASE CHARACTERISTICS IN PATIENTS WITH JUVENILE-ONSET AND ADULT-ONSET PROGRESSIVE SYSTEMIC SCLEROSIS

G. Karatemiz¹, A. Androvic², S.N. Esatoglu¹, S. Sahin², K. Barut², G. Hatemi¹, V. Hamuryudan¹, O. Kasapcopur², E. Seyahi¹. ¹Rheumatology; ²Pediatric Rheumatology, Istanbul University of Cerrahpasa Medical Faculty, Istanbul, Turkey

Background: Progressive systemic sclerosis (PSSc) has been known to affect mainly adults of 30–50 years of age. Juvenile-onset has been reported to be rare and studies comparing clinical differences between juvenile-onset and adult onset form have been limited.¹ These studies were coming from European and North American countries.^{1–2} As there would be also effects of ethnic differences, we aimed to assess clinical differences between the two forms of PSSc of paediatric and adult rheumatology centres of a tertiary centre, in Turkey.

Methods: Adult onset patients were defined as those who were registered and followed as 'scleroderma' at the departments of adult and paediatric rheumatology at Cerrahpasa Medical Faculty, Istanbul, between 2005 and 2017. Only those with at least 2 follow-up visits were included. Patients's charts were re-evaluated retrospectively.

Abstract AB0764 – Table 1

	Adult onset, n=137	Juvenile onset, n=26	P
Age at disease onset, mean $\pm$ SD	38.6 $\pm$ 13.4	10.1 $\pm$ 4.3	-
Age at diagnosis, mean $\pm$ SD	43.6 $\pm$ 14.0	11.4 $\pm$ 3.2	-
Follow-up duration, med. [IQR], years	5 [2.0–7.0]	4 [2.5–6.0]	NS
Male/Female	20/117	2/24	NS
Familial history of chronic inflammatory diseases, n (%)	20 (14.6)	4 (15.4)	NS
Sclerodactyly, n (%)	128 (93.4)	25 (96.2)	NS
Raynaud phenomenon, n (%)	135 (98.5)	24 (92.3)	NS
Digital ulcers, n (%)	55 (41.4)	14 (54.0)	0.001
Interstitial lung disease, n (%)	71 (52.2)	6 (24.0)	0.009
PAH, n (%)	20 (14.9)	0	0.045
Arrhythmia/heart failure, n (%)	14 (10.4)	1 (4.0)	NS
Joint involvement, n (%)	20 (14.9)	13 (50.0)	<0.001
Skeletal muscle involvement/myopathy n (%)	10 (7.5)	7 (28.0)	0.002
Gastrointestinal system involvement, n (%)	42 (31.8)	8 (32.0)	NS
Arterial hypertension, n (%)	24 (18.2)	0	0.015
ANA positivity, n (%)	119 (93.0)	18 (75.0)	0.007
DMARD use, n (%)	90 (65.7)	25 (96.2)	0.002
Vasodilators, n (%)	113 (82.5)	13 (50.0)	<0.001

Results: There were 140 patients with scleroderma in the adult outpatient clinic records and 51 in the paediatric clinic records. Of these patients, 3 (2%) adults