Results: The two groups were similar in terms of age, gender, history of diabetes and type of joint affected. SA patients had higher whole blood white blood cell counts ($p=0.03$) but similar C-reactive protein levels. Synovial fluid was more frequently turbid in septic cases than in non-septic ones.

Serum TIMP-1 ($p=0.003$), synovial MMP-9 ($p=0.002$), serum ($p=0.03$) and synovial CTX-II ($p=0.004$), and serum ($p=0.04$) and synovial CALP ($p=0.03$) were significantly higher in the septic group than in the non-septic group. The AUCs for diagnosing SA of synovial MMP-9, serum TIMP-1, synovial CTX-II, and serum and synovial CALP were, respectively, 0.84, 0.79, 0.81, 0.7 and 0.72.

A combination of serum TIMP-1 and synovial CTX-II led to 75% sensitivity and 94% specificity for diagnosing SA (AUC 0.89) and correctly classified patients in 86% of cases.

Serum TIMP-1 and synovial CTX-II did not correlate with each other ($r=0.1$) and did not correlate with C-reactive protein ($r=0.4$ and $r=0.25$, respectively) or synovial white blood count ($r=-0.04$ and $r=0.27$, respectively).

Conclusions: The combination of two laboratory measurements, serum TIMP-1 and synovial CTX-II, may make it possible to differentiate SA from other forms of arthritis in 86% of cases. These results need to be confirmed in larger samples of patients.

Disclosure of Interest: None declared

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AB1053 ADVERSE EFFECTS AND THEIR CONSEQUENCES IN PATIENTS WITH CHRONIC INFLAMMATORY ARTHROPATHIES IN TREATMENT WITH BIOLOGICAL THERAPY

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Background: The introduction of biological therapies (BT) for the treatment of chronic inflammatory arthropathies (CIA) has improved the prognosis of these diseases and the quality of life of patients. However, the safety of these drugs in the long term continues to be an aspect of interest.

Objectives: This study aims to review the safety of BT in patients with CIA and the consequences of these adverse effects for patients and the health system under daily clinical practice conditions.

Methods: A descriptive, observational and retrospective study was performed. All patients with CIA: rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA) who started BT (abatacept, adalimumab, certolizumab, etanercept, golimumab, infliximab, tocilizumab and ustekinumab) from January 2009 to January 2017 in the Rheumatology Department of the Sanitary Area of Vigo (Spain) were included. Demographic variables (age, sex), variables related to CIA and their comorbidities: clinical and analytical data (CRP, ESR, haemoglobin, DAS and BASDAI) and years of disease evolution and variables about BT: concomitant treatment (glucocorticoids, methotrexate and leflunomide), persistence, adherence and number of lines were collected. Variables about the adverse effects (AEs) of BT: type and clinical consequence, requirement for additional visits to the Rheumatology clinic, visits to the Emergency Department or need for hospital admission was also collected.

Results: Three hundred sixty-two patients and 478 BT lines (250 lines in patients with RA, 119 with AS and 109 with PsA) were analysed (mean $\pm$ SD of BT lines: 1.7 ± 1.1 per patient). In 301 (63.0%) BT lines, some AEs occurred. In total, 683 AEs were detected (0.57 AEs per patient and year of treatment). The most frequent types of AEs were: bacterial infection (0.39 events per year of BT), viral infections (0.04 events per year of BT), fungal infections (0.04 events per year of BT), reactions related to the administration of BT (0.03 events per year of BT) and cardiovascular alterations (0.02 events per year of BT). Certolizumab and abatacept were the drugs that were more associated with bacterial infections: 0.82 and 0.69 per year of BT, respectively. Infliximab was the BT that was less associated with bacterial infections: 0.24 per year of BT. There were 7 deaths in probable relation with the AEs (4 bacterial infections, 1 cardiovascular event and 2 solid tumours). The AEs caused 71 hospital admissions (668 days of hospital stay), 113 hospital emergency room visits and 42 urgent visits to the Rheumatology Department. Sixty percent of the AE were managed from Primary Care without having to go to the hospital. The AEs caused a definitive interruption of BT in 51 episodes and a switch to a different BT in 52 episodes.

Conclusions: In our setting, patients with CIA on BT have an incidence of 0.57 AE per patient and year of BT. Infection (particularly bacterial) is the most frequent AE. Although more than 50% of these AEs are managed from Primary Care, they imply a high consumption of hospital resources.

Disclosure of Interest: None declared

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AB1054 FACTORS ASSOCIATED WITH TUBERCULOSIS IN RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is associated with infections that are favoured by the disease itself or by its treatments. Tuberculosis (TB) is a severe infection that can occur in patients with RA, especially with the use of anti TNF.

Objectives: We aimed to estimate the incidence of TB in RA patients and identify factors associated with TB during RA.

Methods: This is a retrospective study of RA patients according to ACR/^{EULAR} criteria 2010 collected in rheumatology department during the period from April 2010 to April 2015. Diagnosis of latent or patent TB was made as part of the pretreatment screening (biotherapy) or if signs of infection occurred.

Results: During the study period, 150 RA patients (124 women and 26 men) were enrolled. The mean age was 57.09 years.²⁵⁻⁸⁵ Mean disease duration was 7.52 years.¹⁻²⁶ Rheumatoid Factor was positive in 79% of cases. Eighty eight per cent of patients received corticosteroids with a mean dose of 10 mg/day.⁵⁻²⁰ All patients were treated with at least one conventional synthetic disease-modifying antirheumatic drug (methotrexate, sulfasalazine and leflunomide in respectively 87%, 37% and 7% cases) and only 36 (24%) patients received biotherapy. A history of patent TB treated appropriately and prior to RA, was found in 5 patients (3%): 3 pulmonary TB and 2 lymph node forms. The pretreatment test showed 11 cases of latent TB (30%). No relapsed TB was reported on RA treatment. Nine cases (25%) of new active TB were noted during biotherapy: 5 pulmonary TB (under infliximab, adalimumab and tocilizumab), 2 lymph nodes TB (under infliximab) and 2 urogenital TB (under infliximab). In our study, factors associated to TB infection were an advanced age, high level of C-reactive protein, a history of diabetes, dose of steroids ≥ 7.5 mg/day and dose of Infliximab > 3 mg/kg (table 1).

Abstract AB1054 – Table 1. Factors associated to TB in RA patients

Factors	Odds ratio	P
Age	1.7	0.02
Sex: male/female	0.3	0.5
Diabetes	1.6	0.04
Erythrocyte sedimentation rate (mm)	0.6	0.7
C reactive protein(mg/l)	1.5	0.03
RA duration	0.95	0.31
Corticosteroid duration	0.9	0.45
Dose of steroid ≥ 7.5 mg/day	1.1	0.01
Dose of methotrexate	0.5	0.64
Dose of Infliximab > 3 mg/kg	1.7	0.04
Infliximab	0.95	0.34
Adalimumab	0.9	0.72
Tocilizumab	0.8	0.25

Conclusions: Our study showed that RA patients were exposed to a higher risk of TB, especially when using anti TNF therapy with increased incidence of extra pulmonary TB. Understanding associated factors with TB may lead to establish a continuous monitoring in order to improve the quality of care.

Disclosure of Interest: None declared

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AB1055 BRUCCELLAR SPONDYLODISCITIS: DO MRI SIGNS OF SEVERITY INFLUENCE THE DURATION OF THE TREATMENT

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Background: Brucellar spondylodiscitis is rarely associated with neurological involvement. Magnetic resonance imaging has high sensitivity for detecting the paravertebral and epidural extension

Objectives: The purpose of this study was to determine the influence of the MRI severity signs on the treatment duration

Methods: A retrospective study of 27 patients with Brucellar spondylodiscitis during a period of 17 years [2000–2016] was performed. Diagnosis was made on clinical presentation, laboratory findings, radiographic evidence and Brucellar seroagglutination tests. Three patients underwent CT scans and a spinal MRI was carried out for 24 patients. All of them received antibiotic treatment based on a combination of Rifampicin and Doxycycline of varying duration

Results: Ten women and 17 men were included. The mean age was 54 years. Twenty-six patients suffered from spinal pain (96.3%) and 12 patients had radiculalgia (44.4%). The lumbar spine was the most frequently involved region (59.3%), followed by the dorsal spine (18.5%) and the cervical spine (11.1%). The