wrist, 2–3 MCP, Knee, tibio-talar and 2–3 MTP joints, and the following tendons: carpal extensor and flexor tendons, tibial posterior and peroneal. For scoring structures, three methods were tested: semiquantitative (0–3 GS +0–3 PD), dichotomous (0/1 GS +0/1 PD), and qualitative (0/1 based on algorithm [image 1]). All showed strong correlation with activity measures ($\rho \geq 0.60$), and reliability (ICC 0.89 to 0.93). The most feasible index, qualitative, was chosen. The proposed formula for USAS was: **USAS=N° swollen joints+US score+CRP**

Abstract AB1195 – Figure 1

Conclusions: USAS is a valid and reliable measure of inflammation in RA equal to the sum of 28 swollen joint count, a simplified (0/1) US assessment of 11 structures and CRP.

Disclosure of Interest: None declared

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AB1196 **ROLE OF CAPILLAROSCOPY IN THE STUDY OF THE RAYNAUD PHENOMENON IN CONDITIONS OF CLINICAL PRACTICE**

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Background: The Raynaud phenomenon (RP) is very common throughout the world, especially in cold climates, affecting approximately 3%–5% of the population. Most RPs are primary. The risk of the onset of autoimmune disease associated with RP (ADRP) is between 6% and 12%, and the diagnosis is usually made within 2 years of its onset. Capillaroscopy is a simple, innocuous and inexpensive technique that is very useful in the study of RP

Objectives: The primary goal was to evaluate the capillaroscopic findings in patients with RF as the only symptom and establish their relationship between the subsequent development of ADRF.

Methods: We conducted an observational, descriptive, cross-sectional study of a random sample of 98 patients with RP as the main manifestation, selected from within the capillaroscopy consult of our Unit. The capillaroscope used was a stereomicroscope (Stereoscope), with a triocular head, zoom range from 1x to 4x magnification, with cold light illuminator and high resolution ocular camcorder. Periungual capillaroscopy was performed in 3rd, 4th and 5th finger of the right and left hands in each patient and always by the same rheumatologist. We described the sociodemographic variables of patients, and analytical results of the antinuclear antibodies (ANA). After an initial statistical exploration of the data, the same are described. The quantitative variables are expressed as means and standard deviations and if the distributions are asymmetric with medians and quartiles. The qualitative variables with percentages. To assess the validity of capillaroscopy as a diagnostic test, we determined the sensitivity, specificity, and positive and negative predictive value of the test.

Results: 73.5% were women, with an average age of 45.7 years. The median time of evolution of the RP until the capillaroscopy was 2.5 years. 76% of the patients were ANA negative.

The evaluation of the predictive capacity of capillaroscopy for the development of EARP yields the following results:

Abstract AB1196 – Table 1

Sensitivity	83,3% ^{62,6–95,2}
Specificity	78% ^{66,8–86,9}
Predictive positive value	34,1% ^{24,5–45,3}
Predictive negative value	97,1% ^{93,3–98,8}

When analysing the relationship between the presence of ANA and the association with ADRF we found that it was independent ($p=0.002$) of the result of capillaroscopy, being the risk of developing the disease in a patient with positive ANA 8.5 times higher than in an ANA negative patient.

Conclusions: Capillaroscopy in patients with RP has a high predictive negative value, which allows us to estimate, with high reliability, the association of this phenomenon with autoimmune disease in patients with normal capillaroscopic patterns. Given the results of our study, capillaroscopy should be protocol in the RP study

Disclosure of Interest: None declared

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AB1197 **MULTIPARAMETRIC ANALYSIS OF CONNECTIVE TISSUE DISEASE SPECIFIC AUTOANTIBODIES USING A SPOT IMMUNOASSAY (SERASPOF®ANA)**

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Background: Because autoantibody profiling compared to single autoantibody determination is more relevant for diagnostics, differential diagnostics and even prognostics of the different kinds of connective tissue diseases (CTD), cost and time saving multiplex assays are more and more used in routine practice.¹

Objectives: Evaluation of the diagnostic relevance of the *SeraSpot*® ANA assay (Seramun Diagnostica GmbH, Heidesee, Germany), a novel spot immunoassay for multiplex analysis of the main connective tissue disease (CTD) specific autoantibodies (AABs) against dsDNA, histone, nucleosome, Scl-70, U1-RNP, Sm, PCNA, RibP, Ro52/TRIM21, Ro60, La/SS-B, CENP-B, Jo-1, PM/Scl-100, and Ku) based on autoantigens immobilised in microtiter plates.

Methods: AAB profiles using the *SeraSpot*® ANA assay were determined in sera of 381 patients with CTD and 202 apparently healthy individuals (AHI). The CTD patients comprises 105 SLE, 117 systemic sclerosis (SSc), 32 Sjögren's syndrome (SjS), 58 idiopathic inflammatory myopathies (IIM), 5 mixed connective tissue disease (MCTD), and 64 undifferentiated connective tissue disease patients (UCTD).

Results: At least one CTD associated AAB was positive in 88.2% of the tested CTD patients. A high diagnostic specificity for CTD above 95% compared to AHI were found for antibodies to dsDNA, RibP, Sm, Ro60, Ro52, CENP-B, Scl70, PM/Scl-100, Ku and Jo-1. Excluding low-titre reactivity, the specificity of U1-RNP, nucleosome, histone and La/SS-B antibodies was also very high (96.5%–98%) regarding CTD diagnosis. The highest specificities vs. AHI were found for anti-Sm, -Ro60, -RibP and -Jo1 antibodies (99.5%), followed by anti-CENP-B (99%), -dsDNA (98.5%), -Ku (98.5%) and -Ro52 antibodies (98%). Regarding SLE, 104 (99%) were positive for SLE-associated AABs. Anti-dsDNA antibodies were most frequently found (88.6%). The highest specificities (98.5%–99.5%) for SLE compared to AHI were found for anti-dsDNA, -RibP, -Sm, and -Ro60 antibodies. SjS relevant AABs against Ro60, Ro52 and La/SS-B were seen in 81.3%, 84.4% and 46.9% of the SjS patients, respectively. The diagnostic specificity of Ro60 antibodies for SLE and SjS compared to other SARD (excluding UCTD) is 96.8% and 99.5%–100% compared to AHI. SSc associated AAB against Scl-70, CENP-B, PM/Scl-100 and -U1-RNP were found in 53.0%, 20.5%, 8.6%, and 13.7% of the included SSc cases, respectively, with diagnostic specificities between 96% and 99%. AABs against Jo-1, PM/Scl-100, U1-RNP, Ro52 and Ku were positive with high specificity (98.4%–99.5%) in 29.3%, 10.3%, 19% (100% of MCTD), 27.6% and 10.3% of IIM patients, respectively.