AB1281

INCIDENCE AND CHARACTERISTICS OF HEALTHCARE-ASSOCIATED INFECTION (HCAI) IN HOSPITALISED PATIENTS WITH RHEUMATOLOGIC DISORDERS AT ALEXANDRIA MAIN UNIVERSITY HOSPITAL

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Background: Healthcare-associated Infection (HCAI) is an important cause of morbidity and mortality in autoimmune diseases⁽¹⁾. The increased susceptibility to infections in such patients is explained by abnormalities of the cellular and humoral immune responses, as well as the use of immunosuppressive drugs. Infection in these patients can present with minimal signs and symptoms or with atypical features in unusual locations that considerably can delay the diagnosis and worsen the outcome. There are few detailed systematic reports on HCAI in rheumatology; most previous reports investigated HCAI in the setting of systemic lupus erythematosus (SLE) but lack other connective tissue diseases⁽²⁾.

Objectives: To determine the incidence and characteristics of HCAI in patients with rheumatologic diseases admitted to the Rheumatology Unit at the Alexandria Main University Hospital (AMUH) on 2017.

Methods: A One-year duration prospective observational study to elucidate the incidence and characteristics of HCAI in patients with underlying rheumatologic diseases who were admitted to the Rheumatology Unit of the Internal Medicine Department at AMUH between January 1st and December 31st 2017.

Results: A total of 516 patients (423 female (82%) and 93 male (18%)) with underlying rheumatologic diseases and disease duration of 6.03±4.18 years were admitted between January 1st and December 31st 2017. The mean age was 32.18±9.54 years, and the mean length of hospitalisation was 10.04±5.76 days. HCAI occurred in 14.9% (n=77) of patients with a total number of infections of 81 (15.69%) (four cases had more than one episode of infection in more than one site with a different organism during the same admission). Gram -ve bacilli were the most commonly isolated organisms (46.3%; n=38) followed by Gram +ve cocci (25.6%; n=21). The urinary tract was the most commonly documented site of infection (39.5%; n=32) followed by blood stream (18.5%; n=15), and *Klebsiella spp* (17.9%; n=15) was the most frequently identified infectious agent, followed by *Methicillin-resistant Staphylococcus Aureus* (MRSA) (14.3%; n=12). Of the total cases with HCAI (n=77), 85.7% (n=66) treated, 7.8% (n=6) deteriorated and shifted to the ICU with multiorgan failure, 5.2% (n=4) died, and 1.3% (n=1) (a case with meningitis) were referred to another specialised hospital.

Conclusions: Despite the improvement in healthcare services, the incidence of HCAI infection in our inpatient population is still high and represents a burden on our resources. Although most cases were treated with appropriate antimicrobials, HCAI is still the cause of deterioration and death in a considerable percentage of patients with rheumatologic diseases.

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AB1282

TYPE OF PATIENT REFERRAL TO EARLY ARTHRITIS CLINIC (FLOW AND FATE)

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Background: Early Arthritis clinic (EAC) has a major contribution in Rheumatology outpatient services. Clinically, it gives a unique opportunity to assess, diagnose and classify various Rheumatic and Musculoskeletal diseases (RMD) during the initial phase of the disease process. Studying the patient's profile of EAC population aids in better management from the epidemiologic point of view. The average referral to EAC in Dubai hospital is 2 weeks over the last 5 years.

Objectives: The current study was conducted to explore the characteristics and common diagnoses of patients referred to EAC Rheumatology clinic in Dubai Hospital.

Methods: A review of the Electronic Medical Record of 117 patient presented to EAC between August 22nd 2017 and December 31st 2017. The following data were extracted from EMR and patient's files: Type of patient referral to EAC, initial visit diagnosis as well as concordance between initial diagnosis and established diagnosis.

Results: Autoimmune Rheumatic Diseases (ARDs) represents 41.1% of new cases diagnosed in the EAC. The number and percentage of the whole new cases

diagnosis is as shown in the following table while the type/percentage of patient presentation to EAC is shown in the graph.

Abstract AB1282 – Table 1

Disease category	Number	Percent (%)
Mechanical and soft tissue rheumatism	31	26.5
Fibromyalgia	10	8.6
Rheumatoid arthritis	19	16.2
Systemic lupus erythematosus	7	6
Spondyloarthritis	9	7.7
Vasculitis	3	2.6
Other	19	16.2
Osteoporosis	19	16.2

Occasionally, patients' clinical features were inconclusive at the initial presentation. Knowing that most patients presented within two weeks of symptoms onset to EAC, hence classification at initial visit was difficult in 16.2% (others or undifferentiated inflammatory arthritis).

on review of the initial visit diagnoses and the final established diagnoses after 3 months, we have found 97 of 117 has the same diagnosis, i.e. 82.9% concordance.

Abstract AB1282 – Figure 1. Type of patient presentations to EA in %

Conclusions: Early Arthritis Clinic grants an efficient access to patients with inflammatory and inflammatory back pain. However, a need of a standardised tool to triage patients with different musculoskeletal diseases to prevent delayed appointments to EAC.

We suggest adding Osteoporosis (Bone metabolic disorders), Undifferentiated (arthritis, CTD, SPA) and non-Rheumatic diseases to initial diagnosis to increase the current concordance.

Disclosure of Interest: None declared

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AB1283

THE PREVALENCE AND COMORBIDITIES ASSOCIATED WITH PSORIATIC ARTHRITIS IN PATIENTS WITH PSORIASIS: AN OBSERVATIONAL COHORT STUDY

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Background: The prevalence and comorbidities of psoriatic arthritis (PsA) varies in different parts of the world and there is little clinical and epidemiological data from the Egyptian

Objectives: : To investigate the prevalence of psoriatic arthritis (PsA) in patients with psoriasis (PsO), and to identify comorbidities associated with it.

Methods: : The study was designed as a observational cohort study involving patients with psoriasis. Information was collected about lifestyle, habits, comorbidities, and psoriasis activity. Patients were classified as having PsA if they fulfilled the criteria of the Classification of Psoriatic Arthritis Study group (CASPAR).

Results: : The data was obtained from the 371 psoriasis patients. The mean age was 40.0±16.6 years, 42% were women, and 58% were men. A diagnosis of PsA was found in 104 patients (28%), of whom 34.6% had peripheral involvement, 15.4% had isolated axial involvement, and 50% had both peripheral and axial involvement. The PsA onset was preceding psoriasis in 48%, together with psoriasis in 40% and following psoriasis in 12%. Family history of PsO and PsA was positive in 21.6% and 8.4% respectively. PASI score of our patients ranged from 1–30 with a mean of 8.77±6.33, which were relatively higher in PsA patients. Comorbidities in form of diabetes mellitus, hypertension, liver disease, HIV and dyslipidemia