Abstract AB1286 – Table 1

Disorder	Male (%)	Mean age (Range) years	Prevalence (95% confidence interval)
Spondyloarthritis	44.8	43 (19–80)	0.24 (0.20–0.29)
Ankylosing	72.2	39 (19–65)	0.03 (0.02–0.06)
Spondylitis			
Psoriatic Arthritis	64	54 (40–80)	0.02 (0.00–0.03)
Undifferentiated	38.4	42 (21–80)	0.19 (0.16–0.23)
SpA

Abstract AB1286 – Figure 1

Conclusions: The burden of SpA in India (1.2 billion population) is enormous. Compared to global statistics, the prevalence of clinical AS and psoriatic arthritis in the Indian population appears low.

REFERENCES:

- [1] www.copcord.org
- [2] Chopra & Nasser. (MSK Burden in Developing World). Best Pract Res Clin Rheumatol 2008;22(4):583–604
- [3] Joshi & Chopra (Bhigwan COPCORD model) J Rheumatol 2009;36:614–22.

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AB1287 A POPULATION-BASED STUDY ON THE PREVALENCE AND INCIDENCE OF VASCULAR PRIMARY ANTIPHOSPHOLIPID SYNDROME: A NEW RARE DISEASE

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Background: Antiphospholipid Syndrome (APS) is a systemic autoimmune disease characterised by the presence of thrombotic and/or obstetrical manifestations and antiphospholipid antibodies (aPL). In 2006 the updated Sapporo criteria for APS were published but by now no epidemiological study on this disease were performed. Incidence and prevalence of primary APS (PAPS) in the general population are still unknown.

Objectives: The aim of this study was to evaluate the prevalence during the year 2013 and incidence for the period 2011–2015 of vascular PAPS in the adult population of a defined area, Valtrompia valley, using multiple sources. Valtrompia is a 40 kilometers-long prealpine valley in northern Italy. The population in 2013 was 101,477 inhabitants. The only easy access to the valley is from Brescia, the main city of the province. This valley is a cul-de-sac area without any other comfortable and practicable access. Therefore, this valley is ideal for epidemiological studies. In addition, the only Rheumatology referral tertiary Centre of the province is located in Brescia. This project was approved by the local Ethical Committee.

Methods: We identified adult subjects of 18–50 years old living in Valtrompia. Patients with thrombotic events were identified by two sources: 1) hospital

discharge code using keywords (deep vein thrombosis, pulmonary embolism, myocardial infarction, ischaemic stroke); 2) patients with defined diagnosis of vascular PAPS already followed by the Rheumatology tertiary Centre in Brescia.

Results: The prevalence of PAPS in 2013 was calculated to be 35.4 (CI 95% 20.6–59.6) per 100,000 inhabitants. Table 1 shows the incidence rates of vascular PAPS. We identified 47 patients with venous events during 2011–2015. 27/47 (57%) were tested for aPL, 4/27 (15%) positive. Regarding arterial events, 36 patients had stroke and 33/36 (92%) were tested for aPL, 4/33 (12%) positive. Finally, 64 patients with myocardial infarction (IMA): only 14/64 (22%) were tested for aPL, 2/14 (14%) positive.

Table 1 Incidence rates of antiphospholipid antibody syndrome per 100,000 inhabitants in Valtrompia in adult population (18–49 years) between 2011 and 2015. The 95% confidence intervals (CIs) are reported in parenthesis.

	INCIDENCE	
	Number of cases	Incidence (95% CI) per 100,000
OVERALL		
Males + Females	9	3.7 (1.7-7.1)
Males	5	4.0 (1.3-9.4)
Females	4	3.4 (0.9-8.8)
VENOUS THROMBOSIS		
Males + Females	4	1.7 (0.5-4.3)
Males	1	0.8 (0.0-4.5)
Females	3	2.6 (0.5-7.5)
STROKE/ICTUS		
Males + Females	4	1.7 (0.5-4.3)
Males	3	2.4 (0.5-7.1)
Females	1	0.9 (0.0-4.8)
IMA		
Males + Females	1	0.4 (0.0-2.3)
Males	1	0.8 (0.0-4.5)
Females	0	-

Abstract AB1287 – Figure 1

Conclusions: Preliminary results of this population-based study showed that PAPS is a rare disease. A critical point emerged from this study is that aPL were not routinely tested in young subjects with vascular events, especially in patients with myocardial infarction. The study will be implemented by contacting patients who never tested for aPL during the hospital admission.

Disclosure of Interest: None declared

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AB1288 PREDICTION OF AMENORRHEA IN FEMALE RHEUMATOID ARTHRITIS PATIENTS WITH TRIPTERYGIUM WILFORDII HOOK F

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Background: The Chinese anti-inflammatory and immunosuppressive herbal remedy *Tripterygium wilfordii* Hook F (TwHF) is a widely used and effective treatment for rheumatoid arthritis (RA). Ovarian failure is one of the most important adverse effects among pre-menopausal women with TwHF therapy.

Objectives: To construct a statistical model for pre-treatment prediction of amenorrhea after TwHF therapy.

Methods: In this retrospective study, potential predictors of amenorrhea including demographic and clinical data were retrieved. Multivariate logistic regression models were used to evaluate the association between pre-treatment variables and amenorrhea. The probability of amenorrhea was calculated for combinations of pre-treatment variables.

Results: Post-TwHF therapy amenorrhea rate was 10.9% (70 of 641). The mean age was 36.2±5.5 years, mean body mass index 22.5±7.5 kg/m². Age was the