with PR had an increased risk of RA (HR, 118.76; 95% CI, 89.81–157.04), SS (HR, 59.57; 95% CI, 43.87–80.88), SLE (HR, 51.56; 95% CI, 32.96–80.66) PM (HR, 57.38; 95% CI, 6.90–476.83), and SSc (HR, 13.42; 95% CI, 3.79–47.55) but not of DM (HR, 3.44; 95% CI, 0.34–34.59).

Conclusions: Patients with PR had an increased risk of developing RA, SS, SLE, PM, and SSc.

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AB1306

EPIDEMIOLOGY OF ACUTE ANTERIOR UVEITIS, PSORIASIS, INFLAMMATORY BOWEL DISEASE, PALINDROMIC RHEUMATISM AND SJOGREN'S SYNDROME IN TREATED ANKYLOSING SPONDYLITIS PATIENTS IN TAIWAN

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Background: The population-based epidemiology of extra-articular manifestations of ankylosing spondylitis (AS), including acute anterior uveitis (AAU), psoriasis (PsO), inflammatory bowel disease (IBD) in Taiwan had not been investigated. Whether or not the incidences of palindromic rheumatism (PR) and Sjogren's syndrome (SS) are higher than non-AS individuals is also unknown.

Objectives: This study aimed to investigate the incidences of AAU, PsO, IBD, PR, and SS in a population-based AS cohort compared with a matched non-AS cohort in Taiwan.

Methods: Using 2003–2012 claims data from the Taiwanese National Health Insurance Research Database, we firstly identified 30,900 AS patients newly diagnosed from 2006 to 2012 who received at least 3 courses of AS-related therapy (i.e., non-steroidal anti-inflammatory drugs, methotrexate, salazopyrine or corticosteroid) and defined the first date of AS diagnosis as the index date of the AS cohort. Then we randomly selected 3 09 000 non-AS individuals matching (1:10) AS cases for age, sex and the year of the index date as the comparison cohort and defined the first ambulatory visit date of the index year as the index date of the non-AS cohort. We calculated the proportions of having AAU, PsO, IBD, PR, and SS before the index date in both cohorts. After excluding subjects with the corresponding prior diseases, we calculated the incidence rates (IRs) of AAU, PsO, IBD, PR and SS for the AS and non-AS cohorts, and estimated the incidence rate ratios (IRRs) with 95% confidence intervals (CIs) of AAU, PsO, IBD, PR, and SS for AS patients as compared to non-AS individuals.

Results: The proportion of men was 62.9%, and the mean $\pm$ SD age was 42 $\pm$ 17 years. Before the index date, AS patients had higher proportions of having AAU (8.6% vs. 0.7%), PsO (1.8% vs. 0.5%), IBD (0.061% vs. 0.007%), PR (1.7% vs. 0.1%) and SS (0.33% vs. 0.042%) compared with non-AS individuals. AS patients also had higher incidence rates of AAU (IR, 992 per 10⁵ years vs. 128 per 10⁵ years; IRR, 7.74, 95% CI, 7.16–8.38), PsO (IR, 167 per 10⁵ years vs. 73 per 10⁵ years; IRR, 2.30; 95% CI, 1.97–2.70), Crohn's disease (IR, 2.7 per 10⁵ years vs. 0.2 per 10⁵ years; IRR, 16.44; 95% CI, 2.75–98.4), ulcerative colitis (IR, 6.1 per 10⁵ years vs. 0.1 per 10⁵ years; IRR, 76.03; 95% CI, 9.35–617.98), PR (IR, 591 per 10⁵ years vs. 29 per 10⁵ years; IRR, 20.33 95%; CI, 17.87–23.12), and SS (IR, 84 per 10⁵ years vs. 6 per 10⁵ years; IRR, 13.61; 95% CI, 10.05–18.43).

Conclusions: Consistent with prior studies, our data showed that the incidence of AAU, PsO, and IBD were higher in AS patients than non-AS individuals. We also found that AS patients had a higher incidence of PR and SS compared with non-AS individuals.

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AB1307

DISEASE BURDEN OF AUTOIMMUNE INFLAMMATORY RHEUMATIC DISEASES IN SOUTH KOREA

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Background: Little is known about the epidemiology and disease burden of autoimmune inflammatory rheumatic diseases (AIRDs) in South Korea.

Objectives: To investigate the prevalence and direct medical cost of AIRDs in South Korea.

Methods: The prevalence of AIRDs including seropositive rheumatoid arthritis (RA), ankylosing spondylitis (AS), systemic lupus erythematosus (SLE), vasculitides, and other connective tissue diseases was calculated, and their trends between 2012 and 2016 were observed using nationwide claims database and the Rare Intractable Disease registration program. Direct medical costs of each AIRD in 2016 were estimated on the basis of claims charged for specific ICD-10 diagnostic codes.

Results: Among the all AIRDs, seropositive RA was most prevalent in Korea with prevalence of 188.5/100,000 persons in 2016, followed by AS (58.7/100,000), SLE (38.0/100,000), Behçet disease (29.2/100,000), Sjögren syndrome (23.5/100,000), and systemic sclerosis (7.1/100,000). Relatively low prevalence was observed in inflammatory myositis (4.5/100,000), polymyalgia rheumatica (4.1/100,000), psoriatic arthritis (PsA, 2.5/100,000), and each vasculitis (0.6–3.1/100,000). Prevalence of most AIRDs had been increased from 2012 to 2016, while their sex and age distribution were not changed significantly. Total direct medical costs in 2016 of overall AIRDs were \$263,136,087, which were mostly composed of direct medical expenditures for seropositive RA, AS, and SLE. For the direct medical cost per person, microscopic polyangiitis (\$6,223.3) was the highest, followed by PsA (\$3,603.7), Wegener granulomatosis (\$3,002.6), dermatomyositis (\$2,643.1), and AS (\$2,603.9).

Conclusions: Most prevalent AIRD in Korea was seropositive RA, followed by AS, Sjogren's syndrome, SLE, Behçet's disease, and systemic sclerosis. Direct medical cost per person was high in microscopic polyangiitis, PsA, Wegener granulomatosis, dermatomyositis, and AS.

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AB1308

FACTORS ASSOCIATED WITH THE DEVELOPMENT OF ESRD IN A RECENT LARGE SINGLE CENTRE COHORT OF PATIENTS WITH LUPUS NEPHRITIS

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Background: Lupus nephritis (LN) remains a major cause of morbidity in systemic lupus erythematosus. Worldwide, at 5 years about 19% (Class IV) and 4% (class V) of patients with LN develop end-stage renal disease (ESRD), depending upon the disease severity, ancestral and socio-economic factors as well as response to initial treatment. ESRD is an unusual direct cause of death in this disease but is associated with premature mortality.

Objectives: The aim of this study was to retrospectively review our large cohort of LN patients, predominantly treated with MMF and rituximab based steroid sparing regimens, who required renal biopsy for new presentation between 2010 and 2017 to analyse the factors associated with the development of ESRD.

Methods: We identified 176 patients with LN from a renal biopsy database, at our tertiary Lupus Centre presenting between 01/2010 and 09/2017. The 21 patients (11%) who progressed to ESRD were included, and using propensity score matching, were matched for age, gender and ethnicity with 63 patients who did not develop ESRD. Patients who required dialysis at presentation were excluded.

Results: Baseline characteristics were similar with regard to gender, age and ethnicity between both groups. Mean follow-up was 4 $\pm$ 17 years overall (2.1 $\pm$ 1.4 years in the ESRD group and 3.8 $\pm$ 1.5 years in the non-ESRD group, p=0.0002). The ESRD group had significantly higher serum creatinine at baseline (184.2 $\pm$ 143.6 vs 89.0 $\pm$ 48.0, p=0.031) and at 12 m (256.2 vs 79.5, p=0.001) and significantly lower baseline eGFR (44.6 vs 68.1, p=0.003) and eGFR at 12 m (27 vs 73.1, p=0.001). The absence of remission at 1 year was also associated with a higher risk of ESRD (71.7% vs 9.5%, p=0.001), as well as the presence of positive