Correlation, (n)	Spearman <i>r</i>	<i>p</i> value
TPOAb versus intensity of pain, 26	0.9552	0.00001
TPOAb versus number of joints affected, 26	0.9618	0.00001
TPOAb versus age, 26	-0.3007	0.1328
TPOAb versus body mass index (BMI), 26	0.0024	0.9904
TgAb versus intensity of pain, 41	0.7268	0.00001
TgAb versus number of joints affected, 41	0.7800	0.00001
TgAb versus age, 41	-0.1615	0.6959
TgAb versus body mass index (BMI), 41	0.2172	0.1694

Abstract AB1339 – Figure 1

Conclusions: Our results suggests that in patients with controlled autoimmune thyroiditis, anti-thyroid antibody titers have a positive correlation with the presence of musculoskeletal pain and its severity; these findings deserve further study and research to establish the relationship of different autoantibodies present in autoimmune thyroid disease and musculoskeletal pain, as well as their role in rheumatic diseases, with a clinical importance not yet well established in this latter group.

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AB1340 DIFFERENTIAL CHARACTERISTICS IN A COHORT OF COLOMBIAN PATIENTS WITH THREE AUTOIMMUNE/AUTOINFLAMMATORY DISEASES: A NATIONAL REGISTRY UNDER A RISK MANAGEMENT MODEL

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Background: Latin American (LA) population with autoimmune/autoinflammatory (AID/AI) diseases is considered as a minority, with special characteristics of ancestry, socioeconomic status (SES) and cultural among others, with particular manifestations and prognosis outcomes

Objectives: To describe the largest cohort of patients with rheumatoid arthritis (RA), spondyloarthropathies (SpA) and systemic lupus erythematosus (SLE), in Colombia, evaluated through the social health care security system (SHCSS) and under a risk management model highlighting shared characteristics, as well as differences

Methods: A national register-based retrospective cohort study of the SHCSS since 2015 assessing three AID/AI diseases (RA, SLE, SpA) treated in a centre of excellence in rheumatology, under a risk management program in six cities of Colombia. Data about covered population was obtained from the integral information system of SHCSS (SISPRO). Clinical records of patients with AID/AI ICD-10 codes were selected. Adult patients fulfilling international validated diagnoses criteria for the three AID/AI were included. A survey data collection instrument was implemented. Analyses (SAS software V9.4) with standard statistical methods (Polytomous logistic regression, Chi-squared test Fisher's exact test, and Kruskal-Wallis test) were done. Odds ratio (OR) and 95% percent CIs were computed ($p < 0.05$)

Results: Of 1 62 487 population covered from national security system (SISPRO data) having AID/AI diseases, 71 515 were evaluated in the 6 cities and 12 323 records were selected of patients by population census attended in the institution. A total of 5372 records meet international validated criteria and were included (RA=3576, SLE=1175, SpA=621). RA patients were older, had lower educational level and SES, longer duration of the disease and late age at onset. Cardiovascular compromise was high in RA and SLE. Polyautoimmunity was predominant in SLE. A total of 89% of patients were under steroids treatment (SLE and RA) and 35% in SpA. Biologics were indicated in 59% (SpA), 23% (RA) and 7,1% (SLE). EuroQol five dimensions scores were significantly better in the SLE group (time of admission). Additional clinical characteristics are described in Table 1

Abstract AB1340 – Table 1. Main Clinical characteristics in the three groups

Clinical compromise	RA n=3576		SLE n=1175		SpA n=621	
	N	%	N	%	N	%
Cardiovascular*	1397	39,1	371	31,6	13	2,1
Pulmonary *	112	3,1	65	5,5	6	0,96
Central and peripheral nervous system*	67	1,8	63	5,4	5	0,8
Cutaneous*	170	4,7	881	75	298	47,9
Ocular*	415	11,6	130	11,1	112	18
Haematological*	90	2,5	970	82,5	10	1,6
Hepatic*	141	3,9	54	4,6	51	8,2
Renal*	11	0,3	473	40,2	4	0,64
Polyautoimmunity**	137	3,8	248	21,1	15	2,4

*p-value<0.0001 ** p-value<0,0001

Conclusions: This is the largest cohort evaluated through the SHCSS and under a risk management model in Colombia (LA). This population share special characteristics, highlighting differences between these three AID/AI diseases that are frequently evaluated in the same scenario in real life conditions by the rheumatologist. It is worth noting the specific poor prognosis factors of RA and the high percentage of patients under biological treatment in SpA group, which implies a high cost for the health system

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AB1341 PROFILE AND IMPORTANT CHARACTERISTICS OF RHEUMATOLOGICAL DISEASES MANAGED OVER ONE YEAR IN A URBAN UNIVERSITY BASED RHEUMATOLOGY CLINIC IN KUALA LUMPUR, MALAYSIA

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Background: The Rheumatology Unit of University Malaya in Kuala Lumpur is located in the University Malaya Medical Centre which is a strategically placed 1008 bed, tertiary healthcare institution. An audit of the rheumatology patients was carried out in 2017.

Objectives: The main objective is to create a database and registry of all the cases that are managed as outpatient over a period of 1 year. The data is analysed to provide the required information Details regarding therapy with biologics and small molecules are collected and analysed.

Methods: A case report form was designed for each patient, which include fields capturing first time visit and subsequent visits. Information captured were demographic data, disease diagnosis and duration, clinical features, laboratory values, co-morbidity and current medications. Longitudinal data was captured. All information were entered into RedCap software with an institutional license. SPSS statistical analysis software was used.

Results: Total number of patients in 2017 was 2329. The total number of patient visits was 8255. There was preponderance of females (1,856, 79.7%) compared to males (473, 20.3%). For ethnicity, Chinese patients constitute the most (1,041, 44.5%), followed by Malay (697, 29.8%), Indian (565, 24.2%) and others ethnicities (34, 1.5%). In this population, 3 most common rheumatological diseases seen are Rheumatoid arthritis (760, 32.6%), osteoarthritis (610, 26.2%) and Systemic Lupus Erythematosus (514, 22.1%). Following in descending order are gout (158, 6.8%), soft tissue rheumatism (153, 6.6%), psoriatic arthritis (118, 5.1%), Sjogren syndrome (102, 4.4%), scleroderma (58, 2.5%), mixed connective tissue diseases (49, 2.1%), vasculitis (44, 1.9%), ankylosing spondylitis (36, 1.5%), overlap syndrome (29, 1.2%), Adult onset Still's disease (26, 1.1%), dermatomyositis/polymyositis (25, 1.1%), and fibromyalgia (20, 0.9%). Most recent management activity after clinical assessment, majority of patients (1391, 60.8%) were noted to have no change in management (same therapy continued, but not in remission), followed by those in remission (544, 23.6%). 215 (9.3%) patients require escalation therapy. 13 patients (0.6%) required hospitalisation. 112 (4.9%) had de-escalation therapy. There were 13 deaths (0.6%). Most patients on biologics or small molecules are diagnosed with either Rheumatoid arthritis, SLE, Ankylosing Spondylitis and Psoriatic Arthritis. 44.7% of the patients on biologics have moderate disease activity while 33% of them have mild disease activity. 13.8% of them had achieved remission and 8.5% of them continued to have severe disease activity. The overall assessment of disease activity noted that 57 (2.5%) had severe