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.

REFERENCE:

- [1] Alvarez-Nemegyei J, Peláez-Ballestas I, Rodríguez-Amado J, et al. Prevalence of rheumatic regional pain syndromes in adults from Mexico: A community survey using COPCORD for screening and syndrome-specific diagnostic criteria. *J Rheumatol* 2011;38(86):15–20.
- [2] Tagoe C,E, Zezon A,, Khattri S, Castellanos P. Rheumatic manifestations of euthyroid, anti-thyroid antibody-positive patients. *Rheumatol Int*. 2013 Jul;33(7):1745–52.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6129

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

R. Pineda-Tamayo¹, J.C. Diaz-Coronado¹, D. Hernandez Parra¹, P. Perez-Estrada¹, J.C. Salazar-Urbe², M.-A. Alzate¹, A. Rojas-Villarraga¹. ¹Clinical information group, *Artmedica IPS, Medellín*; ²Statistics Department, *National University of Colombia, Medellín, Colombia*

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

REFERENCE:

- [1] O. Valencia, P. Sánchez, L. Acuña, et al. *Ann Rheum Dis* 2017;76 supplement:1536

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5764

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

S. Sockalingam, J.M. Em, S.R. Lee, S. Tan, A.Y.S. Lee, J. Raja, F. Yahya, L.S. L. Pok. *Medicine, UNIVERSITY MALAYA MEDICAL CENTRE, Kuala Lumpur, Malaysia*

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

disease activity, 550 (23.9%) had moderate disease activity, 1139 (49.5%) considered as mild disease activity and 557 (24.2%) were considered to be in remission.

Conclusions: This study has created a database and registry from which important data has been derived. Majority of the patients are being managed sub-optimally, most likely due to limited access to advanced therapies in prominent rheumatological diseases that are intrinsically active and respond modestly to conventional DMARDs and therapy. Further analysis is ongoing

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6326

AB1342

RHEUMATIC DISEASES PREVALENCE AND QUALITY OF LIFE IN SARAGURO INDIGENOUS POPULATIONS OF ECUADOR: A CROSS-SECTIONAL COMMUNITY-BASED STUDY

S. Guevara-Pacheco^{1,2}, A. Feican-Alvarado³, W. Valdiviezo-Vicuña⁴, G. Molina-Alvarado⁵, N. Ortega-Mendoza⁵, J. Delgado-Pauta³, M. Montaleza-Neira³, L. Chimbo-Pullaguan⁶, M. Hernandez⁷, R. Cervera-Segura⁷, L.H. Sanin⁸, I. Pelaez-Ballestas⁹, on behalf of GLADERPO. ¹Medicine Faculty, Universidad de Cuenca, Cuenca, Ecuador; ²Medicine Postgraduate, Universitat de Barcelona, Barcelona, Spain; ³Universidad de Cuenca, Cuenca; ⁴Hospital Homero Castanier, Azogues; ⁵Hospital Jose Carrasco Arteaga, Cuenca; ⁶Distrito de Salud, Saraguro, Ecuador; ⁷Hospital Clinic, Barcelona, Spain; ⁸Universidad Autonoma de Chihuahua, Chihuahua; ⁹Hospital General de Mexico, Mexico City, Mexico

Background: Rheumatic diseases are more prevalent and aggressive in indigenous population groups, in which providing medical attention poses a challenge for the rheumatologist.

Objectives: To estimate the prevalence of musculoskeletal (MSK) disorders and rheumatic diseases in the Saraguro indigenous people and their impact on the quality of life.

Methods: Cross-sectional analytical study carried out in the community of Saraguro using the COPCORD methodology. Mixed and randomised sampling techniques were employed. The following validated questionnaires were administered: 1. Screening for musculoskeletal (MSK) disorders and rheumatic diseases. 2. A sociodemographic questionnaire. 3. A functional capacity questionnaire (HAQ-DI) and an instrument to measure workload and repetitive movements. 4. Quality of life (EQ-5D3L). Cases with MSK disorders were reviewed by rheumatologists within the community.

Results: A total of 2687 individuals over 18 years of age participated, with an average age of 44 (SD 19.9) years; 1690 (62.9%) were women, 872 (32.4%) were Kwichua speakers; 2108 (78.4%) were employed, of these 32.5% were farm workers. MSK pain was reported in 1244 (46.3%); pain was severe in 448 (36%); 868 (69.7%) used some medical treatment and 1013 (81.4%) used traditional medicine. The most prevalent self-reported comorbidities were anxiety (55.5%) and depression (46.8%). Rheumatic diseases were diagnosed in 861/1244 (69.2%), with the following most prevalent conditions: Low back pain 9.3%, hand osteoarthritis 7.2%, knee osteoarthritis 6.5%, RRPS (rheumatic regional pain syndrome) 5.8%, fibromyalgia 1.8%, rheumatoid arthritis (RA) 1.3%. Disability (HAQ >0.8) was observed in 356 (28.6%), whereas loading and pushing objects heavier than 20 kg and shaking hands was significantly associated with MSK pain. The regression models showed a significant association with a lower quality of life in those with lower education levels (OR=0.89; 95% CI 0.88 to 0.91, p<0.001), physically demanding jobs (OR=0.54; 95% CI 0.42 to 0.69, p<0.001), cooking with firewood (OR=1.55; 95% CI 1.05 to 2.30, p=0.02), high blood pressure (OR=2.31; 95% CI 1.73 to 3.10, p<0.001), and rheumatic diseases, especially RA (OR=5.52; 95% CI 2.48 to 12.27, p<0.001) and hands OA (OR=2.05; 95% CI 1.44 to 2.91, p<0.001). One finding is that having RA was associated with cooking with firewood, and that smoking was almost nonexistent in this population. This suggests that wood smoke pollutants play a similar role to that described with tobacco smoke.

Conclusions: A high prevalence of MSK disorders, rheumatic diseases and RA was found. The prevalence of rheumatic diseases was associated with a lower education level, cooking with firewood, and physically demanding jobs. The greatest impact on the quality of life in all dimensions was on the individuals with RA and hand OA.

Acknowledgements: Funding: Research Dept. Universidad de Cuenca, Ecuador

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4857

AB1343

PREVALENCE OF AUTOIMMUNE DISEASES IN CATALONIA: A POPULATION BASED STUDY USING A PUBLIC BIG DATA ANALYTICS (PADRIS)

A. Sisó-Almirall^{1,2,3}, B. Kostov^{1,2,3}, E. Martínez Carbonell⁴, S. Retamozo^{5,6,7}, A. Flores-Chavez^{7,8,9}, S. González-Martínez^{1,2,3}, P. Brito-Zerón⁷, A. Dedéu Baraldés⁴, J. Benavent Àreu^{1,2,3}, M. Ramos-Casals^{2,7,10}. ¹Consorci d'Atenció Primària de Salut Barcelona Esquerre, CAPSBE; ²Departament de Medicina, Universitat de Barcelona; ³Grup de Recerca Transversal en Atenció Primària, IDIBAPS, Barcelona; ⁴Agency for Health Quality and Assessment of Catalonia (AQuAS), Ministry of Health, Catalonia, Spain; ⁵Instituto De Investigaciones En Ciencias De La Salud (INICSA), Universidad Nacional de Córdoba (UNC), Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), Córdoba; ⁶Hospital Privado Universitario de Córdoba, IUCBC, Córdoba, Argentina; ⁷Laboratory of Autoimmune Diseases Josep Font, IDIBAPS-CELLEX, Barcelona, Spain; ⁸Programa de Doctorado en Ciencias Médicas, Centro Universitario de Investigaciones Biomédicas (CUIB), Universidad de Colima, Colima; ⁹Unidad de Investigación Biomédica 02, Unidad de Investigación en Epidemiología Clínica, Centro Médico Nacional de Occidente (CMNO), Instituto Mexicano del Seguro Social (IMSS), Hospital de Especialidades, Guadalajara, Mexico; ¹⁰Department of Autoimmune Diseases, ICMiD, Hospital Clinic, Barcelona, Spain

Objectives: To analyse the prevalence of autoimmune diseases (ADs) in Catalonia by using a public big data program (Public Data Analysis for Health Research and Innovation Program, PADRIS)

Methods: We used the health insurance database of the Catalan National Health Insurance (CNHI) which includes all catalan population registered as insured population in 2016. The sample included 7,483,761 inhabitants. ADs were identified according to the corresponding International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes. A total of 33 autoimmune diseases were analysed classified in 4 main categories: rheumatic, systemic, organ-specific and immunodeficiency/autoinflammatory. The prevalence of ADs was calculated as the number of ADs patients divided by the total CNHI beneficiaries in the same year (rate per 1 00 000 persons, 95% confidence intervals -CI-)

Results: The overall prevalence of ADs was 1202 per 1 00 000 persons (95% CI 1,194–1,209); the prevalence was 1455 (95%CI 1,443–1,467) in women and 939 (95%CI 929–949) in men. ADs were classified as organ-specific (43%), systemic (33%), rheumatic (23%) and immunodeficiency/autoinflammatory (1%) autoimmune diseases. The ADs with the highest prevalence rates included psoriasis (282 cases per 100,000, 95% CI 278–286), rheumatoid arthritis (RA) (178 cases per 100,000, 95% CI 175–181), polymyalgia rheumatic (98 cases per 100,000, 95% CI 96–101), spondyloarthropathies (92 cases per 100,000, 95% CI 90–94), systemic lupus erythematosus (SLE) (68 cases per 100,000, 95% CI 66–70) and Sjögren's syndrome (59 cases per 100,000, 95% CI 57–61). In 26 (79%) of the 33 ADs, the female:male ratio was higher than 1; the highest ratios were reported for Sjögren's syndrome (10.5:1), primary biliary cholangitis (5.8:1), SLE (5.4:1), systemic sclerosis (3.4:1) and rheumatoid arthritis (2.6:1). An enhanced prevalence of ADs was reported in Southern regions (1225 cases per 1 00 000 persons in Barcelona/Tarragona regions -CI95% 1,216–1,233- vs 1075 cases per 1 00 000 persons in Girona/Lleida regions -CI95% 1,056–1,093-, p<0.001).

Conclusions: Nearly 90 000 catalans are classified as having an autoimmune disease, representing a prevalence of 1.2% of the total catalan population, a rate which reaches 1.5% in women. The highest frequencies are reported for psoriasis (0.28%), rheumatoid arthritis (0.18%), polymyalgia rheumatica (0.10%), spondyloarthropathies (0.09%), lupus (0.07%) and Sjögren syndrome (0.06%).

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5974

AB1344

PRESENCE OF ECHOCARDIOGRAPHIC CRITERIA FOR HFPEF MULTIPLIES THE RISK FOR DEATH AND CARDIOVASCULAR EVENTS IN PATIENTS WITH RHEUMATIC DISEASES

S. Kleinert^{1,2}, C. Mörbach³, H.-P. Tony², C.E. Angermann⁴, S. Stoerk³, M. Breunig³. ¹Praxisgemeinschaft Rheumatologie – Nephrologie, Erlangen; ²Dept. of Medicine II, Rheumatology/Clinical Immunology; ³Comprehensive Heart Failure Center and Dept. of Medicine I, Würzburg; ⁴Comprehensive Heart Failure Center, University Hospital of Würzburg, Würzburg, Germany

Background: Patients with rheumatic diseases (RD) have an increased risk for cardiovascular (CV) disease and heart failure (HF). Clinical assessment of HF signs and symptoms in RD is often limited by functional impairment.

Objectives: We investigated the prognostic value of echocardiographic and neurohormonal criteria for HF with preserved ejection fraction (HFpEF) in patients with RD.

Methods: This prospective, single-centre study included consecutive RD outpatients considered at increased risk for CV events according to ESC score (>3%), pathological ECG, or elevated NTproBNP (>200 pg/mL) as published by this group*. Clinical assessment and transthoracic echocardiography according to