Conclusions: Our results suggest 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:

Disclosure of Interest: None declared

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 of patients by population census attended in the institution.

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 disease (49, 2.1%), vasculitis (44, 2%), and ankylosing spondylitis (36, 1.5%).

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


Disclosure of Interest: None declared

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 includes 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, 2%), and ankylosing spondylitis (36, 1.5%).

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


Disclosure of Interest: None declared
RHEUMATIC DISEASES PREVALENCE AND QUALITY OF LIFE IN SARAGURO INDIGENOUS POPULATIONS OF ECUADOR: A CROSS-SECTIONAL COMMUNITY-BASED STUDY


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 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 validaded 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-5D-3L).

Cases with MSK disorders were reviewed by rheumatologists within the community.

Results: A total of 2867 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 Kichwa 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 (29.4%); 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=0.52; 95% CI 2.49 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.

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AB1343

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

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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 until 2017. 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 1 000 persons, 95% confidence intervals - CI).

Results: The overall prevalence of ADs was 1202 per 1 000 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 266–298), 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 1 000 persons in Barcelona/Tarragona regions - CI95% 1,216–1,233 vs 1075 cases per 1 000 persons in Girona/Leida 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%), spondyloarthopathies (0.09%), lupus (0.07%) and Sjögren syndrome (0.06%).

Disclosure of Interest: None declared


AB1344

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

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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 neurohumoral 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 ESO score (>2%), pathological ECOG, or elevated NTproBNP (>200 pg/mL) as published by this group. Clinical assessment and transthoracic echocardiography according to