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

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AB1342 RHEUMATIC DISEASES PREVALENCE AND QUALITY OF LIFE IN SARAGURO INDIGENOUS POPULATIONS OF ECUADOR: A CROSS-SECTIONAL COMMUNITY-BASED STUDY

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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.

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AB1343 PREVALENCE OF AUTOIMMUNE DISEASES IN CATALONIA: A POPULATION BASED STUDY USING A PUBLIC BIG DATA ANALYTICS (PADRIS)

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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 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

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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 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