Results: The prevalence of dyslipidemia (18.4% vs 30.1%, p<0.001) and diabetes mellitus (5.6% vs 11.8%, p=0.007) was lower in SSC than RA patients and there was no difference regarding arterial hypertension (31.8% vs 30.6%, respectively, p=0.742) between the two groups. Disease duration, smoking and alcohol consumption were comparable between SSC and RA groups. While there was a trend for lower prevalence of ischaemic strokes in SSC than RA (0.4% vs 2.2%, p=0.085), comparable rates of coronary artery disease were noted (2.7% vs 3.7%, p=0.445). No differences were found between SSC and RA patients regarding chronic obstructive pulmonary disease (6.2% vs 3.7%, respectively, p=0.326), osteoporosis (24% vs 22%, p=0.668) and neoplasms (1.1% vs 1.7%, p=0.534).

Depression requiring treatment was more prevalent in SSC compared to RA patients (22% vs 12%, p<0.001).

Conclusions: Despite almost half prevalence of dyslipidemia and diabetes mellitus in SSC versus RA patients, the cardiovascular comorbidity burden appears to be similar between the two diseases. SSC has no higher prevalence of neoplasms than RA but a greater negative impact on quality of life, as clearly more SSC patients develop depression compared to RA patients. Acquisition of prospective data is currently underway.

Disclosure of Interest: None declared