Conclusions: The progression of UA to RA is apparently ameliorated in RF positive females who received conventional HRT and oral E3 treatment. Although the numbers were smaller, a significant protective effect was not observed in ACPA positive UA females, because they developed RA before menopause. Our observations suggest that HRT in peri- and post-menopausal and oestrogen (E3) in pre-menopausal females with RF and ACPA positive UA may be important in ameliorating the progression of UA to RA.

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Acknowledgements: We thank Dr Koyama for his advices and encouragement.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4077

THU0696 IS AUTOIMMUNITY RELATED TO NAILFOLD VIDEOCAPILLAROSCOPY PATTERNS PROGRESSION? DATA FROM A TERTIARY CENTRE

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Background: Nailfold videocapillaroscopy (NVC) is a non-invasive technique that allows to evaluate the structure and distribution of capillaries in the nail microcirculation.

Objectives: Our objective was to investigate the relation between the autoantibodies (Ab) detected in the patients who undergo follow-up NVCs and the progression from lower to higher severity of the NVCs patterns.

Methods: Longitudinal, observational and descriptive study that includes patients with at least two NVCs, between June 2012 and December 2016 in the Rheumatology service of a tertiary centre. We collected demographics data, number of NVCs performed, Ab positivity, as well as the NVCs patterns. The relationship between the basal autoimmunity and the progression of the NVCs patterns during the follow-up period, defining progression from non-specific patterns to patterns of scleroderma to late scleroderma.

Results: 473 patients were included, 115 had two or more NVCs performed, 104 women (90.51%). Of these, 40 (34.78%) had a third NVC, 9 (7.82%) a fourth and only two patients a fifth. Regarding the Ab registered in patients before the first NVC, 27 patients did not present positivity to any Ab (23.47%), 28 had isolated ANA + (24.34%), 33 Anticentromere+with or without ANA (28.69%), 7 patients Anti-scl70 +with or without ANA (6.08%), 10 patients Anti-Ro or Anti-La with or without ANA (8.69) and 10 patients presented other types of antibodies than those mentioned (11.3%). The most frequent pattern in the first NVC was non-specific mild alterations (49 cases) in 42.6%, followed by normal pattern²⁰ in 17.39%, early scleroderma¹⁹ in 16.52%, non-specific moderate lesions¹⁷ and pattern of late scleroderma¹⁰ There was a progression from lower to higher severity in 25 NVCs,

88 maintained a similar pattern and 2 NVCs presented significant regression (table 2).

Abstract THU0696 – Table 1. Baseline diagnosis before first NVC.

Baseline diagnosis	n: 115	%
Primary Raynaud Phenomenon	56	48.27
Systemic scleroderma	27	23.27
Systemic Lupus Erythematosus	8	6.89
Undifferentiated connective tissue	8	6.89
Mixed Connective Tissue Disease	4	4.31
Dermatomyositis	2	1.72
Others	10	8.62

Abstract THU0696 – Table 2. Patients whose NVC progresses, patterns and related autoantibodies.

n:25 (%)	Autoantibodies	Progression
2 (8%)	Ninguno	1/2: NMI to ES, 1/2: NMI to LS
4 (16%)	ANA+	2/4: NMI to AS, 1/4: NMI to AS, 1/4: NMI to ES
10 (40%)	ANA ± Anticentromero +	3/10: AS to LS, 3/10: ES to LS, 2/10: NMI to ES, 1/10: NMI to AS
3 (12%)	ANA±AntiScl70 +	1/3: NMI to AS, 1/3: AS to LS, 1/3: ES to AS
3 (12%)	ANA±Anti-Ro/ Anti-La+	2/3: NMI to ES, 1/3: ES to LS
3 (12%)	Otros	2/3: ES to LS, 1/3: NMI to LS

NVC patterns: Normal (N), non-specific mild alterations (NMI), non-specific moderate lesions (NML), Early scleroderma (ES), Active scleroderma (AS) y Late scleroderma (LS)

Conclusions: Autoimmunity does not seem to influence on the degree of progression of NVCs patterns. The association between positive ANA with anticentromere + or not, it is the most frequently combination related to the progression of such patterns.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7115

THU0697 RISK OF MAJOR CONGENITAL MALFORMATIONS ASSOCIATED WITH EXPOSURE TO CONVENTIONAL SYNTHETIC DISEASE MODIFYING ANTIRHEUMATIC DRUGS IN WOMEN WITH INFLAMMATORY ARTHRITIS: A POPULATION-BASED COHORT STUDY

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Background: Prior studies of perinatal exposure to conventional synthetic disease modifying antirheumatic drugs (csDMARDs) and risk of major congenital malformations (MCM) have often lacked comparator groups and specific timing of medication exposure.

Objectives: To evaluate the association between csDMARD use before and during pregnancy and risk of MCM.

Methods: We conducted a population-based, retrospective cohort study using British Columbia administrative data from 01/01/2002 and 12/31/2012 on all physician visits, hospital admissions, and dispensed medications, linked to a perinatal registry with valid information on date of conception. We created a pregnancy cohort of women with inflammatory arthritis (IA) using a case definition of 2 ICD9 codes ≥ 2 months and ≤ 2 years apart for rheumatoid arthritis, systemic autoimmune rheumatic diseases, ankylosing spondylitis, juvenile idiopathic arthritis, and psoriatic arthritis. We categorised csDMARDs according to accepted safety profiles: Group 1 - antimalarials, cyclosporine-A, gold, and sulfasalazine; and Group 2 - methotrexate, leflunomide, cyclophosphamide, azathioprine, chlorambucil, penicillamine, mycophenolate mofetil, and minocycline. We defined exposure over two periods: binary use (yes/no) during the 90 days preconception and first trimester of pregnancy. The outcome was occurrence of ≥ 1 MCM identified