effect of biologics on joint damage has not translated into a clear-cut decreased need for joint sacrificing surgery as observed in several RA populations. After 15 years of follow-up, 29% of the PsA patients had received surgery.

Disclosure of Interests: Jørgen Guldberg-Møller Paid instructor for: Abbvie, Eli Lilly, BK Ultrasound, René Cordtz: None declared, Lars Erik Kristensen Grant/research support from: UCB, Biogen, Janssen Pharmaceuticals, and Novartis, Consultant for: Consultant for Abbvie, Amgen, Biogen, BMS, Celgene, Eli Lilly, Janssen Pharmaceuticals, MSD, Novartis, Pfizer, Roche, Sanofi, and UCB Pharma.; Speakers bureau: Pfizer, Abbvie, Amgen, UCB, BMS, Biogen, MSD, Novartis, Eli Lilly and Company, and Janssen Pharmaceuticals, Lane Dreyer Consultant for: MSD, UCB and Janssen Pharmaceuticals, Speaker bureau: MSD, UCB and Janssen Pharmaceuticals, Speakers bureau: UCB, MSD, Eli Lilly and Janssen Pharmaceuticals.


FR0674

THE ASSOCIATION BETWEEN JOINT EROSIONS PLUS AUTOANTIBODY POSITIVITY AT INITIATION OF METHOTREXATE OR BIOLOGIC THERAPY FOR RHEUMATOID ARTHRITIS AND DISEASE ACTIVITY AND DISABILITY OVER ONE YEAR

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Background: Joint erosions and autoantibody positivity (rheumatoid factor [RF], anti-cyclic citrullinated peptide antibody [anti-CCP]) predict poor outcomes in patients with rheumatoid arthritis (RA). There are limited data on the combination of these factors and clinical and patient reported outcomes over time.

Objectives: To compare the disease activity and disability over 1 year of those with poor prognostic factors at treatment initiation (methotrexate [MTX] or biologics) to those without.

Methods: Patients were recruited to 1 of 2 UK-based multi-centre prospective cohort studies: MTX-starters: Rheumatoid Arthritis Medication Study (RAMS); biologic-starters: Biologics in Rheumatoid Arthritis Genetics and Genomics Study Syndicate (BRAGGSS). Anti-CCP (Axis-Shield Anti-CCP test; U/ml; anti-CCP titre >5 U/ml = anti-CCP+); RF (Beckman Coulter AU5400, RF latex assay; IU/ml; RF titre >14 IU/ml = RF+)) status were determined from baseline (BL) blood samples at the co-ordinating centre; erosions (yes/no) were recorded from medical notes. Missing data resulting from anti-CCP assay failure were imputed using multiple imputation. Patients who were anti-CCP+ and/or RF+ and had erosions were classified as having poor prognosis (PP); all other patients were classified as not having poor prognosis (NPP). Patients completed the Health Assessment Questionnaire (HAQ) and the Disease Activity Score (DAS28) was calculated at BL, 6 months and 12 months. The DAS28 and HAQ scores of the prognostic groups were compared at each assessment using linear regression, adjusted for age, gender and disease duration.

Results: In total, 1179 (PP = 182 [15.4%]) MTX-starters and 1152 (PP = 467 [40.5%]) biologic-starters were included (BL characteristics in Table). For MTX-starters, PP and NPP patients had similar DAS28 whereas for biologic-starters, PP patients had lower DAS28 compared to NPP patients after baseline (adjusted mean difference [95% CI]; MTX-starters BL = 0.1 [-0.1, 0.3]; 6 months = -0.1 [-0.3, 0.2]; 12 months = -0.1 [-0.4, 0.2]; biologic-starters BL = -0.1 [-0.2, 0.0]; 6 months = -0.2 [-0.4, 0.0]; 12 months = -0.4 [-0.6, -0.1]); HAQ scores were similar between PP and NPP patients in both cohorts (adjusted mean difference [95% CI]; MTX-starters BL = 0.08 [-0.04, 0.20]; 6 months = 0.02 [-0.11, 0.15]; 12 months = -0.03 [-0.17, 0.10]; biologic-starters BL = 0.00 [-0.09, 0.08]; 6 months = 0.00 [-0.12, 0.13]; 12 months = 0.01 [-0.14, 0.16]).

Conclusion: PP and NPP MTX-starters had similar outcomes. For biologic-starters, PP patients had lower disease activity after baseline; knowledge of these prognostic factors may have prompted more intensive assessment of PP patients after start of treatment.

Disclosure of Interests: James Gwinnutt: None declared, Kimmie Hyrich Grant/research support from: Grants to institution: BMS, Pfizer, UCB, Mark Lunt: None declared, Darren Plant: None declared, Nisha Nair: None declared, Anne Barton: None declared, Suzanne Verstappen: None declared

Uveitis can be a clinical manifestation of different systemic diseases which have presented uveitis (defined according to the SUN1 classification criteria) in a tertiary university hospital. A retrospective descriptive study made in a cohort of 451 SpA patients according to the ASAS classification criteria in a tertiary university hospital from Barcelona. The selected patients who presented or had presented uveitis (defined according to the SUN1 classification criteria) Demographic, clinical, radiological and serological data of the joint disease and characteristics of the ocular affection were collected, as well as the treatment of both disease and characteristics of the ocular affection were collected, in order to assess RA and AAV activity and treatment.

**REFERENCES:**


**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2019-eular.8339

FR00676

PREVALENCE AND UVEITIS CHARACTERISTICS OF A COHORT OF PATIENTS WITH SPONDYLOARTROPATHY

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**Background:** Uveitis can be a clinical manifestation of different systemic processes, known as the association of anterior uveitis in patients with spondyloarthritides (SpA)

**Objectives:** To describe the prevalence, characteristics and course of ocular inflammatory pathology from a cohort of patients with SpA

**Methods:** Retrospective descriptive study made in a cohort of 451 SpA patients according to the ASAS classification criteria in a tertiary university hospital from Barcelona. Were selected patients who presented or had presented uveitis (defined according to the SUN1 classification criteria) Demographic, clinical, radiological and serological data of the joint disease and characteristics of the ocular affection were collected, as well as the treatment of both disease and characteristics of the ocular affection were collected, in order to assess RA and AAV activity and treatment.

**Results:** Of the 451 patients reviewed, 43 (9.53%) patients with a history of uveitis were included in the study. From the cohort, the average age at diagnosis of SPA was 37 (± 27) years and 38 (88.4%) had positive HLAB27. The most prevalent subtypes of SPA were Ankylosing Spondylitis (AS): 27 (62.8%) and Psoriatic Arthritis (APso): 8 (18.6%). The characteristics of the sample are summarized in Table 1.

The average age at the first uveitis outbreak was 45 ± 23 years. The anterior location was more prevalent (n: 39, 90.7%), unilateral (n: 35, 81.4%) and acute onset (n: 42, 97.6%)

Two of patients with anterior uveitis had other associated complications, one had macular edema and other retinal vasculitis. The treatment of uveitis was topical corticosteroids in 39 (90.6%) patients, 2 (4.6%) treatment with oral sulfasalazine. Despite the treatment, 22 (51.2%) patients presented a recurrent course. Table 2 shows the ocular clinical features of the 43 patients included in the study.

**References:**


**Disclosure of Interests:** Sycille Jeria: None declared. Patricia Moya: None declared, Ana Laiz Consultant for: Lilly, Novartis, AbbVie, MSD, UCB and Janssen, Speakers bureau: Lilly, Novartis, AbbVie, MSD, UCB and Janssen, Jose Veia: None declared, Jesus Diaz: None declared, Hyesang Park: None declared, Berta Magallanes: None declared, Ivan Castellvi Consultant for: I received fees less than 5000USD as a consultant for Kern and Actelion, Paid instructor for: I received fees less than 5000USD as a consultant for Kern and Actelion.