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.

Table 1. Incidence of any joint surgery and joint sacrificing surgery in each calendar period and calculated incidence rate ratios

Calendar period	Any joint surgeries, n (Joint sacrificing as first surgery, n)		Person years, pyrs	Incidence rate per 1000 pyrs (95% CI)		Incidence rate ratio (95% CI) comparing PsA with GPC as reference in each calendar period
	PsA	GPC	PsA	GPC	PsA vs GPC	
1996 - 2000	145 (56)	536 (180)	7966	74092	18.2 (15.4-21.4)	7.2 (6.6-7.9) (2.0-2.9)
2001 - 2004	160 (76)	643 (198)	7572	70850	21.1 (18.0-24.7)	9.1 (8.4-9.8) (1.9-2.7)
2005 - 2008	264 (100)	1261 (389)	12128	115197	21.7 (19.2-24.6)	11.0 (10.4-11.6) (1.7-2.3)
2009 - 2012	316 (122)	1536 (467)	14921	143524	21.1 (18.9-23.7)	10.7 (10.2-11.3) (1.7-2.2)

Abbreviations: n, number. CI 95%, 95% confidence interval. Ref, reference.

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FRI0674

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.

Baseline characteristics of the PP and NPP patients in each cohort

Baseline characteristic	MTX-starters		Biologic-starters	
	PP	NPP	PP	NPP
N (%)	182 (15.4)	997 (84.6)	467 (40.5)	685 (59.5)
Age, years	61.5 (5.2, 70)	58 (48, 67)	59 (51, 67)	57 (49, 65)
Female, N (%)	116 (63.7)	647 (64.9)	344 (73.8)	516 (75.3)
Disease duration, months	16.5 (6, 46)	6 (4, 23)	132 (60, 240)	48 (24, 96)
Smoking:				
Never	68 (38.0)	390 (39.4)	146 (32.7)	233 (34.8)
Former	75 (41.9)	400 (40.4)	204 (45.7)	298 (44.5)
Current	36 (20.1)	199 (20.1)	96 (21.5)	138 (20.6)
Swollen joint count (28)	5 (2, 9)	4 (2, 9)	8 (6, 12)	8 (5, 11)
Tender joint count (28)	5 (2, 12)	6 (2, 12)	12 (9, 19)	15 (10, 20)
CRP, mg/l	7 (2, 21)	5 (2, 15)	10 (5, 25)	9 (4, 24)
DAS28	4.3 (3.4, 5.1)	4.1 (3.2, 5.1)	5.7 (5.2, 6.3)	5.8 (5.3, 6.3)
Health Assessment Questionnaire	1.00 (0.38, 1.63)	1.13 (0.50, 1.75)	1.75 (1.25, 2.13)	1.63 (1.25, 2.13)
Pain visual analogue scale	50 (29, 73)	48 (25, 70)	70 (55, 80)	69 (52, 79)
Fatigue visual analogue scale	51 (24, 75)	52 (25, 72)	75 (57, 85)	74 (55, 86)
Anti-CCP+, N (%)	139 (88.5)	405 (68.5)	193 (97.5)	226 (82.5)
Rheumatoid factor+, N (%)	170 (95.0)	489 (60.2)	410 (93.6)	367 (58.4)
Erosions, N (%)	182 (100)	46 (4.6)	467 (100)	20 (2.9)

Median (IQR) unless otherwise stated. Results from the first imputed dataset.

Anti-CCP = anti-cyclic citrullinated peptide antibody, DAS28 = Disease Activity Score (28), MTX = methotrexate, N = number, NPP = not poor prognostic group, PP = poor prognosis group

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 starting treatment.

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FRI0675

AUTOIMMUNE PERIPHERAL ULCERATIVE KERATITIS: ASSOCIATED ETIOLOGY, CLINICAL CHARACTERISTICS, TREATMENT AND VISUAL PROGNOSIS

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Background: Peripheral ulcerative keratitis (PUK), a rare sight-threatening condition, is an inflammatory corneal disease with an estimated incidence of 8 to 10 cases per million. PUK is characterized by the presence of an epithelial defect with progressive stromal corneal degradation and juxtalimbal thinning.

Objectives: To describe the associated etiology, demographic and clinical characteristics, treatment and visual prognosis of patients with PUK and autoimmune disease.

Methods: A retrospective, transversal, descriptive, observational cohort study was performed. The clinical file of all patients that had been diagnosed with PUK at the Inflammatory Eye Disease Clinic and who came to a follow-up appointment between January 2014 through February 2018 was evaluated. With a minimum follow-up of 6 months since PUK diagnosis.

Quantitative data was calculated in terms of means and standard deviations. Qualitative data in frequencies. Chi-square and rank sum tests were used to compare groups. Kaplan-Meier methods to estimate survival

rates according to treatment. Comparisons of survival rates between treatments were performed using log-rank tests. A *p* level of <0.05 was considered significant. Statistical analyses were performed using SPSS 24.0

Results: A total of 109 patients (155 eyes; 79.8% female; mean age 53.9 ± 12.5 (23 to 81) years) were included. The frequency of the association between PUK and an autoimmune systemic disease, was 86.3% (94). The leading etiology was RA (52.3%; n=57); VAA (30.3%; n=33), being GPA the foremost recognized in this group (84.8%; 28/33). Other were SLE, PSS, JIA, and ReA.

When PUK started, RA was already diagnosed in 87.7% (50/57); 18.2% (6/33) of AAV. Mean disease evolution in RA was 15 ± 8.2 years; AAV had 3.9 ± 5.6 years (*p*=0.05). 29% (n=17) of RA untreated; only 4 (12.2%) AAV were immunosuppressed by the time PUK settled.

Systemic autoimmune activity, was found in 31.5% (18/57) of RA and 90.9 (30/33) of AAV. Arthralgia was foremost referred by RA (94.4%; 17/18); ear-nose-throat symptoms were in AAV (86.6%; 26/30). In the latter, some degree of renal dysfunction was found in 33.3% (10/33).

PUK characteristics in RA and AAV. Moderate (34.2%) and mild (36.3%) PUK were more frequently seen in RA; whereas moderate (36.3%) and severe (33.3%) in AAV (*p*=0.016). RA associated PUK commonly involved the inferior corneal quadrant (54.3%), as AAV the superior one (73.8%; *p* < 0.01). Corneal perforation was more frequent in RA than AAV (54.5% vs 22.7%; *p*=0.481); although the risk of perforation associated to RA didn't show statistical significance (OR 1.14 [IC 95% 0.8 - 1.63]). Necrotizing scleritis was more commonly seen in AAV (RA n=1 vs AAV n=10).

The more frequent instated treatment in RA was oral prednisone combined with oral DMARDs (31.6%; 18/57). More aggressive therapy (MPS, CYC or Rituximab) was designated in 22.8% (n=13). On the other hand, 78.7% (26/33) of AAV were managed with the MPS-pred scheme merged with CYC (36.4%; n=12) or Methotrexate (42.4%; n=14).

Conclusion: RA and AAV are the more frequent autoimmune diseases that can manifest with PUK. In RA, the lack of arthritis could be mistaken as quiescent, and wrongly undertreated, allowing it to progress to a vasculitic stage. It may impact their life quality if complicated with corneal perforation. In AAV the PUK can be the initial symptom of the disease and is associated with a more severe ocular presentation. Routine ophthalmologic examinations might help the rheumatologist to assess RA and AAV activity and treatment.

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FRI0676 PREVALENCE AND UVEITIS CHARACTERISTICS OF A COHORT OF PATIENTS WITH SPONDILOARTROPATHY

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Background: Uveitis can be a clinical manifestation of different systemic processes, known is the association of anterior uveitis in patients with spondyloarthritis (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

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

Table 1. Clinical characteristics of SpA cohort.

Sex, n% (men/women)	24/19 (55.81/44.18)
Diagnoses SpA, years ± DE	37 ± 27
Subtype SpA, n (%)	27 (62.8)
EA, n (%)	2 (4.6)
ELL, n (%)	8 (18.6)
APSO, n (%)	6 (13.9)
PreRx, n (%)	
HLAB27, n (%)	38 (88.4)
Affection SpA	25 (58.1)
Axial, n (%)	4(9.3)
Periferic, n (%)	11(25.6)
Mixed, n (%)	
Treatment SpA	14 (32)
FAMEs	5 (11.6)
Methotrexate, n (%)	2 (4.6)
Sulfasalazine, n(%)	5 (11.6)
Azathioprine, n (%)	9 (20)
Leflunomide, n (%)	17 (39.5)
ANTI- TNF	6 (13.9)
Etanercept, n (%)	6 (13.9)
Adalimumab, n (%)	2 (4.6)
Golimumab, n (%)	1 (2.3)
Infliximab, n (%)	2 (4.6)
Certolizumab, n(%)	
Secukinumab, n (%)	
Ustekinumab, n (%)	

Table 2. Clinical characteristics of uveitis from SUN criteria.

Uveitis, n(%)	43 (9.53)
Age 1° outbreak, years ± DE	45 ± 23
Type	39 (90.7)
Anterior, n (%)	2(4.6)
Intermedite, n (%)	0
Posterior, n (%)	2(4.6)
Panuveitis, n (%)	
Unilateral, n (%)	35(81.4)
Bilateral, n (%)	8 (18.6)
Onset	42 (97.6)
Sudden, n (%)	1 (2.3)
Insidious, n (%)	38 (88.3)
Duration	5(11.6)
Limited (<=3 meses) n (%)	13 (30.2)
Persistent (>3 meses) n(%)	22(51.2)
Course	8(18.6)
Acute * n(%) Recurrent ** n (%)	
Chronic *** n (%)	
Treatment Uveitis	39 (90.6)
Corticosteroids topics, n (%)	2 (4.6)
FAME (sulfasalazine), n (%)	

* Episode sudden onset and limited duration ** Repeated episodes separated by periods of inactivity without treatment 3 months in duration ***Persistent uveitis with relapse in 3 months after discontinuing treatment

Conclusion: In our cohort of SPA, prevalence of uveitis was 10%, predominantly in HLA B27 patients and axial involvement, of which 62.8% met criteria for AD and 18.6% APSO with different degrees of axial involvement, including under systemic treatment (FAMEs/Biological). The most frequently presentation was anterior, unilateral, acute and recurrent uveitis. Being the most used treatment topical corticosteroids.

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