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 $\pm$ DE	37 $\pm$ 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)
Leffluonimide, 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 $\pm$ DE	45 $\pm$ 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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FRI0677

IMPACT OF COMORBIDITY ON THE USE OF BIOLOGICAL AND TARGETED THERAPY IN RHEUMATIC DISEASES IN THE CLINICAL PRACTICE

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Background: Comorbid conditions often accompany rheumatic diseases and can influence the prescription of immunosuppressive therapy. Comorbidity seems to be a factor that is still underestimated in actual practice.

Objectives: To study the influence of comorbidity on the prescription of biological and targeted therapies in patients with rheumatic diseases (RD) in clinical practice.

Methods: We perform a retrospective analysis of comorbidity and prescription of biological and targeted immunosuppressors in a group of in-patients with systemic autoimmune RD in rheumatology department. From January 2018 to January 2019, 218 patients with inflammatory RD hospitalized - 146 (67.5%) women, mean age 50.6±14.6 years. Diagnoses: rheumatoid arthritis - 83 patients, spondyloarthritis - 80, systemic lupus erythematosus - 19, systemic sclerosis - 16, ANCA-associated vasculitis - 10, other conditions - 10 patients. Biologics were used in 117 (53.7%) of patients (anti-TNFs - 64 patients, rituximab - 18, tocilizumab - 16, abatacept - 8, secukinumab - 4, ustekinumab - 4, tofacitinib - 3 patients). We examined patients for comorbidities through careful examination of the history, medical records, and general therapeutic laboratory and instrumental screening. The Charlson comorbidity index calculated for every patient.

Results: 174 (79.8%) patients had at least 1 comorbid condition. The most frequent comorbidities were type2 diabetes (19.5% patients), chronic kidney disease (12.6%), cerebrovascular accident (11.5%), ischemic heart disease and chronic heart failure (11%), chronic liver disease (7.5%). Mean Charlson index was 2.16±2.05 in total group; it was significantly lower in patients who were treated with biological and targeted therapy (1.64±1.8) than in patients who did not received this therapy (2.76±2.1), $p<0.01$. Biologics were prescribed in 81.8% of patients without comorbidities, in comparison with 55.3% of patients with Charlson comorbidity index 1 or 2, and 36.3% of patients with Charlson index 3 or more.

Conclusion: Comorbidity has a direct impact on the use of biological and targeted therapy in patients with rheumatic diseases in real clinical practice, limiting the ability to control the activity of the disease. It is necessary to develop a general therapeutic strategy for treating comorbid conditions in patients with rheumatic diseases.

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FRI0678

PREVALENCE, PATIENT CHARACTERISTICS, AND TREATMENT OF GOUT AND ASYMPTOMATIC HYPERURICEMIA IN JAPAN: CROSS-SECTIONAL STUDY OF A HEALTH INSURANCE CLAIMS DATABASE

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Background: The prevalence of gout is increasing worldwide [1,2], but evidence suggests that current treatment practices do not effectively

reduce serum uric acid (sUA) levels in many gout patients [3]. In Japan, urate lowering therapy (ULT) is provided to patients diagnosed with asymptomatic hyperuricemia as well as to those with gout. However, the actual treatment situation for asymptomatic hyperuricemia has not been well-documented.

Objectives: To assess the prevalence and characteristics of gout and asymptomatic hyperuricemia and the current treatment practices for these conditions in Japan.

Methods: This retrospective cross-sectional study assessed disease prevalence, patient characteristics, prescriptions, proportion of patients achieving target sUA, and incidence of gouty arthritis among 2,531,383 individuals in a database, using data from Japanese health insurance claims and medical check-ups from April 2016 to March 2017.

Results: Gout was diagnosed in 1.1% (men 1.9%, women <0.1%) of the study population and asymptomatic hyperuricemia in 2.6% (men 4.1%, women 0.4%). Hyperuricemia (sUA >7.0 mg/dL) was identified in 13.4% (men 19.6%, women 1.0%) of cases in which sUA level was measured at check-up. ULT adherence was satisfactory (median medication possession ratio [MPR] of 69.0% for febuxostat and 78.1% for allopurinol in gout, and 79.5% and 88.5%, respectively, in asymptomatic hyperuricemia), but most patients were receiving low-dose ULT. The sUA target (≤6.0 mg/dL) was achieved by less than half of patients treated with either febuxostat or allopurinol (Table). In gout patients, the incidence proportion of gouty arthritis was 47.8% and the incidence rate was 0.74 flares/person-year.

Conclusion: The prevalence of gout in our study population was low. Japanese physicians often treat gout and asymptomatic hyperuricemia with low-dose ULT, and many patients fail to reach their target sUA, suggesting gout management is suboptimal in Japan.

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Table

	Gout		Asymptomatic hyperuricemia	
	Febuxostat	Allopurinol	Febuxostat	Allopurinol
N	8215	6521	16312	14220
Mean prescribed dose	18.9 mg	145.6 mg	16.5 mg	131.3 mg
Median MPR	69.0%	78.1%	79.5%	88.5%
Proportion of patients achieving target sUA (≤6.0 mg/dL)	44.7% (876/1960)	33.8% (599/1771)	47.8% (2032/4254)	35.9% (1691/4704)

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FRI0679

PREDICTORS OF DEATH IN 3693 PATIENTS WITH RHEUMATOID ARTHRITIS FOLLOWED FOR UP TO 12 YEARS IN CLINICAL PRACTICE

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Background: Patients with RA have shorter life expectancy than the background population. Severe disease, as reflected in high disease activity, comorbid conditions and functional disability have historically been associated with increased mortality (1-2). Mortality after the introduction of