identified PF and SSc auto-antibodies at first visit as independent parameters predicting the development of definite SSc. These data are of key importance for the risk stratification of patients with very early SSc in clinical practice and clinical studies.

REFERENCE:

[1] Avouac J, et al. Ann Rheum Dis 2011;70:476

Disclosure of Interests: Silvia Bellando Randone: None declared, Gemma Lepri: None declared, Dorte Husher: None declared, Tunde Minier: None declared, Serena Guiducci: None declared, Cosimo Bruni: None declared, László Czirájk: None declared, Maurizio Cutolo: None declared, Vanessa Smith: None declared, Jérôme Avouac Grant/research support from: research grant from Pfizer, Daniel Furst Grant/research support from: F. Hoffmann-La Roche, Genentech, Yannick Allanore Grant/research support from: Inventiva, F Hoffman La-Roche, Sanofi, BMS, Pfizer, Consultant for: Actelion, Bayer, BMS, Boehringer, Roche, Sanofi, Oliver Distler Grant/research support from: Prof. Distler received research funding from Actelion, Bayer, Boehringer Ingelheim and Mitsubishi Tanabe to investigate potential treatments of scleroderma and its complications, Consultant for: Prof. Distler has/had consultancy relationship within the last 3 years with Actelion, AnaMar, Bayer, Boehringer Ingelheim, ChemomAb, espeR-are foundation, Genentech/Roche, GSK, Inventiva, Italfarmaco, iQvia, Lilly, medac, MedImmune, Mitsubishi Tanabe Pharma, Pharmacyclics, Novartis, Pfizer, Sanofi, Serodapharm and UCB in the area of potential treatments of scleroderma and its complications. In addition, he had/had consultancy relationship within the last 3 years with A. Menarini, Amgen, Abbvie, GSK, Mepha, MSD, Pfizer and UCB in the field of arthritides and related disorders, Marco Matucci-Cerinic Grant/research support from: Actelion, MSD, Pfizer, BMS, Chemomab, Sanipedia, Speakers bureau: Actelion, BMS; MSD, Janssen

DOI: 10.1136/annrheumdis-2019-eular.7164

OP0066

EFFECTIVENESS OF SPECIALIZED HAND/FACE PHYSICAL-OCCUPATIONAL THERAPY IN PATIENTS WITH SYSTEMIC SCLEROSIS – PRELIMINARY RESULTS OF A ONE-YEAR CONTROLLED STUDY

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Background: Systemic sclerosis (SSc) is characterized by stiffness and contraction of tissues, which leads to a limitation in the execution of day-to-day activities. The aim of our study was to investigate the impact of specialized physical-occupational therapy (POT) focused on the hands/face and QoL of SSc patients.

Objectives: Fifty five patients fulfilled the EULAR/ACR criteria for SSc and had skin involvement leading to hand/face function impairment. 25 patients were recruited into the intervention group (IG) and 30 patients into the control group (CG). Both groups received an educational material for home exercise, but only the IG underwent a 6-month intervention with a subsequent 6-month follow-up period.

Parameter (unit)	Intervention group Mean ± SEM	Control group Mean ± SEM	Intra-group analysis (Friedman+Dunn) Intervention gr. Control group		Inter-group analysis (2WA)
dFTP, dominant hand (cm)	m0: 5.7 ± 0.5 m3: 6.2 ± 0.5 m6: 6.8 ± 0.6 m12: 6.0 ± 0.6	m0: 6.8 ± 0.5 m3: 6.2 ± 0.4 m6: 5.9 ± 0.4 m12: 5.6 ± 0.4	m0-3: p<0.01 m3-6: p<0.05 m0-6: p<0.0001 m6-12: p<0.0001	m0-3: NS m3-6: NS m0-6: p<0.0001 m6-12: NS	p<0.0001
Hand grip strength, dominant hand (kg)	m0: 17.2 ± 1.8 m3: 19.2 ± 1.9 m6: 19.7 ± 1.9 m12: 17.5 ± 2.0	m0: 16.5 ± 1.2 m3: 14.9 ± 1.3 m6: 13.8 ± 1.2 m12: 14.2 ± 1.3	m0-3: p<0.05 m3-6: NS m0-6: p<0.001 m6-12: p<0.05	m0-3: NS m3-6: NS m0-6: p<0.01 m6-12: NS	p<0.0001
HAMIS, dominant hand	m0: 9.8 ± 1.3 m3: 7.1 ± 1.3 m6: 4.1 ± 0.9 m12: 7.2 ± 1.2	m0: 3.9 ± 1.1 m3: 6.3 ± 1.2 m6: 8.9 ± 1.1 m12: 9.8 ± 1.2	m0-3: p<0.01 m3-6: p<0.001 m0-6: p<0.0001 m6-12: p<0.001	m0-3: NS m3-6: p<0.001 m0-6: p<0.0001 m6-12: NS	p<0.0001
Inter-incisor distance (cm)	m0: 2.9 ± 0.2 m3: 3.2 ± 0.2 m6: 3.5 ± 0.2 m12: 3.2 ± 0.2	m0: 3.3 ± 0.1 m3: 3.1 ± 0.1 m6: 3.0 ± 0.1 m12: 3.0 ± 0.1	m0-3: p<0.01 m3-6: NS m0-6: p<0.0001 m6-12: p<0.01	m0-3: p<0.01 m3-6: NS m0-6: p<0.001 m6-12: NS	p<0.0001
SHAQ (mm)	m0: 28.8 ± 3.9 m3: 21.5 ± 3.4 m6: 22.0 ± 3.5 m12: 23.4 ± 3.7	m0: 21.5 ± 2.1 m3: 24.6 ± 2.6 m6: 24.9 ± 2.9 m12: 27.5 ± 3.3	m0-3: NS m3-6: NS m0-6: p<0.05 m6-12: NS	m0-3: NS m3-6: NS m0-6: NS m6-12: NS	p=0.0015

Methods: Patients were assessed by a physician and a physiotherapist blinded to intervention at months 0, 3, 6, and 12. Patients also filled out patient reported outcomes questionnaires and provided blood for routine laboratory analysis and bio-banking. Data analysis was done between groups and within the group.

Results: Compared to the observed statistically significant deterioration in the CG, we found a statistically significant improvement in the IG in objectively assessed function and strength of hand, distance between incisors and functional ability (SHAQ) (Table). Only numerical improvements in the IG during the intervention compared to numerical deterioration in CG that did not reach statistical significance were observed in subjectively assessed hand function and mouth handicap, functional ability (HAQ) and in some domains of QoL (SF-36) and fatigue (FIS – cognitive function). During the follow-up period, there was a significant deterioration or stagnation of the achieved positive results in the IG.

Conclusion: Our program led to a significant improvement in the observed parameters that was clinically significant in a substantial proportion of patients, and prevention of the expected worsening of hand/face handicap and QoL.

Acknowledgement: Supported by AZV-16-33574A, SVV for FTVS UK 2019-260466, MHCR 023728.

Disclosure of Interests: Maja Špiritović: None declared, Hana Smucrova: None declared, Sabina Oreska: None declared, Hana Štorkánová: None declared, Barbora Heřmáňková: None declared, Petr Česák: None declared, Adéla Rathouská: None declared, Olga Růžicková: None declared, Karel Pavelka: None declared, Ladislav Šenolt Grant/research support from: AbbVie, Consultant for: AbbVie, Bristol-Myers Squibb, Celgene Corporation, Merck Sharp and Dohme, Novartis, Pfizer, Roche, UCB, Amgen, Takeda, Speakers bureau: AbbVie, Amgen, Bristol-Myers Squibb, Celgene Corporation, Eli Lilly, Merck Sharp and Dohme, Novartis, Pfizer, Roche, UCB, Jiří Vencovský Consultant for: Samsung, Speakers bureau: AbbVie, Novartis, Pfizer, Sanofi, Eli Lilly, Biogen, UCB, MSD, Werfen, Roche, Radim Bečvář Consultant for: consultancy Actelion, Michal Tomčík: None declared

DOI: 10.1136/annrheumdis-2019-eular.4630

OP0067

UTILITY OF RISK STRATIFICATION IN PREDICTING OUTCOMES OF INITIAL MONOTHERAPY VERSUS COMBINATION THERAPY IN PULMONARY ARTERIAL HYPERTENSION ASSOCIATED WITH CONNECTIVE TISSUE DISEASE: A POST-HOC ANALYSIS OF THE AMBITION STUDY

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Background: The AMBITION study (NCT01178073, sponsored by GSK and Gilead) demonstrated a reduced risk of clinical failure event in patients receiving initial combination therapy of ambrisentan and tadalafil (COMB) compared with initial monotherapy of either agent (MONO) in treatment-naïve patients with pulmonary arterial hypertension (PAH)¹. A similar treatment outcome was observed in connective tissue disease (CTD)-PAH or systemic sclerosis (SSc)-PAH subgroups in both the primary analysis set and modified intention to treat (mITT) population^{2,3}. The 2015 ESC/ERS guidelines⁴ and 2018 WSPH consensus recommended the use of risk assessment (classified as low, intermediate, and high risk) based on the variables to predict prognosis, but the clinical utility of risk stratification in patients with CTD- or SSc-PAH has not been established.