AB0297

HOW OFTEN IS THE COMBINATION OF NSAID-INDUCED LESIONS OF THE UPPER AND LOWER GI TRACT?

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Background: Non-steroidal anti-inflammatory drugs (NSAIDs) can damage all parts of the gastrointestinal tract (GIT). However, the frequency of the combination of lesions in different parts of the gastrointestinal tract has not been studied.

Objectives: To assess the frequency of the combination of NSAID-induced lesions of the upper GI tract, small and large intestine.

Methods: The study group consisted of 112 patients with rheumatic diseases (62.5% of women, 56.2 ± 14.6 years), who regularly took NSAIDs. All patients underwent endoscopy of the upper GI tract and colon. Capsule endoscopy was performed in 35 patients with signs of NSAID-gastropathy.

Results: NSAID-gastropathy (erosions and/or gastric or duodenum ulcers) were detected in 43.8%, NSAID enteropathy (hemorrhages, erosions and ulcers of the small intestine) in 68.6%, NSAIDs-colopathy (hemorrhages, erosions and ulcers of the colon) - 14.3% patients. The combination of NSAID-gastro- and colonopathy was detected in 28.6% of patients (odds ratio 12.2, 95% CI 2.619-56.84), the combination of NSAID-gastro, entero- and colopathy - in 10 patients (20.4% of the number of patients with NSAID-gastropathy). There was a significant risk association for the development of NSAID-induced lesions in all parts of the GI tract with a diagnosis of spondyloarthritis, the presence of abdominal pain, small intestine bacterial overgrowth, as well as in the polymorphism of the CYP2C19 gene (CYP2C19 * 17 * 1/* 17 allele).

Conclusion: The combined NSAID-induced damage of various parts of the GI tract is a frequent and serious pathology requiring complex diagnostics and the combined use of prophylactic agents with a different mechanism of action.

Disclosure of Interests: None declared

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AB0298

COMPLICATIONS OF RHEUMATOID ARTHRITIS AND ALLIED DISORDERS— A STATISTICAL COMORBIDITY STUDY OF 234 AUTOPSY PATIENTS

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Background: Complications of rheumatoid arthritis (RA) may modify the clinical course and symptoms of allied disorders leading to missed diagnosis or late recognition of associated diseases.

Objectives: The aim of this study was to determine the possible role of classic complications of RA: systemic autoimmune vasculitis (AV), AA amyloidosis (AAa), lethal cardiac insufficiency (CI) caused by endo-, myo- or pancarditis, furthermore lethal septic infection (SI) on prevalence and mortality of coexistent associated diseases: atherosclerosis (Ath), hypertension (HT), type 2 diabetes mellitus (DM) and tuberculosis (Tb) with miliary dissemination (mTb).

Methods: 234 non- selected autopsy patients with RA were studied. RA was confirmed clinically according to the criteria of the ARA.

The presence of AV, AAa, CI and SI was determined at autopsy and confirmed by a detailed review of extensive histological material. The prevalence and mortality of associated diseases Ath, HT, DM, Tb or mTb were analyzed retrospectively, reviewing the clinical and pathological reports.

The link between AV, AAa, CI or SI and Ath, HT, DM, Tb or mTb was analyzed by (χ^2) test.

Results: RA was complicated by AV in 43 (18.4%), by AAa in 48 (20.5%), by CI with lethal outcome in 15 (6.4%), and by lethal SI in 33 (14.1%) of 234 patients.

RA associated with severe Ath in 106 (45.3%), with HT in 41 (17.5%), with DM in 41 (17.5%), and with Tb in 28 (11.9%), with active mTb in 9 (3.8%) of 234 patients.

As a basic disease Ath led to death in 61 (26.1% of 106), HT in 2 (0.9% of 41), DM in none (0% of 41), and Tb with mTb in 3 (1.3% of 28) of 234 patients. Tb without miliary dissemination was not lethal in our patient population.

The statistical links ("p" values of significance) between complications of RA and prevalence or mortality of allied disorders are summarized in Table.

(*asterisk indicates a negative value of associations' coefficient with inverse relationship).

Complications of RA	AV n=43 of 234	AAa n=48 of 234	CI n=15 of 234	SI n=33 of 234
Allied disorders in RA				
Ath n=106 of 234	$\chi^2=6.43^*$, p<0.01	$\chi^2=10.04^*$, p<0.001	$\chi^2=0.92^*$, p<0.33	$\chi^2=5.03^*$, p<0.02
Ath lethal n=61 of 106	$\chi^2=15.92^*$, p<0.00	$\chi^2=11.04^*$, p<0.00	$\chi^2=4.29^*$, p<0.03	$\chi^2=12.01^*$, p<0.00
HT 41 of 234	$\chi^2=3.30^*$, p<0.07	$\chi^2=0.03^*$, p<0.86	$\chi^2=0.00^*$, p<0.92	$\chi^2=1.27^*$, p<0.25
HT lethal n=2 of 41	$\chi^2=0.05^*$, p<0.80	$\chi^2=0.02$, p<0.87	$\chi^2=1.16^*$, p<0.28	$\chi^2=0.19^*$, p<0.65
DM 41 of 234	$\chi^2=0.04$, p<0.8	$\chi^2=0.84^*$, p<0.35	$\chi^2=0.92$, p<0.33	$\chi^2=0.01$, p<0.91
Tb 28 of 234	$\chi^2=4.02$, p<0.04	$\chi^2=2.61^*$, p<0.10	$\chi^2=0.33$, p<0.56	$\chi^2=0.37$, p<0.54
Tb lethal n=3 of 28	$\chi^2=0.00^*$, p<0.93	$\chi^2=0.02^*$, p<0.86	$\chi^2=0.53^*$, p<0.46	$\chi^2=0.01^*$, p<0.89
mTb 9 of 28	$\chi^2=4.24$, p<0.03	$\chi^2=0.08$, p<0.77	$\chi^2=0.01$, p<0.91	$\chi^2=0.05$, p<0.82
mTb lethal n=3 of 9	$\chi^2=0.00^*$, p<0.93	$\chi^2=0.02^*$, p<0.86	$\chi^2=0.53^*$, p<0.46	$\chi^2=0.01^*$, p<0.89

Conclusion: The inverse correlations between AV, AAa, CI, SI and Ath, HT, DM, Tb or mTb indicate that the prevalence and mortality of allied disorders were not influenced basically by the complications of RA.

The consequently inverse and (in most cases) significant correlations between prevalence of AV, AAa, CI, SI and the prevalence and mortality of Ath show that these are independent entities in RA. The AV, AAa, CI and SI are the most important complications of RA, and are characterized severe forms of disease, mostly involving younger patients, with an earlier onset (without pronounced Ath); while Ath is basically an age dependent phenomenon, characteristically present in RA patients with advanced age. RA patients with Ath may represent a special group of RA, characterized by lower incidence of AV, AAa, CI or SI, and a better prognosis.

The positive and significant relations AV to Tb or mTb suggest an increased risk of Tb, e.g. the presence of AV may promote Tb or endogenous exacerbation and miliary dissemination of Tb.

Disclosure of Interests: None declared

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AB0299

COXITIS DURING CHRONIC INFLAMMATORY RHEUMATISM

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Background: The occurrence of coxitis in chronic inflammatory rheumatism is a prognostic factor of great importance given the functional repercussions of the involvement of the coxofemoral joint.

Objectives: The aim of this work is to evaluate the prevalence of this lesion in chronic inflammatory rheumatism (PR/JIA/SpA) and to describe the evolution of this disorder according to the pathology.

Methods: Eighty-two patients with chronic inflammatory rheumatism were enrolled. These patients were followed by the rheumatology department rabta since 2004 until March 2018. The clinical demographics, activity scores, treatment background (all our patients in this series were under biotherapy) and the need PTH were identified.

Results: The eighty-two patients were distributed as follows: 36.58% (n = 30) patients with RA, 36.58% (n = 30) SpA and 26.83 (n = 22) JIA. The average age was 48.3 years, 47.6 years and 32.17 years. For the rheumatoid arthritis population 26.67% (n = 8) of the patients had a coxite of which 62.5% (n = 5) was bilateral and 37.5% (n = 3) unilateral. The mean time to discovery of coxite was 11.7 years and the evolution was in 50% (n = 4) to worsening requiring in 3 cases a bilateral PTH and a case of synoviorrhesis.

In the SpA group, 23.33% (n = 7) of patients had coxitis, of which 57.14% (n = 4) were bilateral and 32.86% (n = 3) unilateral. The average time to discovery was 8.22 years. PTH was performed in 71.43% (n = 5) of patients.

For the JIA population, 45.45% (n = 10) of the patients had a coxite of which 80% (n = 8) was bilateral and 20% unilateral. The average time to discovery of this lesion was 14 years, with 60% of cases progressing to an aggravation requiring 40% of the cases for synoviorrhesis and 60% for PTH.

Conclusion: SpA is the most common chronic inflammatory rheumatism with coxofemoral involvement with the most pejorative evolution despite the biological treatment

REFERENCES

none

Disclosure of Interests: None declared**DOI:** 10.1136/annrheumdis-2019-eular.3829**AB0300 LIVER DISORDERS DURING RHEUMATOID ARTHRITIS**

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Background: Hepatic disease in rheumatoid arthritis (RA) are rare, but can be impactful for patients. Though some hepatic manifestations are directly related to RA, whereas others may be sequelae of treatment or caused by concomitant autoimmune diseases.

Objectives: We have tried through this study to focus on the liver disorders during the monitoring of rheumatoid arthritis and to identify the different etiologies.

Methods: This is a retrospective descriptive study of patients with rheumatoid arthritis (ACR-EULAR 2010 criteria) followed a rheumatology department between 2012 and 2018 with liver function disorder. We have specified the epidemiological, clinical, biological and therapeutic characteristics and the different explorations carried out for these patients.

Results: We included 61 patients in our study (3 men and 58 women). Mean age was 52.13 years [26-82]. Average duration of RA was 9.2 years [0.5-30]. Mean DAS28 was 5.95 [3-8.33]. RA was immunopositive in 88.5% of the cases and erosive in 93.44% of the cases. Most of patients received symptomatic treatment (98% paracetamol, 87% non-steroidal anti-inflammatory drugs, 84% corticosteroids). As for conventional csDMARD, 72% of patients were treated with methotrexate, 8.2% with anti-malarial, 22.95% with salazopyrine and 11.47% with leflunomide. Three patients received biologic DMARDs (1 rituximab and 2 TNF-Blockers).

Hepatic disorders were: cholestasis (95%), cytotoxicity (33%) and concomitant cytotoxicity and cholestasis (28%). The etiological investigation undertaken linked these disorders of the liver function disorders to the RA treatment in 50% of the cases. Methotrexate was incriminated in the genesis of this liver enzyme abnormalities in 14 cases, the salazopyrine in 2 cases, the leflunomide in 1 case, paracetamol and nonsteroidal anti-inflammatory drugs in 11 cases and rituximab in 1 case. Hepatic immunological investigation was negative in all cases. We have not noted any hepatitis B seroconversion. Two patients had hepatitis C. One patient presented active hepatitis C serology with signs of fibrosis (A2F2) at the liver biopsy puncture. Abdominal ultrasound showed signs of non-alcoholic fatty liver disease in 34.42% of cases. The biopsy puncture of the liver was performed in 9 patients showing chronic hepatitis lesions (n=1), hepatic atrophy (n=1), steatosis with portal and peri-sinus fibrosis (n=1). The etiological investigation was negative in 10% of cases.

Conclusion: In our study, the liver function disorders during RA are in half of the cases of iatrogenic origin. This requires rigorous monitoring of patients followed for RA in order to improve their management.

Disclosure of Interests: None declared**DOI:** 10.1136/annrheumdis-2019-eular.6117**AB0301 ANTIMICROBIAL USE IS HIGH IN PATIENTS WITH INFLAMMATORY ARTHRITIDES, AND FURTHER INCREASES WITH FIRST-LINE TNFI THERAPY – NATIONWIDE RESULTS**

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Background: Infections are well-known adverse effects of tumor necrosis factor inhibitors (TNFi) and increased hospitalization rates due to infections have also been reported. To our knowledge, this is the first study to report the effect of TNFi initiation on outpatient antimicrobial prescription patterns.

Objectives: To investigate the use of antimicrobial agents (antibacterials, antifungals and antivirals; excluding antimycobacterials) in patients with rheumatoid arthritis, psoriatic arthritis, and axial spondyloarthritis in relation to the initiation of the first TNFi in biologic-naïve patients.

Methods: All patients with inflammatory arthritides who are treated with biologic DMARDs in Iceland are registered in ICEBIO, a nationwide registry. On February 1st 2016, ICEBIO contained information on 1058 individuals. The Icelandic Directorate of Health operates the Icelandic Medicine Database (IMD), a registry that includes over 95% of all filled drug prescriptions in Iceland. From the IMD, filled antimicrobial prescriptions were extracted two years before and two years after the initiation of first-line TNFi therapy for all patients in ICEBIO with rheumatoid arthritis (RA; n=366), psoriatic arthritis (PsA; n=250) and axial spondyloarthritis (AS; n=218). As controls, five individuals, age and sex matched, for the same calendar time were randomly selected. Antimicrobial use was determined from defined daily dose per 1000 capita (DID).

Results: The use of antimicrobials prior to TNFi treatment was greater in the patient group when compared to controls (mean 43 DID vs 21 DID; p<0.01). The patient group received more DID of antimicrobials following the start of TNFi, with a statistically significant increase in PsA (33.9 to 45.2; p<0.01), AS (37.2 to 46.8; p<0.01) and nonsignificant in RA (46.8 to 49.7; p=0.066). Antibacterial use increased from 115 DID to 137 DID for the whole group, most prominently in the PsA and AS groups (Table I). Antifungal use increased in patients with RA and antiviral use in RA and PsA (Table I).

Table I: Antibacterial, antifungal and antiviral use in DID two years before and after TNFi therapy.

	RA n = 366	Control n = 1830	PsA n = 250	Control n = 1250	AS n = 218	Control n = 1090
Antibacterial						
Before	45.7 ±97.1	23.7 ±47.8	32.7±48.3	19.2 ±34.5	36.6±68.6	16.6 ±37.2
After	47.5 ±80.4	23.8 ±53.7	43.3 ±70.2**	21.2 ±41.0	45.6 ±74.8*	17.5 ±40.3
Antifungal	0.60±4	0.18±1.7	0.32±2.3	0.37±3.6	0.44±2.4	0.13±1.1
Before						
After	1.06 ±6.3*	0.32 ±2.6*	0.42±2	0.41±3.6	0.60±3.4	0.13±1.1
Antiviral	0.49±4.7	0.42±4.5	0.88±9.8	0.21±1.8	0.19±1.5	0.18±3.2
Before						
After	1.06 ±5.5*	0.46±4.9	1.52±11*	0.36±3.5	0.63±3.6	0.29±4.3

*p<0.05; **p<0.01

Conclusion: Patients with active chronic arthritides use statistically significantly more antimicrobials two years antedating TNFi treatment compared to controls. TNFi treatment further increases antimicrobial use in this patient population, especially in patients with PsA and AS. Meanwhile, antifungal use increased in RA and antiviral use increased in both RA and PsA. Further analysis needs to be done on the effect of co-medicines such as glucocorticoids, DMARDs and disease activity.

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DOI: 10.1136/annrheumdis-2019-eular.6141**AB0302 INTEREST OF THE SYSTEMATIC ELECTROCARDIOGRAM IN THE DETECTION OF CARDIAC INVOLVEMENT DURING SPONDYLOARTHROPATHIES AND RHEUMATOID ARTHRITIS**

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Background: Cardiovascular risk is not uncommon in patients with chronic inflammatory rheumatism.

Objectives: The objective: To evaluate the interest of systematic electrocardiogram (ECG) as a tool for detecting cardiac abnormalities during spondyloarthropathies (SA) and rheumatoid arthritis (RA).

Methods: Consecutive patients suffering from SA, RA, hospitalized during the period from 2016 to 2017 and free from cardiovascular events were included. An ECG - 12-lead - was performed and interpreted by a cardiologist without the diagnosis.