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.

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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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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.