sulfasalazine [SSZ] (n=8), etanercept [ETN] (n=1), adalimumab [ADA] (n=1), abatacept ABA (n=3) and rituximab [RTX] (n=1). When the patients were enrolled to LRS program 83.3% received abatacept, 11.1% anti-TNF α agents and 5.5% rituximab. All patients with RA-associated ILD remained stable at 1 year follow-up. RA patient without ILD who started biologic therapy did not had ILD at 1 year follow-up.

Conclusion: There were no significant differences in the risk of complications between patients with a baseline history of ILD receiving different biologic agents. The present study found that male sex, older age, seropositive RA and patients with a history of smoking, were at increased risk for developing ILD. These data are largely consistent with those of the existing literature. Patients without a history of ILD did not develop pulmonary complications, but these data may be affected by the short follow-up window. Further studies are needed to evaluate the risk of RA-associated ILD and its complications.

REFERENCES

- [1] Curtis, J (2015). Incidence and complications of interstitial lung disease in users of tocilizumab, rituximab, abatacept and anti-tumor necrosis factor α agents, a retrospective cohort study. *Arthritis Research & Therapy* 17:319.
- [2] Fernández-Díaz, C (2018). Abatacept in patients with rheumatoid arthritis and interstitial lung disease: A national multicenter study of 63 patients. *Seminars in Arthritis and Rheumatism* 48: 22–27.
- [3] Shaw, Megan (2015). Rheumatoid arthritis-associated lung disease. *European Respiratory Review* 24: 1-16.

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AB0349 DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS AND RISK OF LUNG INVOLVEMENT

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Background: Rheumatoid arthritis (RA) is a common inflammatory disease developing within joints but extra-articular organs such as the lung could be involved.

Objectives: To determine the relationship between disease activity and lung involvement in rheumatoid arthritis (RA) Tunisian patients.

Methods: We performed a retrospective study of patients with RA diagnosed according to American College of Rheumatology-European League Against Rheumatism classification criteria for RA 2010 between 2014 and 2017 in a department of rheumatology in the north of Tunisia. The prevalence of pulmonary involvement was determined based on combined results from chest-X-ray, computed tomography of the chest and pulmonary functional tests. Disease activity was evaluated based on number of night waking, morning stiffness duration, painful joints number and swelling joints number, erythrocytes sedimentation rate (ESR) and C-reactive protein levels (CRP). Specific disease activity scores were also noted including the 28-joint Disease Activity Score Index (DAS28), Clinical Disease Activity Index (CDAI) and Simplified Disease Activity Index (SDAI).

Results: Sixty five patients were collected. Mean age was 56 years $\pm$ 12.8 years and mean age of disease onset was 46.4 $\pm$ 13.8 years ranging from 17 to 75 years. Mean disease duration was 9.6 $\pm$ 10.1 year ranging from 1 to 38 years. Number of painful joints was 13.71 at mean and swelling joints number was 5.98. Morning stiffness duration was 1.03 hour at mean and number of night waking was 2.31. Concerning laboratory investigations, mean ESR was 49.7 mm ant mean CRP level was 13.6 mg/l. The average of DAS28 was 5.8. The overall frequency of lung involvement based on different lung investigations was 27.6% (18 patients). Interstitial lung disease was found in 7 cases, bronchiectasis was found in 5 cases, rheumatoid nodule in 4 cases and pleural disease in 2 cases.

Patients with lung involvement had significantly higher painful joints number (p=0,034) and no difference was seen concerning swelling joints number. Number of night waking and morning stiffness duration had no impact in lung involvement (p=0,651, p=0,907 respectively). RA patients with lung involvement displayed higher ESR level (p=0,032) and no difference was seen concerning CRP level. No association was found between lung involvement and specific disease activity scores (DAS28, CDAI, SDAI).

Conclusion: Our study showed that only high level of ESR could be associated with lung involvement in RA Tunisian patients.

REFERENCES

- [1] Pérez-Doramea R, Mejiaa M, Mateos-Toledoa H, Rojas-Serranob J. Rheumatoid arthritis-associated interstitial lung disease: Lung inflammation evaluated with high resolution computed tomography scan is correlated to rheumatoid arthritis disease activity. *Clin Rheumatol*. 2015;11(1):12-6.
- [2] Jearn LH, Kim TY. Level of anticitrullinated peptide/protein antibody is not associated with lung diseases in rheumatoid arthritis. *J Rheumatol* 2012;39:1493-4.2] Jearn LH, Kim TY. Level of anticitrullinated peptide/protein antibody is not associated with lung diseases in rheumatoid arthritis. *J Rheumatol* 2012;39:1493-4.

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AB0350 RHEUMATOID ARTHRITIS MANAGEMENT IN SOUTHEAST TURKEY, EXPERIENCE FROM RURAL AREA

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Background: Rheumatoid arthritis is a chronic disease affecting more commonly women in all age groups. Access to healthcare, taking part in decision making and compliance with the treatment are very important in management. In Turkey, after completion of their fellowships, rheumatologist work for a limited time in state hospitals mandatorily (especially in under-developed cities of the country). Batman city lies in the southeast of Turkey with a population of 585.000 people; 7% of whom is illiterate. Due to ethnic and cultural reasons women suffer more commonly in obtaining and maintaining education and healthcare.

Objectives: To define the clinical characteristics, adherence to follow-up appointments and treatments ever received in patients with rheumatoid arthritis in Batman State Hospital.

Methods: Hospital records between July 15th 2017 and January 1st 2019 were viewed retrospectively. Only 1 rheumatologist works in the hospital. Appointments were scheduled between 1-3 months intervals, patients were defined as 'lost to follow-up' if there was no clinical appointment in last 3 months. Patients were categorized as recently or formerly diagnosed and according to receiving conventional synthetic disease modifying agents (DMARDs) (methotrexate, leflunomide, hydroxy-chloroquine, sulfasalazine) or biologic DMARDs (adalimumab, etanercept, infliximab, golimumab, certolizumab pegol, rituximab, tocilizumab, abatacept, tofacitinib). Most of the patients received low-dose steroids.

Results: Patient characteristics and treatments are displayed in the table. Follow-up duration for the patients who continued follow-ups was 8.9 months on average (max: 17 months). Average follow-up duration for patients who lost to follow-up was 2.8 months (min: 1 month, max: 13 months). Seventy-one of 146 patients who lost to follow-up came to appointment only once. Route of administration was very important in biological treatment decisions, oral treatments and intravenous administration in hospital were favored over subcutaneous administration especially for elderly illiterate patients.

Table: Patient characteristics, treatments

Age	Mean 51 years (min:16 y, max:85 y)
Sex	Female:432, Male:86 (F/M=5)
RF or Anti-CCP positivity	Seropositive: 308 patients Seronegative: 210 patients
Lost to follow-up (total)	146 patients (28%)
Continuing follow-up (total)	372 patients (72%)
Recently diagnosed (135 patients) (26%)	Lost to follow-up: 37 (27%) Continuing follow-up: 98 (73%)
Formerly diagnosed (383 patients) (74%)	Lost to follow-up: 108 (28%) Continuing follow-up: 275 (72%)
Conventional Synthetic DMARDs (397 patients) (77%)	Lost to follow-up: 135 (34%) Continuing follow-up: 262 (66%)
Biologic DMARDs (121 patients) (23%)	Lost to follow-up: 11 (10%) Continuing follow-up: 110 (90%)
Biologic DMARDs (route of administration ever received, including switches)	Subcutaneous : 52 (35%) Intravenous: 67 (45%) Per oral: 28 (20%)