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.

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Disclosure of Interests: Silvana Saavedra: None declared, Felipe Reyes: None declared, Claudia Hernandez: None declared, Karen Vergara: None declared, Maria Luisa Molina Speakers bureau: Novartis, Annelise Goecke Consultant for: Roche, abbvie, novartis, Pfizer, Paid instructor for: Roche, Speakers bureau: Roche, Novartis, Abbvie, pfizer

DOI: 10.1136/annrheumdis-2019-eular.8075

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.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8050

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%)

Conclusion: Even though management goal is directed at remission induction in the earliest stages of rheumatoid arthritis with molecular targeted therapies in most of the developed countries, in rural parts of the developing countries low rate of adherence to follow-up appointments and medications is still an important difficulty in management. Patients receiving biologic DMARDs have higher adherence to treatment. Awareness and education of patients in rheumatoid arthritis, as well as in all chronic diseases, is most important aspect of management.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6393

AB0351 ELDERLY-ONSET RHEUMATOID ARTHRITIS (EORA): DIFFERENCES ACCORDING TO CLINICAL DEBUT AND SEROLOGICAL POSITIVITY

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Background: In patients with Elderly-onset Rheumatoid Arthritis (EORA) has been described a clinical debut mimicking polymyalgia rheumatica with *rhizomelic pseudopolyarthritis*, in contrast with the classical profile of patients with Rheumatoid Arthritis similar to younger patients. We compare in our study these two profiles of the disease.

Objectives: To describe and compare the differences according to clinical debut, serological positivity and its implications in terms of treatment and prognostic factors in patients with Elderly-onset Rheumatoid Arthritis (EORA).

Methods: Patients with a diagnosis of RA over 65 years of age according to ACR/EULAR 2010 criteria were included. A database was created including the age of onset, the presence of polymyalgia-like symptoms (*rhizomelic pseudopolyarthritis*), the positivity of rheumatoid factor (RF) and anti-citrullinated protein antibodies (ACPAs), elevation of acute phase reactants (APR), the presence of erosions and the treatment required. Finally, data was analyzed according to clinical debut, serological positivity and prognostic factors.

Results: 83 patients diagnosed of EORA were included, with an average age of 73.8 years. 71.25% had positive RF (58.75% high titers) and 62.5% had positive ACPA (52.3% high titers). 24/83 patients (29%) debuted with a polymyalgia-like symptoms. 47.5% had persistent APR elevation during follow-up. Regarding treatment, 15% were treated only with corticosteroids, 81.5% required treatment with DMARDs and 15% were receiving biological treatment. 42/83 patients (50%) had erosions on plain X-rays. Of those patients with a polymyalgia-like profile, 52.2% (43/83) had positive RF but most of them had low titers (61%). On the other hand, patients without polymyalgia-like symptoms had positive RF in 78% of the cases and most of them at high titers (66%, $p = 0.01$). In the first group there was less positivity for ACPAs (26%, $p = 0.00004$) and half of them had low titers. Erosions were observed in only 30% of the patients with polymyalgia-like symptoms, while those without this profile had more erosions (58%, $p = 0.02$) and higher APR (50%, $p = 0.026$). Regarding treatment, in the group with polymyalgia-like symptoms only 34% were treated with corticosteroids, 65% required DMARDs and no patients had received biological treatment, whereas in the non-polymyalgic group, 88% required DMARDs and 21% required biologics ($p = 0.01$ for both results). Analyzing patients with positive RF and ACPAs at high titers, 93% received treatment with DMARDs and 24% required biological treatment. 65% had persistent elevation of APR and 48% presented erosions on plain X-rays. Only 2 patients with positive RF and ACPAs at high titers debuted with a polymyalgia-like symptoms.

Conclusion: Patients with EORA with polymyalgia-like symptoms tend to have less erosions and a higher prevalence of negative RF and ACPA or at low titers. These patients usually require less DMARDs and biological treatments to control the disease unlike patients with non-polymyalgia symptoms. On the other hand, patients with high RF and ACPA titers have more erosions and elevated APR during follow-up but do not usually experience polymyalgia-like symptoms.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7682

AB0352 HIGH PREVALENCE OF ANTICIPATORY AND ASSOCIATIVE SYMPTOMS OF METHOTREXATE INTOLERANCE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Methotrexate (MTX) is the most widely used anti-rheumatic drug in the treatment of Rheumatoid Arthritis (RA) due to low costs, efficacy and an acceptable safety profile. However MTX has certain side effects. The most common side effects include the gastrointestinal tract not only after taking MTX, but also before MTX intake (anticipatory) and when thinking of MTX (associative).

Objectives: The aim of this study was to assess the prevalence of MTX intolerance and particularly the anticipatory and associative symptoms using the validated methotrexate intolerance Severity Score (MISS) (1).

Methods: We performed a cross-sectional descriptive study that involved patients with RA and treated by MTX for more than 3 months, compiled from Charles Nicolle hospital's rheumatologic department. The tolerance of MTX was assessed by the MISS questionnaire. The MISS Questionnaire includes five elements: abdominal pain, nausea, vomiting, fatigue, and behavioral symptoms of restlessness, crying, irritability and drug refusal. Each symptom is evaluated after intake of MTX, before taking MTX (anticipatory) and on thinking about MTX (associative). MTX intolerance was defined as ≥ 6 points on the MISS, with at least 1 point on anticipatory, associative or behavioral adverse effects.

Results: A total of 100 RA patients (87 women and 13 men) with a mean age of 53.5 years. The MTX was administrated by oral route in 91% of patients; the other 9% received it by intramuscular way. The average MTX weekly dose was 15.4mg. The average MTX duration was 76.7 months. All patients received folic acid with an average of 7.6 mg a week. MTX intolerance was found in 36% of patients. Abdominal pain was the most common symptom occurring in 55% of patients and up to 91.66% in MTX-intolerant patients, followed by nausea in 51% of patients and in 86.11% of MTX-intolerant patients and vomiting in 16% of patients and in 44.44% of MTX intolerant-patients. Anticipatory and associative abdominal pain affected 72.2% and 69.4 of intolerant-patients respectively. Anticipatory and associative nausea were found in 58.3% and 59% of intolerant-patients respectively. Anticipatory vomiting occurred in 16.6% of intolerant-patients. Overall, behavioral symptoms occurred in 75% of intolerant-patients, of whom 19.4% refused MTX. Older age was significantly correlated with better tolerance to MTX ($p=0.02$). There was no correlation between the dose of MTX, the duration of MTX intake and the route of MTX and the MISS score (respectively $p=0.7$, $p=0.07$ and $p=0.2$). Also, the use of other disease modifying drugs didn't worsen the tolerance of MTX.

Conclusion: To conclude intolerance to MTX is frequently seen in RA. In addition to gastrointestinal symptoms after taking MTX, RA patients can suffer from anticipatory and associative gastrointestinal symptoms. We should screen these symptoms earlier using MISS questionnaire in order to improve MTX compliance.

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Acknowledgement: None

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.5004

AB0353 WORSE OFFICE AND 24-HOUR BRACHIAL AND CENTRAL AORTIC BLOOD PRESSURE MONITORING PROFILE IN PATIENTS WITH RHEUMATOID ARTHRITIS COMPARED TO CONTROLS

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Background: Hypertension (HTN) contributes to increased cardio-vascular (CV) morbidity and mortality in RA. Recent European guidelines on the management of HTN encourage wider use of ambulatory blood pressure