abnormalities were found in 146 (70.2%) of patients at the entry (ILD 81, (38.9%); nodular lesions 45, (21.6%); and AD 115, (55.3%)). During the observation period (3.26±2.61 years), newly emerging pulmonary lesions were found in 31.3% of patients and the incidence of which was 11.1/100 person-year. Cluster analysis of newly emerging lesions showed 7 clusters (Fig.1); Cluster 1; no new lesions, Cluster 2; nodular lesions, Cluster3; curved linear opacities, Cluster 4; bronchoeoctasis, Cluster 5; consolidations, Cluster 6; new bronchiolitis, and Cluster 7; GGO. Newly emerging lesions frequently occurred in patients with pre-existing pulmonary lesions. Notably, curved linear opacities and bronchooeocrosis were developed in patients without pre-existing lesions with high frequencies compared to those with pre-existing ones (Fig.1). In patients with pre-existing lesions, various lesions were developed, particiarly GGO and consolidation. The checkerboard analysis of pre-existing and newly emerging lesions revealed relation between 1) pre-existing honeycomb, small nodular lesions, bronchiolitis or bronchooeocrosis and newly emerging GGO and 2) pre-existing nodules and new bronchial wall thickening. In addition, bronchoeoctasis has the tendency to develop in patients with bronchitis, and conversely bronchiolitis occurred in patients with bronchoeoctasis. The relation between pre-existing small nodules or bronchiolitis and GGO was shown by analysis of pre-existing lesions and clusters of newly emerging ones. 

Conclusion: Pulmonary lesions were developed in several patterns, not at random. Pre-existing pulmonary abnormalities induced new pulmonary lesions. Airway diseases, particularly bronchiolitis, might be important initial lesions that induce new pulmonary lesions, especially GGO.

Disclosure of Interests: None declared

adherent patients tend to perceive a worse disease condition. Further studies can clarify if low adherence is causally associated with less efficacy of therapy.

REFERENCES


Disclosure of Interests: None declared


AB0360E

SLEEP DISORDER OR DEPRESSION IN KOREAN RHEUMATOID ARTHRITIS, AND ITS ASSOCIATION WITH DISEASE ACTIVITY

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Background: Rheumatoid arthritis is a chronic autoimmune disease. Psychological stress and mood disorders such as sleep disorder or depression are more frequent in patient with RA.

Objectives: The aim of this study was to evaluate the relationship between disease activities and sleep disorder or depression in Korean patients with RA.

Methods: The study enrolled 334 patients with RA who visited Hallym University Sacred Heart Hospital (South Korea). The diagnosis of insomnia and depression is based in patient questionnaire such as Pittsburg sleep quality index (PSQI) and Beck depression inventory (BDI). Insomnia was defined as PSQI>5 and depression was defined as BDI >13.

Results: Patients were divided into two groups (insomnia vs no-insomnia, depression vs no-depression) and the clinical aspects were compared by Mann-Whitney U-test. Age, gender, erythrocyte sedimentation rate (ESR), 28 joint disease activity score (DAS28), DAS28-P score (the subjective components of the DAS28 relative to the total components), tender joint count (TJC) and swollen joint count (SJC), quality of life measured with health assessment questionnaire (HAQ) were analyzed.

Conclusion: Rheumatoid arthritis patient with the sleep disorder or depression was positively associated with PSQI and DAS28-P score. On univariable logistic regression analysis, depression was positively associated with age, DAS28, DAS28-P and BDI score. After adjustment, insomnia of disease severity in RA patients.

depression had worse clinical symptoms than those without. Rheumatologists should take sleep disorder or depression into consideration on evaluation of disease severity in RA patients.

Disclosure of Interests: None declared


AB0360G

DETECTABLE HBV DNA AT TREATMENT BASELINE PREDICTED HEPATITIS B VIRUS REACTIVATION IN INFAMMATORY ARTHRITIS PATIENTS WITH NEGATIVE HEPATITIS B SURFACE ANTIGEN BUT POSITIVE ANTI-HEPATITIS B CORE ANTIGEN

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Background: Hepatitis B virus (HBV) reactivation in inflammatory arthritis (IA) (rheumatoid arthritis, psoriatic arthritis, and peripheral spondyloarthropathies) patients with positive hepatitis B surface antigen (HBsAg+) is one of the treatment-related complications. The risk of reactivation in patients with negative hepatitis B surface antigen but positive anti hepatitis B core antibody (HBsAg/-anti-HBc+) is less well defined.

Objectives: This retrospective, single centre study aimed to study the prevalence of HBV reactivation (defined as HBV DNA becoming detectable during treatment if it was undetectable at baseline, or an increase in HBV DNA titre if detectable at baseline) among IA patients with HBsAg/-anti-HBc+ status, and to investigate any factors predicting reactivation.

Methods: IA patients attending the rheumatology specialist clinic in a local tertiary hospital between 1st January 2011 and 31st December 2016 were included if they had HBsAg/-anti-HBc+ status. Demographic data, clinical parameters including treatments for IA and any use of antiviral prophylaxis, and laboratory results including anti-hepatitis B surface antibody (anti-HBs) and serial HBV DNA levels were obtained. Logistic regression was used to identify factors predicting HBV reactivation.