to recognise new aspects of one’s own illness and they can be used to give support to people in different stages of their illness. Participants felt that forming groups and increasing cooperation between trained coaches and local associations need to be supported by the umbrella organisation, Finnish Rheumatism Association. Tools for Mind have successfully been used in a Fibromyalgia group and in senior groups for veterans (who did not have any RMDs).

**Conclusion:** The Finnish Rheumatism Association is creating new activities to endorse mental wellbeing. The training in 2018 will be used as a model for training coaches in mental wellbeing and it will be introduced in member organisations in 2019. Four training sessions will be arranged around Finland in the spring 2019. The programme will follow the pilot project programme. Training includes learning how to use the tools for mental wellbeing, going through the elements of mental wellbeing, solution-focused practices, organising peer support groups for old people with chronic illnesses and ethical principles. If possible, it is always good to have a trained Coach in the training, to tell about his/her experiences of using the Tools for Mind, how people have reacted to using the tools, and what kind of challenges and good moments the coach has experienced in group work. In 2019, the tools are utilised for example in monthly tasks concerning mental wellbeing and the Senior Mind Pack of 52 cards are being used in the member organisation visits to start conversation.

**REFERENCE:**

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**THURSDAY, 13 JUNE 2019**

**Diagnostic challenges in vasculitis**

**OP0210**

**FALSE POSITIVES OF ULTRASOUND IN GIANT CELL ARTERITIS. SOME DISEASES CAN ALSO HAVE HALO SIGN**

Elisa Fernández, Irene Monjo, Gemma Bonilla, Chamaida Plascencia, Maria-Eugenia Miranda-Carus, Alejandro Balsa, Eugenio de Miguel. La Paz University Hospital, Rheumatology, Madrid, Spain

**Background:** Giant cell arteritis (GCA) is the most common systemic vasculitis in the elderly. The halo sign has been shown as an accepted valid test in the diagnosis of GCA in trained units. However, to further improve the specificity, the sonographer should know some pathologies that can mimic halo signs since they also produce a hypoechoic increase of the arterial wall thickness.

**Objectives:** The aim of our study was to identify the causes and diseases that could be associated with the false positive diagnoses of GCA made by color Doppler ultrasound (CDUS).

**Methods:** Observational study of 305 patients with temporal artery CDUS findings compatible with GCA. The medical histories of these patients were reviewed and demographic, physical examination, clinical and analytical data were collected. The clinical diagnosis based on the long term follow-up of the patient was established as the definitive true diagnosis.

**Results:** 13 of the 305 cases included (4.3%) were false positives. The characteristics of these 13 patients and their final diagnoses are shown in table 1. 69.2% were women, while 30.8% were men. The mean age was 73.3 ± 8.0 years. Analytically, the mean ESR was 84.8 ± 42.3 mm/h, CRP 50.8 ± 60.0 mg/L and hemoglobin 12.6 ± 2.0 g/dL. Five patients (38.5%) fulfilled the ACR GCA classification criteria and eight did not (61.5%). A temporal artery biopsy was performed in 8 of the 13 patients (61.5%), with negative results in all of them. Eleven patients had CDUS involvement of superficial temporal arteries. Five had 1 branch involvement (38.5%), three 2 branches (23.1%), one 3 branches (7.7%) and two 4 branches (15.4%). In addition, two patients (15.4%) had isolated halo sign in the axillary arteries, one unilateral and the other bilateral. Regarding the definitive diagnosis, four patients were polymyalgia rheumatica (30.8%), three atherosclerosis (23.1%), and there was one case of non-Hodgkin’s Lymphoma type T, osteomyelitis of the skull base, primary amyloidosis associated with multiple myeloma, granulomatosis with polyangiitis, urinary sepsis and narrow-angle glaucoma.

**Table 1. Final diagnoses for false positive halo signs and associated ultrasound findings**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Definitive diagnosis</th>
<th>Biopsy result</th>
<th>Artery involved</th>
<th>Number of arterial branches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Non-Hodgkin’s T Lymphoma</td>
<td>Negative</td>
<td>Temporal</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Narrow-angled glaucoma</td>
<td>No done</td>
<td>Temporal</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Osteomyelitis of the skull base</td>
<td>No done</td>
<td>Temporal</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Polymyalgia rheumatica</td>
<td>Negative</td>
<td>Temporal</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Urinary sepsis</td>
<td>Negative</td>
<td>Temporal</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Polymyalgia rheumatica</td>
<td>Negative</td>
<td>Temporal</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Polymyalgia rheumatica</td>
<td>Negative</td>
<td>Temporal</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Amyloidosis due to multiple myeloma</td>
<td>Negative (deposit of amyloid material)</td>
<td>Temporal</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Atherosclerosis</td>
<td>No done</td>
<td>Axilar</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Atherosclerosis</td>
<td>No done</td>
<td>Axilar</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>Polymyalgia rheumatica</td>
<td>Negative</td>
<td>Temporal</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>Atherosclerosis</td>
<td>Negative</td>
<td>Temporal</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>ANCA-associated vasculitis</td>
<td>No done</td>
<td>Temporal</td>
<td>2</td>
</tr>
</tbody>
</table>

**Conclusion:** The percentage of false positives in the CDUS for the diagnosis of GCA is low. Nevertheless, some other diseases can also produce halo sign and the clinician should be aware of this to improve the accuracy of the ultrasound test.

**REFERENCES:**

**Disclosure of Interests:** Elisa Fernández: None declared, Irene Monjo: None declared, Gemma Bonilla: None declared, Chamaida Plascencia Speakers bureau: Pfizer, MSD, Maria-Eugenia Miranda-Carus Grant/research support from: Abbvie, Pfizer, Novartis, BMS, Nordic, Sanofi, Consultant for: Abbvie, Pfizer, Novartis, BMS, Nordic, Sanofi, Sandoz, Lilly, Paid instructor for: Pfizer, Speakers bureau: Pfizer, Novartis, UCB, Nordic, Sanofi, Sandoz, Lilly, Eugenio de Miguel: None declared
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**OP0211**

**ULTRASONOGRAPHY CAN POTENTIALLY BE THE FIRST CHOICE OF IMAGING IN SUSPECTED EXTRACRANIAL GCA**

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**Background:** Color duplex ultrasonography (CDU) is recommended as first line of imaging in patients suspected for cranial GCA. However, extracranial involvement without temporal artery involvement is found in up to 40% of GCA patients. CDU is very suitable to also assess extracranial artery inflammation, of which the axillary artery is relatively easy to assess. However, data on the value of CDU in extra-cranial GCA is limited.

**Objectives:** We aimed to (1) evaluate the performance of axillary artery CDU in patients with extra-cranial GCA by comparing CDU findings with [18F]-FDG PET/CT findings. Furthermore, to (2) compare the sensitivity and specificity of adding assessment of axillary arteries to temporal artery CDU, over temporal artery CDU only.

**Methods:** Consecutive patients suspected of GCA who underwent CDU examination of the temporal and axillary arteries between 2013 and 2017 were...
DIGESTIVE INVOLVEMENT IN PATIENTS WITH PRIMARY SJÖGREN SYNDROME FROM THE SJOGRENERA SPANISH REGISTRY

Sheila Melchor1, Carlos Sánchez-Piedra2, Monica Fernandez Castro3, Jose Luis Andreu4, Victor Martinnez Taboada5, Alejandro Olive6, Jose Rosas2, Patricia Carreira2, SjogrenERA Project 1, Hospital Universitario 12 de Octubre, Rheumatology, Madrid, Spain; 2Unidad de Investigación SER, Madrid, Spain; 3Hospital Puerta de Hierro Majadahonda, Madrid, Spain; 4Hospital Marques de Valdecilla, Santander, Spain; 5Hospital Germans Trias i Pujol, Barcelona, Spain; 6Hospital Marina Baixa, Alicante, Spain

Background: Primary Sjögren’s syndrome (pSS) is a systemic autoimmune disease characterized by lymphocytic infiltration of the exocrine glands. Among the extraglandular manifestations, digestive involvement (DI) is frequent, and may condition the quality of life of these patients. There are few studies that systematically analyze gastrointestinal involvement in pSS.

Objectives: To describe the prevalence of DI in patients with pSS included in the Sjogrenera Spanish registry and the phenotype of these patients, and to analyze their association with other clinical manifestations, serological markers, activity index and treatments used.

Methods: Transversal multicenter study that includes all patients of SJOGRENSER registry (patients who meet 2002 pSS classification criteria), a study conducted in 33 units of rheumatology in Spain between 2014-2016, which collected demographic and clinical and serological data (1). Patients were classified according to the presence of DI (that included esophagus, stomach, intestine, liver and pancreas). A descriptive analysis was done, with means and standard deviations, frequencies and proportions. Student t for quantitative variables and Chi2 for qualitative ones were performed to evaluate differences between groups. The association of DI with other variables was analyzed by bivariate and multivariate binomial logistic regression analysis. In the multivariate model all variables with p<0.2 in the bivariate were included, and the effect of age and sex was controlled.

Results: From 437 patients included (95% women, median age of 58 years), 59 (13.5%) had some DI (21 (36%) chronic atrophic gastritis, 12 (20%) esophageal dismotility, 3 (5%) lymphocytic colitis, 23 (39%) other). 54% of patients developed DI at the time of pSS diagnosis or later, and 45% before the diagnosis, with a mean age of 49 years at the onset of pSS symptoms. Patients with and without DI were older at both diagnosis, onset of pSS symptoms and inclusion in the cohort, than those without. There were no differences in the ESSDAI index between both groups. Comparison regarding clinical and serological characteristics is shown in Table 1. Patients with DI had more thyroid involvement and C3 hypocomplementemia. In addition, patients with DI had been treated more frequently with glucocorticoids and immunosuppressants.

Conclusion: In patients with pSS from the SJOGRENSER cohort, the prevalence of digestive involvement is 13.5%. These patients are older at diagnosis, have more C3 hypocomplementemia and negative anti-Ro antibodies. These patients need more frequently glucocorticoids and immunosuppressants, suggesting a more severe disease phenotype.


Disclosure of Interests: Sheila Melchor: None declared, Carlos Sánchez-Piedra: None declared, Monica Fernandez Castro: None declared, Jose Luis Andreu: None declared, Victor Martinez Taboada: None declared, Alejandro Olive: None declared, Jose Rosas: Consultant for: Abbvie, Amgen, Bristol, Janssen, UCB; Merck Sharp & Dohme, Pfizer, UCB Pharma, Patricia Carreira: None declared


THURSDAY, 13 JUNE 2019
Difficult to manage Sjögren’s syndrome and Myositis

OP0212

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