- [3] Haglund, E., et al., *Differences in physical activity patterns in patients with spondylarthritis*. Arthritis Care Res (Hoboken), 2012. 64(12): p. 1886-94.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.1414

AB1357-HPR PROSPECTIVE ANALYSIS OF IRREVERSIBLE ORGAN DAMAGE IN PATIENTS OF KYRGYZ NATIONALITY

Gulazyk Koilubaeva¹, Elmira Karimova¹, Altynai Moldobaeva¹, Aijamal Jumakadyrova¹, on behalf of G. Koilubaeva, E. Karimova, A. Moldobaeva, A. Jumakadyrova. ¹Togolok Moldo Street, 3, Bishkek, Kyrgyzstan

Background Special attention in recent decades has been paid to the accumulation of irreversible organ effects (SLICC) with systemic lupus erythematosus (SLE) in the form of most diseases, as well as therapy. Along with an increase in survival, the structure of lethal outcomes also changed: cardiovascular pathology, complications of drug therapy, malignant neoplasms, chronic renal and pulmonary insufficiency.

Objectives Study of irreversible organ damage in patients with SLE, prospective observation.

Methods The study included 150 (26.31%) Kyrgyz patients out of 570 with a reliable diagnosis of SLE, female (96%), young age (median - 34 [26; 44]), Kyrgyz nationality (89.33%), high - 61 (40.66%) and very high activity - 40 (26.67%), with the duration of SLE at 1 observation point from 7 months to 10 years, with dynamic observation from 1 year to 3 years. The development of irreversible organ damage was assessed on a scale of damage index (PI) developed by the International Cooperation Organization of SLE Clinics. The absence of damage was rated as 0 points, low PI - 1 point, average PI from 2 to 4 points, high PI more than 4 points.

Results In the Kyrgyz cohort at the initial visit, the absence of irreversible organ damage was observed in the overwhelming majority of patients - in 127 (84.67%) of 150. In 1 observation point with organ lesions there were 23 patients (15.33%) out of 150, of which with low PI values - 14 (60.87%), with average values - 9 (39.13%), there were no patients with high PI values, due to the small duration of the disease (median - 3 [0.7; 10] of the year). During the initial visit, irreversible organ damage was observed due to the administration of HA (8): aseptic necrosis of the femoral heads - in 2, spondylopathy - in 3, cataract - in 2 and diabetes - in 1. Second point of observation was damage to the respiratory organs - 7 patients: pulmonary fibrosis - in 3 and pulmonary arterial hypertension - in 4. The next in frequency were CNS lesions - in 6 patients: ischemic stroke - in 4 and cognitive impairment - in 2. By the final observation point, organ damage was observed already in 43 (28.67%) patients out of 150 without statically significant progression ($p > 0.05$), which in half of the cases were due to the administration of GC - in 24 (55.82%) as aseptic necrosis of the femoral heads - in 5, spondylopathy - in 7, cataracts - in 9 and diabetes - in 3. In second place were injuries of the respiratory organs - in 9 (20.93%) of 43: pulmonary fibrosis - in 5 and pulmonary arterial hypertension (PAH) - in 4. Next in frequency were CNS injuries - in 6 (13.95%) of 43: ischemic stroke at 4 and cognitive impairments - in the kidneys were observed 2. Damage - 4 (9.30%) of 43 patients: with a reduction in glomerular filtration rate (GFR) in the terminal 3 and the development of CRF 1 as starting severe lupus glomerulonephritis.

Conclusion Under dynamic observation, irreversible organ damage was detected in 28.67% of cases, which was 13.34% more compared to the initial state, without statically significant progression ($p > 0.05$), mainly due to the administration of GC (55, 82%).

Acknowledgement I would like to express my deep gratitude to Professor E. Nosonov and Professor S. Soloviev, my research assistances, for their patient guidance, enthusiastic encouragement and useful critiques of this research work.

Disclosure of Interests None declared

DOI: 10.1136/annrheumdis-2019-eular.3900

AB1358-HPR SUICIDAL BEHAVIORS IN PATIENTS WITH INTRAVENOUS BIOLOGIC THERAPIES

Amparo Lopez Esteban¹, Roberto Daniel Gonzalez Benitez¹, Aurora Alonso Amigo², Aurora Alonso Amigo¹, Juan Carlos Sanchez Zanotti¹, Florentina García Calle¹, Juan Carlos Nieto¹, Belén Serrano Benavente¹, Juan Ovalles¹, Tamara Del Río Blasco¹, Alfonso Ariza¹, Carlos Gonzalez¹, Indalecio Monteagudo Sáez¹. ¹Hospital General Universitario Gregorio Marañón, Madrid, Spain; ²Psicología Isabel Pinillos, Madrid, Spain

Background: In patients with rheumatic diseases, suicidal ideation (Si) and suicide attempt (Sa) have been observed more frequently than in the general population.

Objectives: 1. To determine the prevalence of Si and Sa in patients with biological therapies. 2. To evaluate possible factors associated with the Si.

Methods: Observational cross-sectional study in patients with intravenous BT from Day Hospital of a tertiary hospital in Madrid. Sociodemographic, disease features [weight, height, work disability (WD), diagnosis, treatment] and PRO (FIRST, FACIT-F, HAD, and GHQ-28) were collected. We defined the Si according to the answer at the 6th and 7th questions of section D of the GHQ-28. The Sa was registered according to the patient's clinical history. The categorical variables were analyzed with the Chi square test. A logistic regression analysis was performed to evaluate the possible factors associated with suicidal behavior (SB). To evaluate the variance of discrete quantitative variables between groups the Kruskal-Wallis test was used, with a post-hoc analysis with U-Mann Whitney, to determine the difference between pairs.

Results: We included 321 patients, 65% women, with a mean age (range, SD) of 56 years (89-15, 14.1), and a mean disease duration (range, SD) of 16 years, DS (53-1, 9.7). The sociodemographic and clinical characteristics are described in Table 1 and 2. Of all patients, 4% had had 1 or more Sa and 11% had Si. 23% of patients had associated fibromyalgia (FiRST), 47% fatigue (FACIT-F), 27.4% anxiety (A-HAD), 16.2% depression (D-HAD) and a 48.6% a probable psychic disorder (GHQ-28). The final logistic regression model includes FACIT-F, IL, D-HAD, and first biological with Cox R² and Snell 20.1% and Nagelkerke 35.5%. The area under the curve was 0.849 with significance $p < 0.0001$ [95% CI (0.786 - 0.912)]. Regarding the GHQ-28 score, a significant difference was observed among the diagnostic groups ($p < 0.001$); in post-Hoc, a lower score was observed among patients with ankylosing spondylitis $p < 0.001$. We also observed a significant difference among the treatment groups ($p < 0.001$) for the GHQ-28 score. In the post-hoc analysis, the Abatacept group had a significantly higher mean $p = 0.042$ of GHQ-28 score, however, in the multivariate analysis no significant difference was observed $p = 0.416$.

Conclusion: There is a high prevalence of Si and Sa in patients with BT. Depression, fatigue, sleep disorders, fibromyalgia and work disability were associated with a higher prevalence of SB.

Table 1. Demographic characteristics No ideation/No attempt (273) Ideation (36) Attempt (12)

Table1. Demographic characteristics			
	No ideation/No attempt (273)	Ideation (36)	Attempt (12)
Gender, % females	171 (62,6)	28 (77,78)	9 (75)
Age [Media(DS)]	55,8 (14,41)	55,8 (11,48)	58,7 (16,45)
BMI (DS)	25,6 (4,62)	25,8 (4,97)	27,0 (4,67)
Work disability (%)	55 (20,14)	14 (38,88)	6 (50)
Difficulty to sleep (yes)	136 (49,81)	27 (75)	8 (66,67)
Disease duration Media (DS)	15,7 (9,89)	17,3 (8,81)	13,9 (9,15)

Table 2. Clinical characteristics

	No ideation/No attempt (273)	Ideation (36)	Attempt (12)
Diagnostic (%)			
Rheumatoid arthritis	125 (45,78)	20 (55,55)	5 (41,66)
Ankylosing spondylitis	94 (34,43)	3 (16,6)	3 (25)
Psoriatic arthritis	20 (7,3)	4 (11,11)	0 (0)
Others	34 (12,4)	6 (16,6)	4 (33,33)
Treatment (%)			
Infliximab	159 (58,24)	16 (44,44)	3 (25)
Tocilizumab	46 (16,84)	8 (22,2)	2 (16,67)
Abatacept	12 (4,3)	6 (16,67)	2 (16,67)
Rituximab	49 (17,94)	5 (13,88)	5 (41,67)
Others	7 (2,5)	1 (2,7)	0 (0)
Previous biologic (yes)	107 (39,19)	25 (69,44)	8 (66,67)
FiRST >5 (%)	49 (17,94)	15 (41,66)	9 (75)
FACIT-F < 34 (%)	109 (39,92)	31 (86,11)	11 (91,67)
GHQ-28 >5 (%)	114 (41,75)	34 (94,44)	8 (66,67)
CGHQ-28 >12 (%)	216 (79,12)	36 (100)	11 (91,67)
A-HAD >11 (%)	61 (22,34)	21 (58,33)	6 (50)
D-HAD >11 (%)	26 (9,5)	20 (55,55)	6 (50)

Disclosure of Interests: Amparo Lopez Esteban : None declared, Roberto Daniel Gonzalez Benitez: None declared, Aurora Alonso Amigo: None declared, Iustina Janta: None declared, Juan Carlos Sanchez Zanotti: None declared, Florentina García Calle: None declared, Juan Carlos Nieto: None declared, Belén Serrano Benavente: None declared, Juan Ovalles: None declared, Tamara Del Río Blasco: None declared, Alfonso Ariza: None declared, Carlos Gonzalez Consultant for: Celgene, Gilead, Janssen, Merk, Novartis, Pfizer, Speakers bureau: Celgene, Roche, UCB, Indalecio Monteagudo Sáez: None declared

DOI: 10.1136/annrheumdis-2019-eular.6887