SP0091 HOW TO SUPPORT YOURSELF QUITTING SMOKING

Marios Kouloumas. *Cyprus League Against Rheumatism, Aglantzia, Patient Organization, Nicosia, Cyprus*

Background: As a person living with Rheumatoid arthritis (RA) (a chronic inflammatory disease caused by both genetic and environmental factors) for the last 45 years (I have been diagnosed with RA at the age of 10 years old) I have been a smoker from the age of 14 years old. As I grew older, and was educated and involved concerning the management of my disease, I realized that smoking, besides its impact on my overall health, had a significant impact as one of the most important risk factors for RA that can increase the severity of the disease and to worsen symptoms. Smoking can also reduce the effect of treatments, including anti-TNF agents and disease-modifying anti-rheumatic drugs (DMARDs). Hence, quitting smoking will improve my overall health, reduce the severity of my disease and ensure that treatments work and reduce the risk for comorbidities e.g. cardiovascular disease and the progression of the disease (joint destructions).

Objectives: To quit smoking after 40 years of being a smoker and to regain my health and quality of life as well as increase the efficacy of the RA treatments.

Methods: To succeed I plan to be very well informed and to understand the reasons of quitting smoking as well as the negative impact of smoking and to realize that quitting smoking will improve my health and social life. To inform all people close to me including family members as well as friends and coworkers about my decision to quit smoking. Mentally being prepared to cope with the desire to smoke as well as ridding the thought of "just smoke one". It is also important to rid the mind and lose the connection of things associated with smoking, for example while drinking coffee. To ask for support if needed and to use tools to stop thoughts of smoking and to cope with the effects of nonsmoking and to try avoiding places that could increase my risk of starting to smoke again e.g. pubs

Results: I have started to cut down on smoking and to minimize it and finally to fully quit smoking for the last 2 years.

Conclusion: Although, if you ask all smokers how difficult it is to stop smoking, the answer will unanimously be "very hard", as a former smoker I can say that if you quit smoking, be aware of the reasons and the importance of quitting smoking and you will notice that after all it is not very difficult. Of course, when you set this goal it is important that in case of first time failure to not blame yourself and I can not stress enough how important a support system is for example that of your friends, family and especially your spouse.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8520

THURSDAY, 13 JUNE 2019

15:30:00 – 17:00:00

Scientific data visualization: focus on (poster) presentation

SP0092 'SCIENTIFIC DATA VISUALIZATION: FOCUS ON (POSTER) PRESENTATION

Maarten Boers. *Amsterdam University Medical Centers; Vrije Universiteit, Epidemiology and Biostatistics; Amsterdam Rheumatology and immunology Center, Amsterdam, Netherlands*

This practical skills session introduces the principles of good graph and table design as pioneered by Cleveland¹ and Tufte² and updated by Few³, this year focusing especially on (poster) presentation. Its learning objectives include:

- choosing the data visualization that best fits the data
- identifying the basics of table and graph design
- choosing tables and graphs that tell the story in the data
- introduction to poster design

The session is linked to a special poster tour devoted to poster design on the next day:

Poster tour 'F00' (note: this may be a temporary number), Friday 14-06-19, 11:50-13:30 (signup required!).

Basics of table and graph design are also covered in my introductory YouTube clips on the ARD website (ard.com).

Direct link: https://www.youtube.com/playlist?list=PLXU14EQbU_V9JpmoIAKsaCC0VJzbxzAN

Also, I've recently published two articles on table and graph design which are freely downloadable.^{4,5}

When you download, don't forget the online appendices, because they contain many useful examples!

REFERENCES:

- [1] Cleveland WS. The elements of graphing data: Hobart Press, Summit, NJ, USA; 1994.
- [2] Tufte E. The visual display of quantitative information. 2nd ed: Graphics Press, Cheshire, CT, USA; 2001.
- [3] Few S. Show me the numbers. Designing tables and graphs to enlighten. 2nd ed: Analytics Press, Oakland, CA, USA; 2012.
- [4] Boers M. Graphics and statistics for cardiology: designing effective tables for presentation and publication. *Heart* 2018;104:192-200 direct link: <http://heart.bmj.com/cgi/content/full/heartjnl-2017-311581>.
- [5] Boers M. Designing effective graphs to get your message across. *Ann Rheum Dis* 2018;77:833-9. direct link: <http://ard.bmj.com/cgi/content/full/annrheumdis-2018-213396>

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8431

THURSDAY, 13 JUNE 2019

15:30:00 – 17:00:00

Should we worry about anything else; also young people have multi-morbidities

SP0093 MANAGING MORE THAN RMDS

Kristien Van der Elst. *University Hospitals Leuven, Rheumatology, Leuven, Belgium*

Increasing emphasis has been placed on the concept of multi-morbidity or the coexistence of two or more chronic diseases in adult patients with rheumatic conditions. A few years ago a EULAR initiative raised some points to consider for management of comorbidities, such as cardiovascular diseases and depression, in chronic inflammatory rheumatic diseases in daily practice (1). Nevertheless, improved management of comorbidities, including prevention, remains a commonly identified unmet need in rheumatology (2). Multi-morbidity can be quite challenging to manage, while the perspective of the individuals having to cope with multiple chronic diseases could differ from that of health professionals taking care of them. Awareness and regular assessment are key, as well as a collaboration between health professionals and well-informed patients. This lecture aims to provide practical information about how to manage more than the rheumatic disease as such, focussing as well on topics of specific interest to young people.

REFERENCES:

- [1] Baillet, et al. Points to consider for reporting, screening for and preventing selected comorbidities in chronic inflammatory rheumatic diseases in daily practice: a EULAR initiative. *Ann Rheum Dis*. 2016
- [2] Winthrop, et al. Unmet need in rheumatology: reports from the Targeted Therapies meeting 2018. *Ann Rheum Dis*. 2019

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8606

SP0094 DISEASES ON SALE – HOW I DEAL WITH ALL MY CONDITIONS

Tanita-Christina Wilhelmer. *Österreichische Rheumaliga, Austria*

In her speech Tanita will explain how she experiences life with multiple conditions. There are a lot more than just symptoms of the main condition and emotions to deal with. Although being diagnosed with Adult Onset Still's Disease (AOSD), she suffers from additional morbidities. Like many other young people with RMD's she has to manage all conditions at once. The list of comorbidities to "choose from" is very long, but there are some that made it to the top three: fatigue, depression and anxiety.

The obstacles that come with this situation can be personal, interpersonal, concerning work, school or university. More illnesses lead to more doctors appointments, this results in missing work or private events. Helping others to understand the condition and communicating the needs is a big topic, as well as planning ahead and staying positive. Tanita will address these issues and give best practice examples.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8619

THURSDAY, 13 JUNE 2019

15:30:00 – 17:00:00

EULAR Projects in investigative rheumatology

SP0095

EULAR POINTS TO CONSIDER ON BIG DATA

KEDRA Joanna. Sorbonne Université, Institut Pierre Louis d'Epidémiologie et de Santé Publique (IPLESP), UMR S1136, Paris, France

Background: There are tremendous opportunities for health research propelled by the recent expansion of big data and artificial intelligence. However, this is an emergent area where recommendations are needed.

Objectives: The objective was to develop points to consider for the use of big data by computational modelling, machine learning and artificial intelligence in rheumatic and musculoskeletal disorders (RMDs).

Methods: Based on a literature review of the current status of big data in RMDs and in other fields of medicine, on individual interviews of selected experts, and on the opinion of experts in a face-to-face meeting, points to consider were formulated, discussed and finalised by an international group of 14 experts from a range of disciplines including computer science and artificial intelligence. Levels of evidence and strengths of recommendations were allocated.

Results: The document comprises 5 overarching principles and 9 points to consider. The overarching principles address the definition of big data and artificial intelligence, types of big data, and ethical and general principles for dealing with big data in RMDs. The points to consider cover aspects of data sources and data collection, discussing privacy by design, use of specific data platforms, and data sharing; data analyses in particular through artificial intelligence and machine-learning; they refer to big data as a moving field in need of correct reporting of methods used and of benchmarking; and data interpretation and implementation in clinical practice.

Conclusion: These EULAR points to consider provide a framework for the use of big data in RMDs.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8513

THURSDAY, 13 JUNE 2019

15:30:00 – 17:00:00

MRI

SP0096

MRI OF LARGE JOINTS IN ARTHRITIS: HOW TO DO AND HOW THEY ARE DIFFERENT FROM SMALL JOINTS?

Iris Eshed. Sheba Medical Center, Tel Aviv University, Department of Diagnostic Imaging, Ramat Gan, Israel

The appendicular skeleton is frequently involved in patients with rheumatic diseases.

Involved joints are affected by inflammation of the synovium and joint's entheses. Imaging depicts joint derangement and generally mirrors the pathophysiology of the disease.

MRI is considered the imaging modality of choice for the detection of acute joint inflammation as well as its structural sequela.

Thus, MRI plays an important role in identifying, monitoring disease activity and the patient follow-up.

The MRI features of inflammatory arthritis are well described, especially in the small appendicular joints of the hands and feet and include synovitis, erosions, osteitis, tenosynovitis and erosions.

In the current presentation, the typical MRI properties of large joints arthritis in different rheumatic entities will be presented with special focus on the difference from inflammatory findings in smaller appendicular joints.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8471

SP0097

MRI OF ENTHESITIS: HOW TO DO AND WHAT TO LOOK FOR

Mikkel Østergaard. Copenhagen Center for Arthritis Research (COPECARE), Rigshospitalet, University of Copenhagen, Center for Rheumatology and Spine Diseases, Glostrup, Denmark

Enthesitis, inflammation at the insertion site of tendon, ligament or joint capsule into bone, is considered a key pathological feature in spondyloarthritis (SpA) and

psoriatic arthritis (PsA)[1]. Compared to conventional assessment of enthesitis using clinical scores, MRI detects both soft tissue and intra-osseous abnormalities in active enthesitis, potentially aiding early diagnosis and outcome measurement in SpA and PsA[2]. With the advent of treat-to-target concept and novel therapies, objective and sensitive monitoring of response of enthesitis to therapy is desirable, and a validated MRI scoring system would be a useful adjunct to clinical practice as well as providing additional information as an outcome measure in clinical trials.

The Outcome Measures in Rheumatology (OMERACT) MRI in Arthritis Working Group recently undertook a systematic literature review (SLR) aiming to critically evaluate the published literature for available methods of evaluating enthesitis using MRI in SpA and PsA patients, describing the MRI variables, definitions and scoring systems used to diagnose and monitor enthesitis[3]. Considerable limitations was found regarding standardisation of MRI enthesitis definitions across studies and validity of available semi-quantitative scores as outcome measures. The findings suggested a need for reliable and validated MRI scoring system for enthesitis.

Subsequently, The OMERACT MRI group developed consensus definitions of key pathologies and three heel enthesitis multi-reader scoring exercises were done, separated by discussion, training and calibration [4]. In a final exercise, median pairwise single-measures intra-class correlation coefficients (ICCs; patient-level) for enthesal inflammation status/change scores were 0.83/0.82 for all readers. For radiologists and selected rheumatologists ICCs were 0.91/0.84 and quadratic-weighted kappas (lesion-level) 0.57-0.91/0.45-0.81. It was concluded that the proposed definitions and heel enthesitis scoring system (OMERACT HEMRIS) are reliable among trained readers and promising for clinical trials [4].

This talk will briefly review the evidence behind the use of MRI for diagnosis and monitoring enthesitis, describe the recently developed OMERACT consensus definitions of key pathologies, and provide examples of these pathologies, aiming for the attendees to learn to be able to recognize them. Finally, an interactive quiz using cases for audience review will be undertaken to test this ability.

REFERENCES:

- [1] Eshed I, Bollow M, McGonagle DG, Tan AL, Althoff CE, Asbach P, Hermann KG. MRI of enthesitis of the appendicular skeleton in spondyloarthritis. *Ann Rheum Dis* 2007;66:1553-9.
- [2] Poggenborg RP, Eshed I, Østergaard M, Sorensen IJ, Moller JM, Madsen OR, Pedersen SJ. Enthesitis in patients with psoriatic arthritis, axial spondyloarthritis and healthy subjects assessed by 'head-to-toe' whole-body MRI and clinical examination. *Ann Rheum Dis* 2015;74:823-9.
- [3] Mathew AJ, Krabbe S, Kirubakaran R, Barr AJ, Conaghan PG, Bird P, Østergaard M. Utility of Magnetic Resonance Imaging in Diagnosis and Monitoring Enthesitis in Patients with Spondyloarthritis: An OMERACT Systematic Literature Review. *J Rheumatol* 2019.
- [4] Mathew AJ, Krabbe S, Eshed I, Gandjbakhch F, Bird P, Pedersen SJ, Stoeniou MS, Foltz V, Glinatsi D, Lambert RG, Hermann KGA, Maksymowych WP, Haugen IK, Jaremko JL, Poggenborg RP, Paschke J, Laredo JD, Carron P, Conaghan PG, Østergaard M. The OMERACT MRI in Enthesitis Initiative: Definitions of Key Pathologies, Suggested MRI Sequences and Novel Heel Enthesitis Scoring System (HEMRIS). *J Rheumatol* 2019.

Disclosure of Interests: Mikkel Østergaard Grant/research support from: Abbvie, Celgene, Centocor, Merck, Novartis, Consultant for: Abbvie, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, Hospira, Janssen, Merck, Novartis, Novo, Orion, Pfizer, Regeneron, Roche, and UCB, Speakers bureau: Abbvie, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, Hospira, Janssen, Merck, Novartis, Novo, Orion, Pfizer, Regeneron, Roche, and UCB

DOI: 10.1136/annrheumdis-2019-eular.8555

SP0098

CRYSTAL ARTHROPATHIES: IS THERE A ROLE FOR MRI?

Kay-Geert Hermann. Charité – Universitätsmedizin Berlin, Radiology, Germany

The plain radiographic features of gout are well known. However, the sensitivity of plain radiographs alone for the detection of signs of gout is poor in acute disease. Dual-energy computed tomography (DECT) and ultrasonography fill the gap for early and specific detection. However, there are instances in which MRI of the painful joints was already acquired. Therefore, it is crucial to know the imaging findings of gout in MRI. MRI per se is not suitable for imaging the calcified bone or soft tissue calcifications. However, there are special techniques such as gradient echo sequences or susceptibility-weighted imaging (SWI) to visualize calcifications. Furthermore, the inflamed joint with all its characteristics such as synovitis, tenosynovitis, and erosions is easily accessible by MRI. Specific findings in the