Table 1. RD patients' characteristics.

	(n=382)
RA, n (%)	313 (81.9)
PsA, n (%)	12 (3.1)
SLE, n (%)	49 (12.8)
AS, n (%)	8 (2.1)
Corticosteroid use, n (%)	110 (28.8)
Fasting glucose, mg/dL, median (q25-q75)	91 (83-98)
FRS BMI score, median (q25-q75)	5.15 (2.9-8.82)

Conclusion: In this study, an underdiagnosis and insufficient treatment of traditional CVR factors in rheumatic patients was found. Besides having a RD and at least one traditional CVR factor, 19.6% of the patients had a moderate or high CVR according to FRS-BMI. The observed burden of CVR factors in RD is significant. Therefore, rheumatologists must improve the CV assessment made to each of their patients.

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THU0683

COVERAGE, PREDICTORS OF VACCINATION AND FREQUENCY OF SEVERE INFECTIONS DUE TO STREPTOCOCCUS PNEUMONIAE IN A COHORT OF PATIENTS WITH CHRONIC INFLAMMATORY ARTHRITIS WITHIN AN EIGHTEEN-YEAR PERIOD

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Background: Community-acquired pneumonia (CAP), the most common pneumococcal infection, is a leading cause of morbidity and mortality among immunocompromised hosts. Although vaccination against *Streptococcus Pneumoniae* is recommended by international guidelines, most studies report a sub-optimal coverage.

Objectives: To describe the pneumococcal vaccination coverage, predictors for vaccination uptake and frequency of severe CAP and invasive pneumococcal disease during the study period.

Methods: We performed a cross-sectional study using electronic medical record data from October 2000 to October 2018, including patients diagnosed with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and Ankylosing Spondylitis (AS), treated with biologic (bDMARD) and conventional synthetic DMARD (csDMARD) with or without glucocorticoids (GC), followed-up at a referral centre.

Since pneumococcal vaccination guidelines have changed during the study period, patients who received at least one dose of any of the available vaccines were defined as being "ever-vaccinated" whereas those who received a complete scheme defined as one dose of conjugated vaccine and one of polysaccharide vaccine 8 weeks apart were defined as having "optimal vaccination".

Predictors of vaccination were analyzed using logistic regression modelling using a set of covariates selected according to the literature. Model assessment was done using Akaike information criterion.

To analyze the frequency of severe infections we defined two outcomes:

1. Severe CAP: An episode requiring hospitalization or intravenous antibiotic treatment
2. Invasive pneumococcal disease (IPD): an infection confirmed by the isolation of the micro-organism from a normally sterile site (i.e. blood).

Results: A total of 279 patients were included, their main clinical features are shown in Table 1.

The vaccination coverage was 38.7% and 13.3% overall when analyzing as "ever-vaccinated" and having "optimal vaccination" respectively. A 66% of patients were vaccinated in primary care with a 7% of optimal

vaccination whereas the remaining ones received vaccination in referral centres with an 85.3% of optimal vaccination.

After adjustment in a multivariate model, age, presence of bronchiectasis, history of severe CAP, current use of csDMARD or GC were predictors of being ever-vaccinated against *Streptococcus Pneumoniae*. (Table 2) During the study period, 27 (10%) episodes of severe CAP and 4 of IPD were identified, 8 of the former with evidence of pneumococcal infection (either positive urine antigens or isolation in sputum).

Conclusion: Pneumococcal vaccination coverage remains lower than expected with most patients vaccinated in primary care and not receiving the current recommended scheme. Age, bronchiectasis, history of severe CAP and current use of csDMARD or GC were independent predictors of receiving vaccination.

The frequency of severe CAP and IPD was 10% and 1.43% within this cohort.

Age (mean ± SD)	60.7 ± 13.4
Female	210 (75%)
Diagnosis	237 (85%)
RA	42 (15%)
SpA (PsA and AS)	
Disease duration (mean ± SD, years)	13 ± 10.4
Ever-smoker	91 (33%)
Charlson score ≥ 2	142 (51%)
Chronic Respiratory Disease	65 (23%)
ILD	35 (13%)
Bronchiectasis	26 (9%)
History of severe CAP	28 (10%)
Current treatment bDMARD csDMARD	153 (55%)
GC	84 (30%)
	139 (50%)

Table 1. Clinical features of the cohort. ILD: Interstitial lung disease

Variable	aOR [CI95]	p
Age at time of analysis (years)	1.08 [1.05 – 1.1]	0.00
Bronchiectasis	4 [1.09 – 14.7]	0.03
History of severe CAP	4.7 [1.3-17.3]	0.02
Current csDMARD	2.3 [1.4 - 3.9]	0.00
Current GC	2.2 [1.04 – 4.4]	0.03

Table 2. Predictors of vaccination after adjustment

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HOW MANY OF YOUR PATIENTS HAVE DEPRESSIVE SYMPTOMS? HOW TO ASSESS DURING ROUTINE CLINICAL PRACTICE?

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Background: Patients with rheumatic diseases have a high prevalence of depressive symptoms that affect the patients' self-assessment, adherence to medication [1], and mortality [2].

Objectives: To evaluate patients with rheumatic diseases regarding depressive symptoms by using the PHQ-2 (Patient Health Questionnaire with 2 items) and assess its feasibility during routine clinical practice.

Methods: 485 consecutive patients with rheumatic diseases attending a rheumatology practice that is part of the public health care system in Erlangen, Germany underwent a routine clinical assessment by different rheumatologists. In addition to disease-specific assessments and questionnaires, every patient answered two questions regarding depressive symptoms which form the PHQ-2 (range of 0[best] to 6[worst]). All questionnaires were answered digitally by touchscreen and Software RheumaDok and RheumaDokM (Nils Körber und Joachim Elgas G.b.R).