tively after arthritis and inflammatory myopathy onset. Three (12%) patients were admitted to the Intensive Care Unit for Rapidly Progressive (RP) ILD and 2 died (respectively 2 months and 54 months after ILD onset), whereas the alive patient had 2 ICU admission for RP-ILD. Five (20%) patients, including the only 1 dismissed from ICU, needed home O2 therapy. Ongoing and previous therapies are reported in figure 2.

Conclusion: We showed that the diagnosis of IPAF is highly variable, with patients experiencing RP ILD, other slow progressive worsening of respiratory functions and other a substantially stable disease. Furthermore, we showed other findings, laboratory, clinical and instrumental, that could help clinicians in a better identification and stratification of IPAF patients. As a matter of fact, at present, IPAF appears as a generic term including very different conditions that can be further differentiated according to clinical and serological data.

REFERENCES:

Disclosure of Interests: Emilianno Marasco: None declared, Federica Meloni: None declared, Giovanni Zanflammundo: None declared, Adele Valentini: None declared, Valentina Morandi: None declared, Veronica Codullo: None declared, Lorenzo Volpiano: None declared, Claudia La Carruba: None declared, Lorenzo Cavagna: None declared


INCIDENCE AND PREVALENCE OF MYOSITIS ASSESSED BY MULTI-SOURCES CAPTURE-RECAPTURE METHODOLOGY

Objectives: To assess the incidence and prevalence of myositis in Alsace, a region of eastern France.

Methods: Alsace, region of eastern France, is home to about 2 million inhabitants benefiting from high access to healthcare and a labialized referral center for myositis. Seeking care outside is uneasy because of peculiar geography. Myositis patients were retrieved through three separate sources: i) all general practitioners and community specialist ii) Muscle pathology center records, iii) all public and private hospitals records. Incident and prevalent cases fulfilling the ACR/EULAR criteria for myositis were identified through muscle pathology center records, ii) all public and private hospitals records, iii) all public and private laboratory records. Incident and prevalent cases fulfilling the ACR/EULAR criteria for myositis were included.

Results: The responses to the questionnaires sent to the physicians (n=3452), yielded 105 potential myositis cases. All hospital centres contacted (n=13) participated in the study and 1335 potential myositis patients were recorded by this source. 263 potential myositis cases were identified through muscle pathology center records. 13 laboratories participate in the studies and 324 potential myositis patients were recorded by this source. We thus received 1863 records of suspected myositis after excluding duplicates within each sources. The thorough review of the corresponding medical charts is currently ongoing and at this stage 10% of the potential cases fulfilled the ACR/EULAR criteria for myositis.

Conclusion: This first study based on a multi-sources capture-recapture methodology and ACR/EULAR criteria is very likely to provide an accurate estimate of myositis epidemiology.

REFERENCES: