Background: In patients with idiopathic inflammatory myopathies (IIM) most commonly found autoantibody against histidyl-RNA synthetase (anti-Jo-1) is associated with development of interstitial lung disease (ILD), which has been described as a serious mortality factor.

Objectives: To assess if methotrexate as an initial steroid sparing agent lowers the risk of developing ILD in anti-Jo-1 positive patients diagnosed with IIM.

Methods: Medical records of IIM patients treated in a referral clinic in capital city of Poland between 2008 and 2018 were reviewed. Inclusion criteria were: fulfillment of ACR/EULAR 2017 classification criteria for IIM, positivity of anti-Jo-1 antibodies in the EUROLINE test, introduction of corticosteroids equivalent to ≥0.5mg of prednisone. Exclusion criteria: insufficient data on disease course, history of IIM <18 months.

Results: 29 patients were included for this analysis. ILD was present at the onset in 52% (n=15) patients. Other 14 patients were treated initially with corticosteroids ≥0.5mg/kg along with methotrexate up to 25mg/week. In all 14 patients methotrexate was well tolerated and led to successful reduction of steroid dose. However, ILD attributed to the primary disease appeared in follow up in 50% (n=7) of this group.

Conclusion: Our study shows that methotrexate in dose up to 25mg/week doesn't lower the risk of developing ILD in Jo-1 positive IIM patients in the long term suggesting that other medication should be used as a first line treatment for this group.

References:

AB0616 REDUCED BONE MINERAL DENSITY IN PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES: A LONGITUDINAL STUDY

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Background: Reduced bone mineral density (BMD) leads to fragility fracture which is associated with a significant morbidity and excess mortality [1,2]. Patients with idiopathic inflammatory myopathies (IIM) should be at a heightened risk of reduced BMD as a result of the systemic inflammation, reduced mobility and corticosteroid use [3]. A previous cross-sectional study demonstrated a high prevalence of osteoporosis (23.7%) and osteopenia (47.4%) in a cohort of IIM patients [4]. However, longitudinal data are lacking.

Objectives: To assess the BMD of IIM patients longitudinally and to investigate the factors associated with accelerated bone loss.

Methods: This is a single centered observational study. Existing adult Chinese patients with IIMs who had serial BMD measurements done were recruited. The diagnosis of IIMs was based on the Bohan and Peter’s criteria with definite or probable cases being included [5]. Patients with clinically amyopathic disease must have the typical Gottron’s papules or heliotrope rash as determined by rheumatologists or dermatologists, and with no symptoms or signs of muscle involvement according to Sontheimer [6]. BMD was measured by dual energy X-ray absorptiometry (DEXA). Clinical variables thought to be associated with bone health were documented.

Results: All together 28 patients were studied. The mean age of the patients at disease onset was 46.1 years (S.D. 12.2). There was a female predominance (92.9%). The subgroups of IIMs were: dermatomyositis (39.3%), polymyositis (25.3%), clinically amyopathic dermatomyositis (21.4%) and immune mediated necrotising myopathy (14.3%). Only a minority of the patients smoked (10.7%) and none of them drunk alcohol regularly. About one fifth of the patients were underweight. All patients have been exposed to systemic corticosteroid, while 82.1% of them were still on it between the two scans with 32.1% even on high dose (>0.5mg prednisolone/kg/day). Three out of the 28 patients (10.7%) was found to be osteoporotic at baseline and 17 patients (60.7%) were osteopenic. Follow-up DEXAs were performed mostly 5 to 10 years after the initial scan. Despite 8 patients (28.6%) were given active anti-osteoporotic medications, the bone health deteriorated significantly. The mean baseline neck of femur BMD dropped from 0.711 to 0.657 g/cm2 (p=0.042) on follow-up, while the total...