AB1213

DIFFERENT IMMUNOSUPPRESSIVE REGIMENS WITH NO EFFECT ON INFLUENZA-LIKE ILLNESS

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Background: Autoimmune disease (AID) has been associated with increased risk of influenza and influenza-like illness (ILI) and its worse clinical outcomes complications.

Objectives: We aimed to assess the influence and difference of several immunosuppressive (IS) treatments in the incidence of ILI, including glucocorticoids (GC), classic DMARDs and biologic DMARDs.

Methods: We conducted a cross-sectional study in two autoimmune clinics. Patients were invited to answer a survey reporting ILI symptoms between October 2017 and March 2018. ILI definition was considered according to the European Center for Disease Control. Data regarding current IS, diagnostic, disease activity, comorbidities, and vaccination coverage were collected from electronic registry. Patients with history of cancer, HIV, IGIV treatment, or lack of information were excluded. Univariate and multivariate logistic regression analysis were used to access predictors of ILI.

Results: We included 109 patients, with mean age 51 years and 81% female gender. The majority of patients had autoimmune arthropathy (n=54) or a connective tissue disease (n=44). Active disease was present in 39% of patients. IS treatment was: GC 31%, classic DMARD 44%, biologic DMARD 28%. Vaccine coverage was 51%. Overall 41% reported ILI. We did not find any association between studied variables and ILI, including univariate and multivariate analysis. Univariate odds ratio calculation for IS treatment were: GC [OR 1,68 IC 0,7-3,8], classic DMARD [OR 1,03 IC 0,5-2,2], and biologic DMARD [OR 0,86 IC 0,4-2,0]. Comorbidity of pulmonary disease (n=8) may contribute to higher risk to ILI [OR 2,76 IC 0,8-10,0].

Conclusion: There was no difference in risk of ILI within different IS treatment regimens, although GC may increase the risk. The study is limited by the subjectivity of the ILI survey and the small size of the sample. The stratification of influenza risk will help in designing better vaccine coverage strategies in this population.

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AB1214

EPIDEMIOLOGY OF UVEITIS IN A SPANISH REGION: PREVALENCE AND ETIOLOGY, UVECAM PROJECT

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Background: Epidemiologic studies about the distribution of the various types of uveitis and their etiology are important in helping the clinician to investigate, diagnose, and manage these pathologies. Approximating prevalence of uveitis is an important public health challenge, though studies on this purpose are scarce and of low quality. Therefore it is difficult to estimate accurately the impact of this disease in our days.

Objectives: To estimate the prevalence of uveitis and to describe its etiologic and anatomical pattern by means of a population study carried out in a Spanish region

Methods: A cross-sectional descriptive, population-based, and multicentre study was conducted. The selection criteria consisted of having a diagnosis of uveitis. All data were collected from existing information in medical records. The clinical information was collected prospectively in all cases with a diagnosis of uveitis regardless its aetiology in the participating centres from the date of the study and during the following year. All patients underwent a complete ophthalmological examination with assessment of visual acuity, biomicroscopy, applanation tonometry and indirect funduscopy.

Results: The target population was the 687,892 inhabitants of the province of Toledo (Spain). During the study 389 cases of uveitis were registered. The prevalence was 58.7 (95% CI 53.0-64.9). The mean age was 47.0±20.6 years, and 57.8% were women. The most prevalent anatomical pattern was the anterior uveitis (54.2; 95%CI 48.1-60.8). For adults, idiopathic constitute the group with the highest prevalence (31.7; 95%CI 27.1-36.9), and in children autoimmune etiology was the most frequent (10.6; 95%CI 5.8-17.7).

The proportion of cases with autoimmune etiology was 23.3% in adults and 46.7% in children, with overall prevalences of 15.8 x10⁵ and 10.6 x10⁵, respectively. Estimates were higher in women than in men, both in adults (17.8 vs. 4.4) and in children (17.1 vs. 13.3). In paediatric population the autoimmune processes most frequently responsible for uveitis are juvenile idiopathic arthritis (JIA; 64.3%) and ankylosing spondylitis (AS; 14.3%), with prevalence's estimates of 6.8 and 4.5 x10⁵, respectively. In adults, the most common cause was AS (43.2%; 6.6 x10⁵), followed by sarcoidosis (10.7%; 1.7 x10⁵), other spondyloarthritis (SpA) (8.3%; 1.3 x10⁵), psoriasis arthritis and Behçet's disease (7.1%; 1.1 x10⁵ in both cases).

Conclusion: It is a precise population study that analyzes uveitis in a Spanish region, analyzing in detail different etiologies and anatomical patterns. The most common causes were idiopathic. Among the autoimmune causes, AS was the most common.

Table. Overall number and global prevalence by age and sex

	Sample size N (%)	Cases of uveitis N (%)	Prevalence (95% CI) (X 100.000)
TOTAL	662319	389	58.7 (53.0-64.9)
Population (N=389)			
•Paediatrics	132464	31 (8.0)	23.4 (15.9-33.2)
•Adults	529855	358 (92.0)	67.6 (60.7-74.9)
Sex (N=377)			
•Men	337783	159 (42.2)	47.1 (40.0-55.0)
•Women	324536	218 (57.8)	67.2 (58.5-76.7)
Age groups in adults (N=358)			
•18-30	90075	55 (15.4)	61.1 (46.0-77.5)
•31-44	148359	94 (26.3)	63.4 (51.2-77.5)
•45-54	100672	78 (21.8)	77.5 (61.2-96.7)
•55-64	74180	50 (14.0)	67.4 (50.0-88.9)
•≥65	116568	81 (22.6)	69.5 (55.2-86.4)

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AB1215

EPIDEMIOLOGY AND CLINICAL PHENOTYPE OF BEHÇET'S DISEASE IN A WELL-DEFINED POPULATION OF NORTHERN SPAIN

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Background: Considerable epidemiological variations in prevalence of Behçet's disease (BD) have been reported. These disparities may either reflect geographical differences, methodological artifacts, changes over time or random fluctuations. In Spain, published BD's epidemiological studies are scarce.

Objectives: To study epidemiological and clinical domains of BD in a well-defined population of Northern Spain, as well as, to compare results with other regions.

Methods: We included all consecutive 111 patients, diagnosed of definitive or possible BD by expert rheumatologists between 1980 and 2019. Two Classification criteria were applied: a) International Study Group (ISG) for BD (*Lancet*. 1990; 335:1078-80), and b) International Criteria for BD (ICBD) (*J Eur Acad Dermatol Venereol*. 2014; 28:338-47). In addition, a literature review of Medline publications was carried out.

Results: In our study, prevalence was higher than in most European populations regardless of the diagnostic criteria applied. Incidence was low (expert opinion: 0.021, ICBD: 0.016, ISG: 0.012). Mean age at onset (36.8±13.2) and gender distribution (55.9% females) were similar to other countries. Pathergy test was performed in 9% of patients giving low results (25.2%). Clinical domains' frequency was in line with other regions except vascular and gastrointestinal involvement, which were lower. (TABLE)

Conclusion: BD's prevalence in Northern Spain is higher than in most European populations. These differences likely reflect a combination of true geographic variation, methodological artifacts as well as the easy access to Public Health System and its efficiency. In contrast, clinical phenotypes are similar to other regions.

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AB1216

INTERSTITIAL PNEUMONIA WITH AUTOIMMUNE FEATURES (IPAF): A SINGLE CENTER, PROSPECTIVE STUDY

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Background: Interstitial pneumonia with autoimmune features (IPAF)¹ describes a group of patients with interstitial lung disease and autoimmune features who do not meet the classification criteria for a specific connective tissue disease. Limited data regarding IPAF are available so far.

Objectives: To identify the epidemiological and clinical characteristics of patients with IPAF and to observe disease progression, response to treatment and frequency of infections in 1-year follow-up period.

Methods: Thirty-nine patients from 'Attikon' University Hospital of Athens fulfilling the IPAF criteria were enrolled. Clinical and laboratory findings, comorbidities,

TABLE

	Diagnostic criteria and study period	n cases / population size	Mean age at onset and sex (%females)	Prevalence (over 100000) / incidence	Oral / genital ulcers (%)	Skin lesions/ pathergy test (%)	Ocular involvement (%)	Joint involvement (%)	Neurobehcet/ Vascular/ Gastrointestinal involvement (%)
Herrero, A et al. Southern Europe (Cantabria, Spain)	Expert opinion, ISG, ICBD / 1980-2019	111 (expert opinion) / 86 (ICBD) / 65 (ISG) / 581078	36.8±13.2/ 55.9	19.1 (expert opinion), 14.8 (ICBD), 11.2 (ISG) / 0.021 (expert opinion), 0.016 (ICBD), 0.012 (ISG)	99 / 53.1	68.4 / 25.2	35.1	68.5	18 / 10 / 4.5
Calamia, K. T. et al. North America (Minnesota, USA)	ISG / 1960-2005	13 / NR	31 / 30	5.2 / 0.38	100 / 62	85 / NR	62	46	23 / 23 / NR
Altenburg, A. et al. Northern Europe (Berlin, Germany)	ISG and ABD classification tree / 1961-2005	590 / 3391344	26 / 58	4.9 / 1 (estimated)	98.5 / 63.7	62.5 / 33.7	58.1	53	10.9 / 22.7 / 11.6
Mohammad, A. et al. Northern Europe (Skane County, Sweden)	ISG / 1997-2010	40 / 809317	30.5 / 33	4.9 / 0.2	100 / 80	88 / NR	53	40	0 / 20 / NR
Mahr, A. et al. Southern Europe (Seine-Saint-Denis County, France)	ISG / 2003	79 / 1094412	27.6 / 43	7.1 / NR	100 / 80	90 / 20	51	59	10 / NR / 10
Salvarani, C. et al. Southern Europe (Reggio Emilia, Italy)	ISG, 1988-2005	18 / 486961	33 / 50	3.7 / 0.24	100 / 78	100 / NR	56	50	11 / 6 / NR
Azizlerli, G. et al. Middle East (Istanbul, Turkey)	ISG / prevalence study	101 / 23986	NR / 48.5	42 / NR	100 / 70.2	Not globally reported / 69.3	27.7	Not globally reported	NR / Not globally reported / NR
Davatchi, F. et al. Middle East (Iran nationwide)	Expert opinion / 1975-2018	7641 / NR	25.6 / 44.2	80 / NR	97.5 / 64.4	62.2 / 50.4	55.6	38.1	3.9 / 8.9 / 6.8
Krause, I. et al. Middle East (Galilee, Israel)	ISG / 15 years (not specific years have been reported)	112 / 737000	30.6 / 47	15.2 / NR	NR / 68	41 / 44.4	58	70	11.6 / Not globally reported / NR
Nishiyama, M. et al. Asia (Japan nationwide)	1987 JCBD / 1991	3316 / NR	35.7 / 50.6	NR / NR	98.2 / 73.2	87.1 / 43.8	69.1	56.9	11 / 8.9 / 15.5