medications, pulmonary outcomes assessed with repeated pulmonary function tests (PFTs) and chest HRCT and complications in a 1-year follow-up period were documented for each patient. Univariate models were performed in order to identify determinants of infection and clinically significant difference in PFTs (defined as change of $\geq 10\%$ in FVC and/or $\geq 15\%$ in DLCO).

Results: The mean age at the time of IPAF diagnosis was 63.2 (± 11) years and 62% of the patients were female. The most common clinical features included in the IPAF criteria were arthritis (82%) and Raynaud's phenomenon (26%). A morbilliform and/or polymorphic rash of the face, neck and extremities (not included in the IPAF criteria) was noted in 54% of patients. ANA (59%) and anti-Ro (21%) were the most common auto-antibodies. Non-specific Interstitial Pneumonia (NSIP) was the most prevalent radiological pattern (61.5%) as shown in table 1. Treatment comprised corticosteroids and immunosuppressants including hydroxychloroquine, methotrexate, azathioprine, mycophenolate and cyclophosphamide. PFTs following treatment at 6 and 12 months from baseline showed a trend of improvement (Table 2, $p > 0.05$). At 1 year from baseline, 20.5% of patients showed a clinically significant deterioration while 25% had a clinically significant improvement. Infections were observed in 23.1% of patients during the first semester and in 12.8% during the second semester of the follow-up period. All were respiratory tract infections and two patients (5.1%) required hospitalization. All infections occurred in patients with non-UIP pattern ($p=0.02$) which might be attributed to higher doses of corticosteroids used in these patients (mean initial prednisolone dose = 27 (± 18) mg/d in patients with non-UIP pattern versus 17 (± 16) mg/d in patients with UIP pattern, $p=0.4$).

Table 1. Prevalence of HRCT patterns in 39 patients.

Radiological pattern	No (%)
NSIP	24 (61.5%)
OP	2 (5.1%)
NSIP with OP overlap	2 (5.1%)
LIP	1 (2.6%)
UIP	7 (18%)
NSIP and UIP	3 (7.7%)

NSIP: Non-specific Interstitial Pneumonia, OP: Organizing Pneumonia, LIP: Lymphocytic Interstitial Pneumonia, UIP: Usual Interstitial Pneumonia.

Table 2. PFTs at baseline, 6 and 12 months.

PFTs (% of predicted value $\pm$ SD)	Baseline	6 months	12 months	P value
FVC	79% ($\pm 19\%$)	82% ($\pm 18\%$)	84% ($\pm 17\%$)	ns
DLCO	49% ($\pm 16\%$)	52% ($\pm 17\%$)	53% ($\pm 17\%$)	ns

Conclusion: Rash is a common feature in IPAF and may be considered for inclusion into IPAF criteria. A trend of improvement in PFTs and a significant risk of respiratory tract infections mainly in the first semester of treatment and in patients with non-UIP radiological pattern were observed. Larger prospective studies are warranted in order to elucidate IPAF's prognosis and to identify effective management approaches.

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AB1217

THE EFFECT OF PROPHYLACTIC DOSE OF TRIMETHOPRIM-SULFAMETHOXAZOLE ON SERUM CREATININE IN JAPANESE PATIENTS WITH CONNECTIVE TISSUE DISEASES

R. Kawato¹, R. Rokutanda², M. Okada³. ¹Juntendo University Graduate School of Medicine, Department of Rheumatology, Tokyo, Japan; ²Kameda Medical Center, Department of Rheumatology, Chiba, Japan; ³St. Luke's International Hospital, Immuno-Rheumatology Center, Tokyo, Japan

Background: Trimethoprim-sulfamethoxazole (TMP/SMX) is an effective antibiotic for prevention of pneumocystis pneumonia (PCP) in immunocompromised patients with various connective tissue diseases (CTD). ¹ At the normal dose of TMP/SMX, trimethoprim (TMP) component inhibits tubular creatinine secretion,

leading to a rapid, but ultimately reversible, increase in serum creatinine. ² However, at prophylactic dose, the effect of TMP/SMX on creatinine in patients with CTD is not clear.

Objectives: We conducted this study to evaluate the effect of prophylactic dose of TMP/SMX on serum creatinine in patients with CTD.

Methods: This was a retrospective cohort study in which all patients with CTD, treated with prophylactic dose of TMP/SMX during the period between 2004 and 2018, were included, while patients with acute kidney injury due to other causes, were excluded. Retrospective medical chart review was performed to collect the following data, from the baseline through 12 weeks: baseline patient characteristics, serum creatinine (SCr), creatinine clearance (CCr), urine test, serum electrolytes, and level of SCr elevation after initiation of prophylactic dose of TMP/SMX from baseline, within 12 weeks. Using single and multiple regression analyses, we explored the risk factors that affected the SCr elevation value.

Results: A total of 272 patients, comprising 186 females, at an average age of 56 $\pm$ 18 years, were included in the present study. Based on the medical chart review, this cohort was scored under the following categories: rheumatoid arthritis (RA) n=78, systemic lupus erythematosus (SLE) n=76, Vasculitis n=39, polymyositis/dermatomyositis (PM/DM) n=10, mixed CTD (MCTD) n=5, and others n=56. Their average baseline creatinine level before treatment was 0.67 $\pm$ 0.25 mg/dL. They were administered with a mean dose of TMP comprising 99.2 $\pm$ 34.4 mg/day, which elevated the mean SCr level by 0.07 $\pm$ 0.12 mg/dL. Approximately 85% of the patients continued with the TMP/SMX treatment for 12 weeks, and only 5 (2%) showed creatinine elevation by more than 0.3 mg/dL. They were also administered with prednisolone at an average dose of 36.9 $\pm$ 92.3 mg/day.

For multiple regression analyses, the following variables were included: age, baseline CCr, use of loop diuretics, use of spironolactone, dose of TMP/SMX, use of non-steroidal anti-inflammatory drugs, and past history of diabetes mellitus. Baseline CCr and advanced age were independent risk factors. Regression coefficients and p values for age and CCr were 0.0018 (95% CI: 0.00083 – 0.0027) and p=0.00028; and 0.0007 (95% CI: 0.0003 – 0.0010) and p=0.00038, respectively.

Conclusion: In this study, we demonstrated that prophylactic dose of TMP/SMX elevates SCr by 0.07 $\pm$ 0.12 mg/dL on an average. Prophylactic dose of TMP/SMX rarely elevated the creatinine level significantly. Thus, based on our findings, other causes of renal impairment may be considered, if the patients administered with low-dose TMP/SMX show creatinine elevation by more than 0.3 mg/dL.

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AB1218

MATERNAL-FETAL MORBIDITY AND MORTALITY AMONG PREGNANT PATIENTS WITH RHEUMATIC DISEASES IN THE CLINIC OF PREGNANCY AND ARTHRITIS OF THE SALVADORAN SOCIAL SECURITY INSTITUTE

R. I. López¹, R. Montufar¹, D. Alpizar-Rodriguez². ¹Instituto Salvadoreño del Seguro Social, San Salvador, El Salvador; ²Colegio Mexicano de Reumatología, Ciudad de México, Mexico

Background: Connective tissue diseases are more frequent among women in childbearing age. In the past, it was not recommended for these women to get pregnant because of the risk of adverse pregnancy outcomes.

Objectives: The aim of this study is to compare the morbidity and mortality between pregnant patients with rheumatic diseases and pregnant patients without rheumatic diseases in El Salvador.

Methods: A case control study was conducted at the Clinic of Pregnancy and Arthritis and the 1° de Mayo Hospital, both centers belong to the Salvadoran Social Security Institute. Clinical files were reviewed retrospectively and some of the data were collected during the clinical visit to each center. We included pregnant patients with rheumatic diseases of the Clinic of Pregnancy and Arthritis; the control group was randomly selected with a ratio 1:1 within pregnant patients without rheumatic diseases of the 1° de Mayo Hospital, between January 2016 and June 2019. A complication was defined as any event that required hospital admission. We used logistic regression to analyze univariable and multivariable associations to compare pregnancy outcomes between groups.

Results: During the study period, 230 patients were randomly included in both, the study group and the control group, with a ratio 1:1. The mean age for the study group was 32 (27-35) years, which was relatively older than the control