Objectives: To evaluate the effectiveness of the use of distance monitoring of blood pressure (BP) in patients with rheumatoid arthritis (RA) with comorbid arterial hypertension (AH).

Methods: 200 RA patients with AH (SBP – systolic 162.1 ± 73, DBP – diastolic 94.9 ± 9.2) are included in the trial, of which 8% are men. The average age was 54.0 ± 13.0. Patients were divided into 2 groups. Patients of group 1 (n=100) independently measured BP twice a day and entered the SBP and DBP results on self-control diaries in electronic form, or transmitted data from the tonometer via the installed mobile application. Pts of group 2 (n=100) were consulted on the first visit and in 3 months with further recommendations of monitoring and treatment of RA and AH.

Results: Activity on DAS 28 (CRP), pain on VAS (mm), level of cholesterol, age and prednisolone use have a significant moderate correlated (p<0.01) with the level of SBP. In 6 months the average level of SBP and DBP were 131.4 ± 8.2 and 82.6 ± 5.1 mm Hg in group 1 respectively. In group 1 80% of pts achieved target BP in comparison with 50% of pts in group 2. The frequency of prescribing of two-component and three-component antihypertensive therapy increased in 1.8 and 1.9 times in 1 group; in 1.4 and 1.3 times respectively.

Conclusion: Distance BP monitoring in patients with RA with the use of BP monitors with the function of remote data transmission lets to achieve target BP and hereby, reduce the incidence of adverse cardiovascular complications.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2020-eular.4658

THU0153

TCZ MIGHT BE A RISK FACTOR FOR WORSENING OF ILD, PARTICULARLY OF CHRONIC ILD

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Background: Interstitial lung disease (ILD), frequent lung involvement, determine the prognosis of patients with RA. The presence of ILD also influences the selection of RA therapy. However, it is not fully elucidated which groups of RA-ILD patients worsen ILD.

Objectives: To identify the risk factors for worsening of ILD in RA patients under biological DMARD (bDMARDs) therapy; particularly to determine whether types of bDMARDs are associated with exacerbation of ILD.

Methods: A retrospective cohort study was conducted. Subjects were consecutively 91 RA-ILD patients who received HR-CT examination at starting and during bDMARDs therapy. Clinical data were collected by reviewing.

ILD was diagnosed, when patients showed ground-glass opacity (GGO), consolidation, reticular pattern or honeycomb; the former two were acute and the latter two were chronic ILD lesions. The extent of each lesion was scored and recorded. When the score was increased, the lesion was judged as worsened. The incidence of exacerbation of ILD under an indicated agent was calculated as follows; the sum of exposure period of the agent/exposure period of any agent in patients with the exacerbation was divided by total exposure period of the agent.

Results: Subjects were 36 males and 55 females with a mean age of 66.8 years. At the entry, GGO, consolidation, reticular and honeycomb were found in 16, 20, 63 and 17, respectively. Acute and chronic ILD were observed in 34 and 68, respectively. ILD worsened in 35 (38.5%). Between patients with and without ILD exacerbation, no differences were found in demographics (sex, age, disease duration, the positivity for anti-CCP ab and RF) and radiographic findings of pulmonary abnormalities. Disease activities at as 1st and sequential CT examinations were similar in both groups.

The incidences of the worsening of ILD varied according to bDMARDs (Fig 1). The incidence of total ILD worsening was high in TCZ compared to TNF and ABT. The incidence of acute ILD worsening was similar among the three groups. However, the worsening of chronic ILD was more frequently found in TCZ than other bDMARDs. The incidence of death by respiratory failure was similar in TNF, ABT, and TCZ (Fig 2).

Incidence of death by respiratory failure under bDMARDs

Fig 2

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2020-eular.2770

THU0154

PERCEPTIONS ABOUT INTERVENTIONS TO ENHANCE INFLUENZA VACCINE UPTAKE DIFFER BETWEEN VACCINATED AND UNVACCINATED RA/JIA PATIENTS

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Background: To optimize the control of vaccine preventable diseases, high immunization coverage rates must be achieved. Influenza vaccination rates among patients with rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA) are suboptimal. Understanding patient preferences for interventions that may increase vaccine uptake is the first step to inform the development of specific strategies to enhance vaccine coverage in RA/JIA.

Objectives: To compare the perceptions of vaccinated and unvaccinated RA/JIA patients on a multi-modal intervention to enhance seasonal influenza vaccine coverage.

Methods: During the 2018-2019 influenza season, a multi-modal intervention was implemented at a large Canadian academic center. This consisted of (i) a letter sent from the Division of Rheumatology to patients addressing common misconceptions about flu vaccines and encouraging patients to plan for immunization; (ii) a nurse providing inactivated influenza vaccine at the rheumatology clinics for the first 7 weeks after the vaccine was released, and (iii) clinics posters specifically designed for rheumatic patients and rheumatologists to prompt a discussion on influenza prevention. Patients that were vaccinated on site completed a survey evaluating the relevance of the individual components of the intervention. After the intervention, during a scheduled rheumatology visit, RA/JIA patients were asked to complete a similar survey. We compared the responses from RA-JIA patients that were vaccinated at our institution, to those of patients that reported not having received the influenza vaccine in 2018-2019.

Results: During the intervention, 116 immunized RA/JIA patients completed the first survey. Forty RA/JIA patients not vaccinated during the 2018-2019 season completed the post-intervention survey. Both vaccinated and unvaccinated groups were mostly female (74.1% versus 82.5%), but vaccinated patients were older (50.8±19.4 versus: 40.5±14.9; 95% CI 3.7%,17%), and had shorter disease duration (10.1±9.3 versus 15.0±9.8; 95% CI -8.9%,11%) than those not vaccinated. Unvaccinated patients were less likely than vaccinated patients to approve of the clinic’s provision of influenza vaccine (98.2% versus 75%; 95% CI 12.8%, 43.5%). When asked about elements of the intervention, unvaccinated patients were less likely than vaccinated patients to consider posters (65.2% versus 38.9%; 95% CI 7.9%, 42.9%), letters (69.4% versus 35.3%; 95% CI 16.2%, 51.2%), or phone calls (58.0% versus 41.7%; 95% CI 7.9%, 42.9%) as good reminders.

Conclusion: Unvaccinated RA/JIA patients’ opinions about interventions to increase vaccine uptake differ from vaccinated patients. Alternative, novel strategies to target vaccine hesitant RA/JIA patients are needed to optimize vaccine coverage.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2020-eular.3429