UIP (idiopathic pulmonary fibrosis [IPF]) on HRCT.

The most recent American Thoracic Society (ATS)/European Respiratory Society (ERS)/Japanese Respiratory Society (JRS)/Latin American Thoracic Society (ALAT) guidelines define three HRCT (High Resolution Computed Tomography) patterns of fibrosing lung disease in the setting of idiopathic pulmonary fibrosis (IPF): definite UIP (traction bronchiectasis and honeycombing), possible UIP and inconsistent with UIP. The distinction between definite UIP and possible UIP in these to the presence or absence of honeycombing. Approved by the Ethics Committee.

Quantitative variables are expressed as mean (SD) and dichotomous variables as percentages (%). The association between tobacco/UIP and UIP/UIP relationship with an exact Fisher test. Statistical analysis with SPSS version 21.

Results: 21 men and 36 women were included, with a mean age of 69 ± 10 years (mean ± SD), history of smoking (smokers 14%), non-smokers 43%, ex-smokers 42%. 83% were positive RF and 70% positive ACPA. Regarding the HRCT findings: 29 (50%) had a consistent with UIP pattern and 28 (49%) had an UIP pattern (45% defined, 3% possible). Of the UIP patients, 14 (50%) had a smoking relationship (35% ex-smokers, 25% smokers) and 15 were male (53%). Of the sample analyzed, 8% (5 patients) have died, all ex-smoking men, the UIP pattern being the most frequent found (4 UIP, 1 consistent with UIP).

No statistical association was observed between patients with exposure to tobacco and the UIP pattern (p = 0.438), nor among patients with baseline FVC <80% and UIP (p = 0.432) and also among patients with baseline DLCO <40% and UIP pattern (p = 0.459).

Conclusion: Our results, in general, do not match what is published in the literature. Male, smoking exposure and fibrosing pattern (UIP) represent a worse prognosis for patients with ILD-RA. However, more studies are required to determine more precisely how these risk factors affect the disease.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2020-eular.1440

Figure. Percentages of patients reporting improvements ≥MCID with baricitinib vs placebo and associated NNTs for baricitinib in RA-BEAM and RA-BEACON. *p<0.05, **p<0.01; ***p=0.001. Abbreviations: BP, bodily pain; FACIT-F, Functional Assessment of Chronic Illness Therapy-Fatigue; GH, general health; HAO-D, Health Assessment Questionnaire-Disability Index; MCID, minimum clinically important difference; MI, mental health; NA, not applicable (ie, difference between treatment and placebo is not statistically significant, confidence interval of NNT is not calculated); NNT, numbers needed to treat; PA, Patient’s assessment of pain; PCS, physical component score; PF, physical function; PIGA, Patient’s Global Assessment of Disease Activity; RE, role emotional; RP, role physical; SF-36, Short Form-36; SF, social functioning; VT, vitality.


DOI: 10.1136/annrheumdis-2020-eular.4829

FR0049

RHEUMATOID ARTHRITIS ASSOCIATED INTERSTITIAL LUNG DISEASE: TOBACCO AND OTHER RISK FACTORS

C. Aguilera Cros1, M. Gomez Vargas1, R. J. Gil Velez2, J. A. Rodriguez Portal2.
1University Hospital Virgen del Rocío, Department of Rheumatology (1), Seville, Spain; 2University Hospital Virgen del Rocío, Department of Pneumology (2), Seville, Spain

Background: Among the risk factors associated with the development of interstitial lung disease (ILD) in patients with rheumatoid arthritis (RA) are: male sex, old age, erosive RA, rheumatoid nodules, smoking and high levels of rheumatoid factor (RF) and anticitrullinated protein antibody (ACPA). The factors of poor prognosis include: HRCT (High Resolution Computed Tomography) pattern of fibrosing lung disease in the setting of idiopathic pulmonary fibrosis (IPF): definite UIP (traction bronchiectasis and honeycombing), possible UIP and inconsistent with UIP. The distinction between definite UIP and possible UIP in these to the presence or absence of honeycombing. Approved by the Ethics Committee.

Quantitative variables are expressed as mean (SD) and dichotomous variables as percentages (%). The association between tobacco/UIP and UIP/UIP relationship with an exact Fisher test. Statistical analysis with SPSS version 21.

Results: 21 men and 36 women were included, with a mean age of 69 ± 10 years (mean ± SD), history of smoking (smokers 14%), non-smokers 43%, ex-smokers 42%. 83% were positive RF and 70% positive ACPA. Regarding the HRCT findings: 29 (50%) had a consistent with UIP pattern and 28 (49%) had an UIP pattern (45% defined, 3% possible). Of the UIP patients, 14 (50%) had a smoking relationship (35% ex-smokers, 25% smokers) and 15 were male (53%). Of the sample analyzed, 8% (5 patients) have died, all ex-smoking men, the UIP pattern being the most frequent found (4 UIP, 1 consistent with UIP).

No statistical association was observed between patients with exposure to tobacco and the UIP pattern (p = 0.438), nor among patients with baseline FVC <80% and UIP (p = 0.432) and also among patients with baseline DLCO <40% and UIP pattern (p = 0.459).

Conclusion: Our results, in general, do not match what is published in the literature. Male, smoking exposure and fibrosing pattern (UIP) represent a worse prognosis for patients with ILD-RA. However, more studies are required to determine more precisely how these risk factors affect the disease.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2020-eular.1440