Table 2.

Parameter	G 1	G 2	C	p G1 vs G2	p G1 vs C	p G2 vs C
Pregnancies [^]	29	70	88	<0.0001	<0.05	<0.05
Children/mother [^]	1.31	2.59	2.14	-	-	-
Age at conception y [^]	34;6	23;4.5	23;6.5	<0.0001	<0.0001	<0.05
m:IQR (min-max)	(28-44)	(17-38)	(16-39)			
TTP >12 months (%) [£]	37.93	48.57	30.68	<0.0001	<0.05	>0.05
Births [^]	28	53	67	<0.0001	<0.0001	>0.05
Spontaneous abortions ^{^£}	10	14	22	<0.0001	<0.0001	>0.05
Stillbirths [^]	0	1	0	-	-	-
'C' section delivery [£] (%)	21.42	1.85	1.51	<0.0001	<0.0001	>0.05
Premature delivery [£] (%)	7.14	5.66	3.07	>0.05	>0.05	>0.05
Eclampsia (%)	3.57	0	0	-	-	-
Birth weight g (mean ± SD) [^]	2950±461	3250±652	3500±463	<0.05	<0.0001	<0.05
Birth weight < 2500g (%)	7.14	13.33	1.49	-	-	-
Malformations [^]	0	0	1	-	-	-
Transfer to NICU [^]	0	1	1	-	-	-
Other child pathologies [^]	2 (autism)	0	0	-	-	-

[^] number, y- years, g-gram, NICU- newborn intensive care unit, [^] Mann Whitney U test,

[£] Fisher's exact test, m-median

Fig 1:

Conclusion: Current pregnancy management guidelines implementations in RA assure a good pregnancy course in patients that have achieved remission and LDA status. RA patients show lower fertility and more miscarriages in comparison to both preclinical RA and general population. Newborns from RA mothers are healthy and show a normal gestational age/weight at delivery, yet smaller family sizes were observed. Preclinical RA does not influence fertility, pregnancy outcome and family size. Newborns belonging to G1 and G2 are smaller in comparison to general population but true hypotrophy is a rare event.

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FRI0071

ANALYSIS OF DATA GAPS IN RHEUMATOID ARTHRITIS

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Background: Although ideally Recommendations for the management of rheumatoid arthritis (RA) should be supported by the highest level of evidence, many of which are based on "expert opinion". This means that there are

knowledge gaps to which a part of the research efforts in this disease should be directed.

Objectives:

- 1.- Analyze the causes of the low level of evidence in some of the recommendations on diagnosis and management of RA in the main published documents
- 2.- Identify the knowledge gaps that justify said low level of evidence
- 3.- Design actions to respond to the knowledge gaps identified.

Methods: Qualitative study. A group of six experts in systematic review of the literature was selected. Fourteen documents of national and international recommendations on RA (EULAR, ACR and SER) of the last 5 years were analyzed by a peer review. They selected recommendations with low level of evidence (Oxford 4 and 5) / grade of recommendation (C and D), and classified by areas (diagnosis, monitoring, treatment, others) and then possible causes of low level of evidence were analyzed. These were submitted to a Delphi to select the 10 recommendations in which participants considered it more critical to obtain quality evidence. Subsequently, actions were proposed to improve the levels of evidence in general and, through the PICOS structure (population, intervention, comparator, study design) specific studies were proposed to respond to the issues raised in these 10 recommendations

Results: 185 recommendations were found that had a low level of evidence / grade of recommendation, most related to the treatment of RA. The two most frequent causes of this low level of evidence and / or the degree of recommendation were the absence of studies and an incorrect classification of the level of evidence and / or degree of recommendation. In addition, other reasons and methodological barriers were found for which nine critical recommendations were finally selected for which new PICOs were developed with which to propose targeted research projects

Conclusion: It is necessary to improve the methodological approach in the RA recommendations guidelines to correct errors and fill gaps with appropriate studies.

Table 1. Actions to increase the level of evidence / recommendation.

#	Action
1	Prioritization of research towards knowledge gaps with the design and development of specific studies
2	Increase knowledge of experts in the methodology of consensus documents (including RSL, formulation of recommendations, etc.)
3	Supervision of the entire process by expert methodologists, to ensure a correct allocation of the levels of evidence and degree of recommendation
4	Review and select those topics that are really of interest and should be reviewed and can be answered
5	Expert opinion should never become a recommendation, but will be included in the text that accompanies that recommendation.
6	Clear syntax will be used and short recommendations will be made
7	Establishment and application of homogeneous criteria to formulate recommendations

Key words: Rheumatoid arthritis, recommendations, data gaps

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FRI0072

DISCONTINUATION OF DMARD USE IN RHEUMATOID ARTHRITIS PATIENTS WITH LUNG DISEASE

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Background: Pulmonary manifestations such as interstitial lung disease (ILD) and chronic obstructive pulmonary disease (COPD) are frequent extra-articular features that carry a poor prognosis in Rheumatoid Arthritis (RA). Little data is available on how RA patients (pts) with pulmonary disease are managed in real-world settings.