had or were treated for any of 15 predefined comorbidities (categorised into 0, 1, 2, 3, or ≥4 (Table)). Percentage of number of hours missed due RA (i.e. absenteeism) and presenteeism (10-point Likert scale) were assessed using the Work Productivity and Activity Impairment Questionnaire (WPAI-RA). For the purpose of this study both absenteeism and presenteeism outcomes were dichotomized (no presenteeism/absenteeism versus any) and only patients aged ≥65yrs were included. Logistic regression analysis were applied to assess the association between number of comorbidities and absenteeism/presenteeism, adjusting for the categorical variables age, gender and education. Chi2-square test was applied to assess frequencies of individual comorbidities between the three employment status groups. Results: 868 participants were included; 91.7% women with a median symptom duration of 8.3 years [IQR 4.4-13.7]. The average RAID score was 5.2 (SD 2.2). 80.4% were in paid employment, including those currently on sick leave, 16.9% stopped early because of their RA and 2.7% reported stopping early because of other health reasons. In those employed most commonly occurring comorbidities were: back pain (28.8%), osteoarthritis (21.5%), depression (26.3%) and anxiety (22.6%). Compared to people with RA with no comorbidities, the odds ratios were: back pain (28.8%%), osteoarthritis (21.5%), depression (26.3%) and anxiety (22.6%). To compare with people with RA with no comorbidities, the odds associated with time off work due to RA increased from 1.7 to up to 3.4 with increasing number of comorbidities (Table). Although a similar trend was observed for presenteeism, the effect sizes were smaller. Significant differences (p<0.05) in frequencies of the following comorbidities were observed between the three employment status groups (Emppl, Stop RA, Stop, Health, respectively): heart disease (3.9%, 7.9%, 20.0%), blood pressure (18.0%, 29.5%, 36.7%), lung disease (5.7%, 16.3%, 26.7%), diabetes (4.4%, 4.2%, 26.7%), ulcer (6.1%, 11.1%, 13.3%), cancer (3.3%, 2.6%, 13.3%), depression (26.3%, 33.6%, 50.0%), OA (21.5%, 44.7%, 63.3%) and back pain (28.8%, 48.4%, 60.0%). Results: (1) There were 643 RA patients recruited with 82.3% female, mean age 49.7±12.9 years and median disease duration 48 (IQR 21,108) months. There were 414 (64.4%) RA patients with active disease (DAS28-ESR≥3.2) and 293 (35.6%) with remission. (2) There were 165 (25.7%) elderly RA patients (age≥60 years) with mean age 65.1±4.5 years. Compared with young patients (age<60 years), elderly RA patients had significantly higher disease activity indicators including PGA, PRGA, ESR, CRP, DAS28-ESR, SDAI and CDAI, higher HAQ-DI (3.83 vs. 0.13) and higher modified total Sharp score (mTSS, 16 vs 9, all P<0.001). There were 288 (44.8%) RA patients with myopathy and elderly RA with myopathy had higher proportion of myopathy than young patients (54.5% vs. 41.4%, P<0.003). (3) Among 4 subgroups according to age and ASMI, elderly RA patients with myopathy (n=90, 14.0%) had significant higher DAS28-ESR (3.6 vs. 3.0), higher HAQ-DI (0.50 vs. 0.12) and higher mTSS (21 vs. 7) than those in young patients without myopathy (n=280, 43.5%), and had higher mTSS (21 vs. 10) than those in elderly patients without myopathy (n=75, 17.7%, all P<0.0083). (4) Adjusted for confounding factors including gender, disease duration, BMI, smoking habit, RF, ACPA and treatment naive, multiple linear regression analysis showed that age was positively correlated with DAS28-ESR (β=0.010), HAQ-DI (β=0.003) and mTSS (β=0.005, all P<0.05), while ASMI was negatively correlated with DAS28-ESR (β=-0.445, HAQ-DI (β=-0.124) and mTSS (β=-0.247, all P<0.001). (5) Mediation analysis showed that old age (≥60 years) had total effect on DAS28-ESR (β=0.333), HAQ-DI (β=0.132) or mTSS (β=0.190, all P<0.05), but no direct effect on them (all P>0.05). ASMI fully mediated the associations between old age and DAS28-ESR, HAQ-DI or mTSS. Conclusion: Half of elderly RA patients manifest myopathy which aggravates the whole disease of disease activity, joint function and destruction as a mediator. Myopathy, a neglected comorbidity in elderly RA should be emphasized. Funding: This work was supported by National Natural Science Foundation of China (81801066 and 81971527), Natural Science Foundation of Guangdong Province (2018A030313541 and 2019A1515011928), Science and Technology Program of Guangzhou (201904010088). Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2020-eular.1390 SAT0074 RHEUMATOID ARTHRITIS AT TREATMENT WITH BDMARD OR TDMDARD: VACCINATION RATES AND INCIDENCE OF RESPIRATORY INFECTIOUS DISEASES, RESULTS FROM A COHORT R. Dos Santos Sobrin1, E. Perez-Pampín1, N. Perez Gómez1, A. Mera Varela1.1Clinical University Hospital in Santiago de Compostela, Rheumatology Department, Santiago de Compostela, Spain Background: Vaccination regimes have been evaluated for long time in rheumatic diseases, being a strong recommendation to vaccinate against Influenza and Pneumococcus (13 and 23-valent). Rheumatoid arthritis (RA) patients have higher rates of infectious diseases, caused by many reasons, being patient's comorbidities, rheumatic disease and treatments used the most important1.2. Objectives: To analyze the incidence of respiratory infectious diseases in these patients regarding for vaccination status. Also prove the degree of accomplishment of vaccination calendar. Methods: Patients diagnosed of RA at treatment with BDMDARD or TDMDARD, in Rheumatology Department of aforementioned hospital, during Influenza vaccination campaign in 2018 (October 2018 – February 2019) were included. Clinical, demographic and therapeutic data were reviewed. Stata 15.1 was used to perform statistical analysis. Results: 237 patients finally fulfilled inclusion criteria, excluding deceased or finished treatment (460 patients were diagnosed of RA and 954 patients conform all bDMARD and tsDMARD of Rheumatology Department). Mean age at beginning of vaccination campaign was 61.5 years old (SD 13.6), 79% were female. Mean time of diagnosis was 15.4 years (SD 9.4), 79% patients receive Influenza vaccine, although higher rates were found in Pneumococcal vaccine (86,9% 13-valent and 81,8% 23-valent). Most patients were at treatment with anti-TNF (57,2%, the most prevalent was etanercept 275% followed by adalimumab 11,0% and infliximab 10,2%). csDMARD concomitant was achieved by 67,4% patients (methotrexate 73%) and 61% receive corticosteroids. Only 3 patients got hospitalized by pneumonia. As opposed, 39 patients suffer from a respiratory infectious disease without hospitalization (mean of 1,33 infections/patient). After multivariate analysis, only 13-valent Pneumococcal vaccine is related statistically significant with higher rates of respiratory infectious diseases (Chi2=6,25 p=0,012; OR 2,68 CI95% 1,12 to 6,88). Other variables analyzed were kind of bDMARD/tsDMARD, Influenza vaccine, 23-valent Pneumococcal vaccine, concomitant csDMARD/corticosteroids, but no relationship was found. Conclusion: Vaccination status is still incomplete in majority of rheumatic patients. Its benefits have been explained in a variety of studies. That is the background of the current campaign. References: 1. Carrozo M, Conde M, Casajús E, et al. J Rheumatol 2009;36:316-21. 2. Sanchez-Cantalejo V, Carrozo M, Sobrín R, et al. J Rheumatol 2015;42:320-6. J. D. MA1, C. Chen1, J. Z. Lin1, Q. H. Li1, L. F. Chen1, Y. H. Xu1, D. H. Zheng1, L. Dai1.1Sun Yat-Sen Memorial Hospital, Sun Yat-Sen University, Rheumatology, Guangzhou, China Background: Ageing affects different systems resulting in a special clinical phenotype of rheumatoid arthritis (RA) in elderly patients who are characterized by higher level of systemic inflammatory and poor function. It also leads to loss of muscle mass causing functional limitation and reduced quality of life. However, little is known about muscle loss in growing elderly RA patients. Objectives: To explore the characteristics of muscle mass and clinical significance in elderly RA patients. Methods: Consecutive RA patients were recruited and clinical data including disease activity (DAS28-ESR), function (HAQ-DI) and radiographic indicators (modified Sharp score) were collected. The mass and distribution of muscle were assessed by bioelectric impedance analysis. Myopathy was defined as appendicular skeletal muscle mass index (ASMl) ≤78gm/m² in men and ≤57kg/m² in women.

Background: Interstitial Lung Disease (ILD) is an extra-articular complication of rheumatoid arthritis (RA) that is associated with increased morbidity and mortality. Conventional disease-modifying drugs (DMARDs) such as methotrexate (MTX) have been implicated in the development and exacerbation of a pre- existing ILD.

Objectives: The aim of our study was to check the influence of combined MTX treatment in patients with RA-ILD treated with abatacept (ABA).

Methods: National multicentre retrospective registry of 293 patients with RA-ILD treated with ABA, RA was diagnosed according to the ACR classification criteria of 1987 or by the EULAR/ACR criteria of 2010. ILD was diagnosed by high resolution computed tomography (HRCT). In this study we have done a subanalysis of the 46 patients treated with ABA in combination with MTX (ABA+MTX) vs. 217 patients treated with ABA in monotherapy or in combination with other synthetic DMARDs. Efficacy was evaluated according to the following parameters: a) Dyspnea (MMRC) considering variations ≥ 1; b) Lung function test (LFT) considering variations ≥ 10% in FVC and a variation of DLO ≥ 10%; c) Imaging test (HRCT) of DAS28 score e) prednisone dose. Variables were collected at the beginning of the study and at months 3, 6, 12 and then every 12 months until a maximum of 60 months.

Results: 263 patients with ILD associated with RA were included in the study with mean age 64.64±10 years. RF or CCPA were positive in 235 (89.4%) and 233 (88.6%) cases, respectively, with a mean follow-up of 22.7±19.7 months. Baseline characteristics of both groups are shown in Table 1, while data obtained during evolution of this complication are presented in Figure 1.

Conclusion: Despite the baseline differences of both groups, the good evolution in the ABA+MTX subgroup suggests that this therapeutic strategy can be a safe combination for patients with RA-ILD.

SAT0075

ABATACEPT IN COMBINATION WITH METOTREXATE IN PATIENTS WITH RHEUMATOID ARTHRITIS ASSOCIATED TO INTERSTITAL LUNG DISEASE: NATIONAL MULTICENTER STUDY OF 263 PATIENTS


Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.6019

SAT0076

VERY ELDERLY ONSET RHEUMATOID ARTHRITIS (VEORA): CLINICAL CHARACTERISTICS AND THERAPEUTIC IMPLICATIONS

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Background: There are differences in the characteristics of patients with Rheumatoid Arthritis (RA) depending on their age at onset with two traditional groups: YORA (young onset RA) and EORA (elderly onset RA). These aspects have not been studied in cases of very late onset (≥ 80 years)

Objectives: To describe the clinical characteristics, treatments and evolution at one year in “very elderly onset RA” (VEORA). Compare these characteristics with YORA (40-50 years) and EORA (60-70 years).

Methods: Retrospective and longitudinal study of RA patients from 2 spanish hospitals. From their databases, VEORA patients were identified and their clinical characteristics were analyzed at onset, treatments at diagnosis and in the first 12 months, as well as DAS28-ESR activity after 1 year. These variables

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.1630