reason why, supporting this study, vaccination status must be checked in the daily practice.

References:

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2020-eular.6019

SAT0075

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


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 abacete (ABA).

Methods: National multicentre retrospective registry of 263 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 subanlysis 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. Basically was evaluated according to the following parameters: a) Dyspnea (MRC), considering variations ≥ 1; b) Lung function test (LFT) considering variations ≥ 10% in FVC and a variation of DLCO ≥ 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 64.6±10 years. RF or CCPA were positive in 235 (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.

Disclosure of Interests: Carlos Fernández-Díaz Speakers bureau: Brystol Meyers Squibb, Santos Castañeda: None declared, Rafael Meleiro: None declared, J. Lorica: None declared, Francisco Ortiz-Sanjuán: None declared, A. Juan-Mas: None declared, Carmen Carrasco-Cubero Speakers bureau: Janssen, MSD, Abbvie, Novartis, Bristol Myers Squibb, and Celgene, S. Rodríguez-Muguruza: None declared, S. Rodríguez-García: None declared, R. Castellanos-Moreira: None declared, RAQUEL ALMODOVAR Speakers bureau: Abbvie, Celgene, Janssen, Lilly, Novartis, Pfizer.

SAT0076

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

A. García Dorta1, C. Almeda2, H. D. Marta3, L. Cáceres Martin4, E. Tijuillo1, C. Rodríguez-Lozano5, I. Ferraz-Amaro6, J. C. Quevedo-Abelede7, Hospital Universitario de Canarias, La Laguna, Tenerife, Spain; Hospital Universitario de Gran Canaria Dr Negrín, Las Palmas de GC, Spain

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 were compared with YORA and EORA.

Disclosure of Interests: None declared.