Conclusion: Our study showed a high risk for misdiagnosis for patients with MCTD. Phenotype conversion was a very rare event. As a multi-organ disease, MCTD required prolonged (combined) immunosuppressive therapy to achieve remission. The establishment of an international registry with longitudinal data from observational multi-centre cohorts might represent a first step to address the many unmet needs of MCTD.

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AB0412

LIPID PROFILE IN IIM PATIENTS AND ITS ASSOCIATION WITH DISEASE ACTIVITY, DURATION, AND GLUCOCORTICOID TREATMENT

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Background: Systemic inflammation, limited mobility, and glucocorticoid treatment in idiopathic inflammatory myopathies (IIM) can have a negative impact on intermediate metabolic pathways, especially on lipid metabolism.

Objectives: The aim of this study was to assess the differences in the lipid profile of IIM patients and healthy controls (HC) and the association with disease-specific features.

Methods: 133 patients with IIM (106 females; mean age 60.3; disease duration 2.2 years; DM 47 / PM 41 / IMNM 45) and 133 age-/sex-matched HC (106 females, mean age 60.2) were included. Patients with DM and PM fulfilled the Bohan/Peter criteria for PM/DM; patients with IMNM fulfilled the ENMC criteria. Levels of selected parameters of lipid metabolism were measured in sera. In IIM patients, disease activity, damage, and muscle involvement were evaluated (MITAX, MDI, MMT-8); comorbidities and current treatment were recorded. Data are presented as median.

Results: Several differences in disease activity, the dose of glucocorticoids, prevalence of comorbidities, and serum lipid levels were observed in IIM compared to HC, and among the three subtypes of IIM; the most significant changes were observed in IMNM. All the differences in lipid profile between IIM and HC, as well as the correlations of lipid profile parameters with disease-specific features in IIM patients, are demonstrated in the table 1.

Conclusion: We have observed significant alterations in serum lipid parameters in our IIM patients compared to healthy age-/sex-matched individuals. Differences were also found among the three subtypes of IIM. These alterations

were associated with laboratory parameters of disease activity and the current dose of corticosteroids.

Table 1. Lipidogram in IIM patients compared to healthy controls

Parameter of lipidogram, median	IIM (n = 133)	DM (n = 47)	PM (n = 41)	IMNM (n = 45)	HC (n = 133)	p-value IM-HC; DM-HC; PM-HC; IMNM-HC
TC (mmol/L);	5.79	5.36	5.65	6.3	5.14	<0.001; 0.135; 0.040; <0.001
TG (mmol/L);	2.02	1.91	1.88	2.27	1.28	<0.001; <0.001; 0.002; <0.001
LDL-C (mmol/L);	3.13	2.95	3.12	3.58	2.82	0.005; 0.436; 0.131; <0.001
Apo-B (g/L);	1.06	1.02	0.98	1.26	0.91	<0.001; 0.160; 0.017; <0.001
Non-HDL-C (mmol/L);	4.4	4.25	4.15	5.1	3.9	<0.001; 0.262; 0.040; <0.001
Lp(a) (g/L);	0.1	0.1	0.1	0.12	0.15	0.098; 0.733; 0.242; 0.032
HDL-C (mmol/L);	1.122	1.13	1.18	1.36	1.2	0.913; 0.917; 0.503; 0.928
Apo-A (g/L);	1.7	1.76	1.75	1.68	1.8	0.073; 0.782; 0.267; 0.025
AI (log(TG/ HDL-C));	3.85	3.9	3.85	3.7	3.15	0.003; 0.425; 0.071; 0.002

Significant correlations of lipid profile parameters and disease-specific features in all IIM patients (n=133)

Correlated parameters	Spearman's r	p-value	Correlated parameters	Spearman's r	p-value
TC: Disease duration; LD; PED; Age; CK; Myoglobin	-0.322; 0.343; 0.292; 0.193; 0.198; 0.249	<0.001; <0.001; <0.001; 0.027; 0.025; 0.007	non-HDL-C: Disease duration; LD; BMI; CK; Myoglobin; PED	-0.303; 0.322; 0.202; 0.214; 0.270; 0.275	<0.001; <0.001; 0.027; 0.015; 0.003; 0.002
TG: Disease duration; PED; BMI	-0.326; 0.316; 0.271	<0.001; <0.001; 0.003	HDL-C: CRP	-0.230	0.010
LDL-C: Disease duration; LD; Age; CK; Myoglobin	-0.310; 0.359; 0.212; 0.257; 0.289	<0.001; <0.001; 0.015; 0.003; 0.002	Apo-A: CRP; CK; Myoglobin	-0.293; - 0.214; -0.258	<0.001; 0.016; 0.005
Apo-B: Disease duration; LD; PED; Age; BMI; MMT-8; CK; Myoglobin; Glycemia	-0.311; 0.348; 0.307; 0.220; 0.239; -0.214; 0.256; 0.307; 0.201	<0.001; <0.001; <0.001; 0.012; 0.009; 0.017; 0.004; <0.001; 0.031	AI: BMI	0.209	0.021

Acronyms: TC, total cholesterol; TG, triglycerides; LDL-C, low-density lipoprotein; Apo-B, apolipoprotein B; non-HDL-C, non-high-density lipoprotein (TC minus measured HDL-C); Lp(a), lipoprotein A; HDL-C, high-density lipoprotein; Apo-A, apolipoprotein A; AI, atherogenic index of plasma = $\log(TG/ HDL-C)$; LD, lactate dehydrogenase; PED, current prednisolone equivalent dose; CK, creatine kinase; BMI, body mass index; MMT-8, manual muscle testing-8; CRP, C-reactive protein

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AB0413

HIGH-RESOLUTION COMPUTED TOMOGRAPHY FOR THE SCREENING, RE-SCREENING AND FOLLOW-UP OF SYSTEMIC SCLEROSIS RELATED INTERSTITIAL LUNG DISEASE: RESULTS OF A EUSTAR-SCTC SURVEY

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