Background: Interstitial lung disease is a well described extra-articular manifestation in a range of rheumatic diseases. It carries significant morbidity and mortality. Management of rheumatic diseases associated ILD (r-ILD) requires expertise as the needs of such patients are complex and treatment options limited. Historically, such complex ILD has been managed in tertiary referral centres. We set up a combined service incorporating both rheumatology and respiratory domains in a district general hospital (DGH) to help patients avoid long journeys and improve their experience whilst focusing on an integrated care pathway.

Objectives: We evaluated the outcomes of all patients managed over three years in this pilot service model.

Methods: Referrals were accepted from any hospital specialist involved in the management of ILD. They were triaged by lead ILD pulmonologist to monthly ILD MDT comprising a rheumatologist, respiratory physician, a radiologist and ILD specialist nurse. Appropriate patients were booked into combined clinic, run by the respective rheumatology and chest specialists with ILD interest, attracting a multi-specialty tariff. All the data was recorded electronically with full access to demographics, disease parameters, investigations and drug management.

Results: 111 consecutive patients were included in this evaluation. Mean age was 66.4 yrs (19-92 yrs) and 36% (n=40) were male. 34 (30%) had RA, 31 (28%) had CTD, 20 (18%) had IPF and 26 others. Most predominant HRCT pattern was NSIP (n=40,36%) followed by UIP (n=31, 28%). Mean FVC was 2.59 L/min (1.93-4.13) with DLCO of 52.7% (28.9-90.1%) predicted. Only two patients had all antibodies negative whilst 109 had at least one antibody positive with ANA being the most common (n=38).

Most (83%) patients were treated with immunomodulators including 11 with rituximab, 49 (44.1%) patients had significant improvement in clinical, imaging and pulmonary parameters with DLCO improving to 56.57% and FVC to 2.70L/min. There were similar improvements in six minute walk test. 21 patients died and 23 patients required long term oxygen therapy.

Conclusion: This pilot real world study confirms the utility of a combined specialist service in a district general hospital. Nearly half of this complex and resource intensive patient cohort had good clinical outcomes and derived benefit from the expertise in one room. Feedback from both patients and referrers was unanimously positive. No patient required tertiary centre referral and all could be managed adequately in the clinical setting.

Our report confirms that r-ILD can be managed in a DGH setting with a stream-lined service offering clear benefits to patients. We would argue that r-ILD service, congruent to satellite pulmonary hypertension clinics in secondary care with hub-and-spoke model liaison with tertiary centre, can be established on similar principles and could help over-stretched tertiary care with repatriation of services whilst helping develop local expertise in the management of chronic ILD.

Disclosure of Interests: None declared

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AB0818 ADVERSE EVENTS UNDER B-CELL DIRECTED THERAPIES IN A LARGE SINGLE-CENTER COHORT OF PATIENTS WITH RHEUMATOID ARTHRITIS, SYSTEMIC LUPUS ERYTHEMATOSUS, ANCA-ASSOCIATED VASCULITIS AND RENAL DISEASES

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Background: The anti-CD20 antibody rituximab (RTX) is approved for the treatment of rheumatoid arthritis (RA) and ANCA-associated vasculitis (AAV). In addition, RTX is used in a wide range of autoimmune diseases. Belimumab (BEL) is an anti-BAFF antibody approved for the treatment of non-renal systemic lupus erythematosus (SLE) in Europe. These agents are generally well-tolerated but severe adverse events (AEs) can occur. The frequency of and factors associated with AEs are currently unknown.

Objectives: To identify adverse events with the use of B-cell directed therapies in a large population of RA, AAV, and SLE.

Methods: This is a single-center retrospective cohort study using routine clinical data over a ten-year period (2010-2020). We recorded epidemiological and clinical data of patients receiving either BEL or RTX. Data included age, gender, type of disease, number and efficacy of infusions, patient-years and concomitant treatment. Patient records were screened for AEs, such as infections, anaphylaxis, occurrence of malignant disease, laboratory abnormalities and immunoglobulin (Ig) deficiency. Between group comparisons were performed.

Results: Database screening yielded 445 patients treated with RTX and 23 with BEL. After exclusion of patients with incomplete data, 425 RTX and 23 BEL patients were analyzed.

Our preliminary analysis of a sample of 60 of these 448 patients (184 patient-years) resulted in 43 patients (72%) with RA, 8 patients with AAV (13%), 5 patients with a renal disease, and 4 patients with mixed connective tissue disease, as well as 34 SLE patients. Between a median of 13 treatments of 1000 mg were administered, corresponding to 3.37 patient-years per patient. Primary non-response occurred in 2 patients, secondary non-response in 13 patients. For AAV, a median of 8.4 treatments were given (3.3 patient-years), no treatment failure was detected. SLE patients received a median of 15 treatments.

15 patients had infectious complications during treatment, 11 needed treatment. Herpes zoster infection occurred in 3 patients with RA. Three of the 8 patients with AAV had an infection requiring treatment. In SLE patients, only 2 developed infectious complications, and no Ig-deficiency occurred.

Lymphopenia was the most common laboratory abnormality detected in 25 patients with RTX, 19 of whom had RA. Ig deficiency was common in RA, affecting 30% of patients. Deficiency of IgM and IgG was recognized in 5 patients each; 1 patient had low levels IgA.

Neither the maintenance prednisolone dosage nor Ig deficiency were associated with risk for infection. However, lymphopenia appeared to be associated with risk for infection.

Conclusion: Our preliminary data observe a 184 patient-year period. RTX and BEL were generally associated with few AEs. RA patients frequently had laboratory abnormalities (lymphopenia, Ig-deficiency) which did not necessarily translate to clinical events. Infections were more common in AAV, BEL was the best tolerated B-cell directed agent. Overall, our data are reassuring, but we suggest a more careful vigilance in AAV patients.

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AB0819 PROFILE OF RHEUMATOLOGIC EMERGENCIES IN THE DEPARTMENT OF RHEUMATOLOGY OF THE UNIVERSITY HOSPITAL OF IBN ROCHD IN 2019

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Background: Rheumatology is a medical field often referred to as “cool” because of the low frequency of life-threatening pathologies in common practice (1). However, rheumatologists may be solicited to manage situations that are often depicted as urgent from the point of view of the patient.

Objectives: To profile the consultations received in the emergency unit of the Department of Rheumatology of the University Hospital of Ibn Rochd in Casablanca.

Methods: We conducted a retrospective study on the 2019 emergency consultations register of the Department of Rheumatology of the University Hospital of Ibn Rochd, Casablanca. We collected epidemiological, clinical, and therapeutic data.

Results: 407 emergency consultations were carried out in 2019. The average age of the patients was 50.7 (range 14 - 88). 20% of the consultants were 65 years old or older. The sex ratio M/F was 0.4. 95.6% of the patients were from the Casablanca-Settat region. 86.4% of the patients came from the emergency department of the hospital, 10.6% came from other intra-hospital services, and 3% were referred directly to our department. The most represented socio-professional categories were respectively people without professional activity other than retirees (67.6%), followed by intermediate professions (9.7%), executives and higher intellectual professions (5.8%), and retirees (5.3%). Regarding social insurance, 49.4% of the consultants benefited from a public health assistance scheme, 30% had a public health insurance, 14.4% had no health insurance, and 19.9% had a private health insurance. The most frequent reasons for consultation were polyarthralgia (26.8%), oligoarthralgia (18.9%), low back pain (22.8%), lumbar radiculalgia (16.7%), monoaarticular (11.8%), neck pain (8.1%), cervicobrachial neuralgia (6.4%), monoaarticular (5.4%), polyarthralgia (3.4%), and oligoarthralgia (2.7%). The general condition of the patients was good in 83% of cases, 5.2% had anemia, 4.4% had a fever above 38°C, and 3.7% had anorexia. Extra-articular signs were present in 24.7% of cases. At the end of the consultation, a diagnosis could be made in 57.2% of cases. The diagnoses comprised degenerative (51%), inflammatory rheumatic (8.6%), infectious (7.3%), metabolic (6.7%), and tumor (2.1%) pathologies. The main drugs prescribed were level 1 analgesics in 65.6% of cases, non-steroidal anti-inflammatory drugs in 45% of cases, local treatment in 28.9% of cases, symptomatic slow-acting drugs in 21.9% of cases, muscle relaxants in 17% of cases, rest in 15% of cases, and supportive orthotics in 11.6% of cases. Regarding the outcomes of the consultants, 75.4% were referred to a conventional hospital.
consultation for rheumatology follow-up, 13.6% of patients were referred to other specialized departments, 9.1% of patients were lost to follow-up, and 3.9% were hospitalized in our department.

Conclusion: The polyarthralgia and the low back pain were the most frequent reasons for consultation in our rheumatology emergency unit. Degenerative pathology is in the lead of the etiologies. Level I analgesics and non-steroidal anti-inflammatory drugs play an important role in symptomatic emergency treatments.

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AB0820

INFLUENCE OF ANCA ANTIBODIES ON DEMOGRAPHIC AND CLINICAL CHARACTERISTIC OF AAV
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Background: ANCA associated vasculitides (AAV) are a heterogeneous group of rare diseases with unknown etiology and the broad clinical spectrum ranging from life-threatening systemic disease, through single organ involvement to minor isolated skin changes. Unfortunately the clinical classification, ANCA specificity or genetic characteristics alone is not able to categorize AAV patients in a satisfactory manner. As a consequence advanced statistical techniques were used to identify and stratify AAV subphenotypes [1, 2]. Moreover, we have analyzed influence of the ANCA type on clinical manifestations and demographic characteristics in various types of AAV, based on data from the POLVAS registry.

Objectives: We decided to retrospectively analyze a large cohort of Polish AAV patients deriving from several referral centers – members of the Scientific Consortium of the Polish Vasculitis Registry (POLVAS) – and concentrate on demographic and clinical characteristics of anti-PR3 and anti-MPO positive patients regardless of their clinical diagnosis.

Methods: We conducted a systematic multicenter retrospective study of adult patients diagnosed with AAV between January 1990 and December 2016. Patients were enrolled by 9 referral centers. We analyzed dichotomous variables: gender; ANCA status – anti-PR3 or anti-MPO+; ANCA negative; organ involvement – skin, eye, ENT, respiratory, heart, GI, renal, urinary, CNS, peripheral nerves and polymyotonic variable (number of relapses), supported by quantitative covariates (e.g., age at diagnosis, CRP at diagnosis, maximal serum creatinine concentra-

Results: MPO-positive patients (both GPA and EGPA phenotype) were older at the time of diagnosis with a substantial percentage diagnosed > 65 years of age, and with high rate of renal involvement. Interestingly, while in the whole group of patients diagnosed with EGPA male to female ratio was 1:2, the MPO+ EGPA patients showed M:F ratio of 1:1.

The analysis of ANCA negative AAV revealed significant differences in GPA, ANCA negative group is characterized with significantly lower frequency of renal involvement compared to rest GPA (11.5% vs 63.7%) p<0.05 what should be emphasized ANCA negative AAV never lead to ESRD (end stage renal disease) or even transient dialysis.

Conclusion: ANCA specificity is indispensable as a separate variable in any clinically relevant analysis of AAV subcategories. MPO+ group is characterized by older age at time of diagnosis, male to female ration 1:1, kidney involvement, and shows more homogenous clinical phenotype than PR3+ AAV patients. In our group ANCA negative AAV never lead to ESRD (end stage renal disease) or even transient dialysis.

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AB0821

PSYCHOMETRIC PROFILE OF PATIENTS WITH CHRONIC INFLAMMATORY ARTHRITIS
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Background: Psoriatic Arthritis (PsA) is a chronic inflammatory disease characterized by a condition of inflammation joint and periaricular tissues with progressive destruction of bone and cartilage tissues and consequent disability. Numerous studies suggest that the systemic inflammation that characterizes this disease is the basis of the onset of numerous comorbidities, including anxiety and depression.

Objectives: This prospective study aims to examine the psychometric profile of patients with chronic inflammatory arthritis to investigate possible correlations with psychiatric comorbidities and disease status.

Methods: From October 2018 to March 2019, consecutive out-patients with PsA (according to CASPAR criteria) referred to the Rheumatology Unit of the University of Rome Tor Vergata, were evaluated by a dedicated psychiatrist for attachment style (Relationship Questionnaire - RQ), alexithymia (Toronto Alexithymia Scale - TAS20), perceived stress (Perceived Stress Scale - PSS) and depressive symptoms (Beck Depression Inventory - BDI). These indices were then correlated with clinimetric indices, indices of inflammation and therapy taken by the patient. Statistical analysis was performed using Fisher's exact test and Pearson's correlation coefficient.

Results: 33 patients affected by PsA and 40 healthy individuals as control group were enrolled. The RQ test showed that in patients an insecure “avoidant” attachment style prevails (51.5%) compared to the control group (10%) (p<0.0008) [Figure 1]. This result correlates with the presence of alexithymia and with the duration of illness, showing that patients with an “insecure” profile at the RQ test are those who have higher scores on the TAS-20 scale (p=0.035) and a longer duration of illness (p<0.0001). Regarding the perception of stress, at the PSS test women have mean values (18.12±7.31) statistically superior to the values of the male population (11.69±7.79)(p<0.0015). PSS values of the overall study population were directly proportional to RQ values (p=0.0068) and TAS-20 values (p<0.0001). The correlation between PSS and TAS-20 was further confirmed in the analysis of the individual subgroups “patients” (p<0.0001) and control group (p<0.0001)[Figure 2]. No correlation was shown with phlogosis and clinimetric indices.

Conclusion: This study suggests how PsA patients are a more vulnerable subtype of patient from the psychological point of view, with an avoidance attachment style, characterized by the difficulty to express emotions and to rely on others in times of need. These characteristics can influence the adherence to pharmacological therapies and the doctor-patient relationship. This profile is manifested more frequently in female patients, with long duration of illness, high perception of stress. The state of disease activity does not influence these elements, suggesting that the insecure attachment style is not related to the single inflammatory flare, but is the result of years of illness and long-standing disease. Our results support the relevance of early diagnosis in PsA.

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