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

K. Wójcik¹, A. Masiak², Z. Zdrojewski², R. Jeleniewicz³, M. Majdan³, I. Brzosko⁴, M. Brzosko⁴, M. Madej⁵, K. Jakusko⁶, J. Kur-Zalewska⁷, W. Tlustochowicz⁷, H. Storoniak⁸, B. Bułto-Piontecka⁸, A. Dębska-Ślizień⁸, A. Hawrot-Kawecka⁹, P. Głusko¹⁰, M. Stasiek¹⁰, M. Wisłowska¹¹, E. Kucharz¹², J. Musiał¹ on behalf of POLVAS. ¹Jagiellonian University Medical College, 2nd Chair of Internal Medicine, Kraków, Poland; ²Medical University of Gdańsk, Department of Internal Medicine, Connective Tissue Diseases and Geriatrics, Gdańsk, Poland; ³Medical University of Lublin, Department of Rheumatology and Connective Tissue Diseases, Lublin, Poland; ⁴Pomeranian Medical University, Department of Rheumatology and Internal Diseases, Szczecin, Poland; ⁵Wrocław Medical University, Department of Rheumatology and Internal Medicine, Wrocław, Poland; ⁶Wrocław Medical University, Department of Nephrology and Transplantation Medicine, Wrocław, Poland; ⁷Military Medicine Institute, Department of Internal Medicine and Rheumatology, Warszawa, Poland; ⁸Medical University of Gdańsk, Department of Nephrology, Transplantation and Internal Diseases, Gdańsk, Poland; ⁹Medical University of Silesia, Department of Internal Medicine and Metabolic Diseases, Katowice, Poland; ¹⁰National Institute of Geriatrics, Rheumatology and Rehabilitation, Department of Rheumatology, Warszawa, Poland; ¹¹Central Clinical Hospital of the Ministry of the Interior and Administration, Department of Internal Diseases and Rheumatology, Warszawa, Poland; ¹²Medical University of Silesia, Department of Internal Medicine and Rheumatology, Katowice, Poland

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]. Here 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 Jan 1990 and Dec 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 polytomous variable (number of relapses), supported by quantitative covariates (e.g., age at diagnosis, CRP at diagnosis, maximal serum creatinine concentration) [3].

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 ratio 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

G. L. Fonti¹, M. S. Chimenti¹, P. Conigliaro¹, P. Triggianese¹, E. Bianciardi², G. Tarantino², M. Coviello², G. Lombardozzi², C. Niu², A. Siracusano², R. Perricone¹. ¹University of Rome Tor Vergata, Rheumatology, Allergy and Clinical Immunology, Department of Systems Medicine, University of Rome Tor Vergata, Rome, Italy, Rome, Italy; ²University of Rome Tor Vergata, Psychiatric Chair, Department of Systems Medicine, Rome, Italy

Background: Psoriatic Arthritis (PsA) is a chronic inflammatory disease characterized by a condition of inflammation of joint and periarthral 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 - TAS-20), 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 avoidant 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.