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.

REFERENCES:

- [1] Gutiérrez-González LA. Rheumatologic emergencies. Clin Rheumatol. 2015 Dec;34(12):2011–9.

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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]. 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.

REFERENCES:

- [1] Mahr A, Specks U, Jayne D. Subclassifying ANCA-associated vasculitis: a unifying view of disease spectrum. Rheumatol Oxf Engl 2019;58:1707–9. <https://doi.org/10.1093/rheumatology/kez148>.
- [2] Wójcik K, Biedroń G, Wawrzycka-Adamczyk K, Bazan-Socha S, Ćmiel A, Zdrojewski Z et al. Subphenotypes of ANCA-associated vasculitis identified by latent class analysis. Clin Exp Rheumatol. 2020 Sep 1. Epub PMID: 32896241.
- [3] Wójcik K, Wawrzycka-Adamczyk K, Włodarczyk A, Sznajd J, Zdrojewski Z, Masiak A, et al. Clinical characteristics of Polish patients with ANCA-associated vasculitides—retrospective analysis of POLVAS registry. Clinical Rheumatology. 1 września 2019;38(9):2553–63.

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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 of joint and periarticular 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 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.

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AB0822 BREASTFEEDING AMONG WOMEN WITH RHEUMATIC DISEASES: ANALYSIS OF DATA FROM THE P-RHEUM.IT STUDY

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Background: The World Health Organization recommends that infants should be exclusively breastfed until the age of 6 months. The aim of this study was to assess the ratio of breastfeeding patients with Rheumatic Diseases (RD) and to identify possible causes of its discontinuation.

Objectives: The aim of this study was to assess the ratio of breastfeeding patients with Rheumatic Diseases (RD) and to identify possible causes of its discontinuation.

Methods: This study was embedded in the P-RHEUM.it register, as a nationwide prospective cohort study collecting data of pregnancies in inflammatory RD. Pregnancies, enrolled until the 20th week of pregnancy, are followed from pregnancy until 6 months postpartum. At baseline, sociodemographic parameters, obstetric history, comorbidities are reported. During pregnancy, the course of maternal disease, development of foetus and complications are reported. After delivery, the pregnancy outcome, data on lactation and child development are collected.

Results: From May 2018 to May 2020 data of 349 patients were available. Data on lactation were available in 44 pregnancies. Two months after delivery 37 were continuing breastfeeding (n=26) or mixed feeding (n=11), while 7 were using formula feeding. Among patients using formula feeding 2 had a diagnosis of rheumatoid arthritis (RA), 1 of juvenile idiopathic arthritis, 1 of undifferentiated arthritis (UA), 1 of anti-phospholipid syndrome (APS), 1 of vasculitis and 1 of systemic lupus erythematosus. The reasons of formula feeding were the following: 2 for agalactia, 2 for personal preferences, 3 for drug-related concerns (1 for physician's decision in a patient with APS; 2 for maternal concerns about drugs in patients with RA and UA treated respectively with Adalimumab and Tocilizumab). At 6 months 30 continued breastfeeding (n=23) or mixed feeding (n=7) and 14 formula feeding. The reasons of formula feeding were available in 9 patients: 3 for agalactia, 2 for personal preferences, 2 for physician's decision in a patient with APS and in a patient positive for anti-phospholipid antibodies; 2 for maternal concerns about drugs.

Conclusion: Preliminary data of this prospective study demonstrate a high percentage of breastfeeding/mixed feeding after delivery and after 6 months among women with RD. Drug related concerns are the main reason of discontinuation of breastfeeding, although medication results compatible with lactation. Using our results, strategies supporting patients with RD wishing to breastfeed may be developed.

REFERENCES:

- Carina Gotestam Sporken et al. The EULAR points to consider for use of antirheumatic drugs before pregnancy, and during pregnancy and lactation. *Ann Rheum Dis* 2016.
- Sammaritano et al. 2020 American College of Rheumatology Guideline for the management of reproductive health in rheumatic and musculoskeletal diseases, *Arthritis Rheumatol*. 2020.

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AB0823 TREATMENT WITH ADALIMUMAB IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASES: A STUDY OF TREATMENT TRAJECTORIES ON A PATIENT LEVEL IN CLINICAL PRACTICE

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Background: There is evidence that drug retention rates to adalimumab (ADA) in patients (pts.) with chronic inflammatory rheumatic diseases (CIRD) are impaired by loss of efficacy and adverse events, and that about 50% of users had discontinued ADA within 5 years (1). With the introduction of ADA biosimilars in October 2018, non-medical switching from originator to ADA biosimilars is now increasingly part of daily practice in rheumatologic care.

Objectives: The aim was to study treatment trajectories over two years in pts. with CIRD receiving originator ADA.

Methods: Pts. with CIRD on originator ADA who switched to ADA biosimilar from October 2018 onwards were identified and followed until 2020. Disease activity (ASDAS), physical function (HAQ, BASFI), and changes in treatment were documented every 3 months. The four predefined treatment trajectories "continued ADA biosimilar therapy", "back-switch to originator ADA therapy", "switch to other biological (b) disease modifying anti-rheumatic drug (DMARD) therapy", and "stopped bDMARD therapy/death/drop out" were used to compare characteristics of pts. with different trajectories.

Results: A total of 111 CIRD pts. on treatment with originator ADA were switched to ADA biosimilar (Table 1). The majority of pts. 75 continued therapy with ADA biosimilar (Figure 1 next page) while 16% switched back to originator ADA, 7% switched to a different bDMARD, and 9% either stopped treatment (n=9) or died (n=1). Pts. who continued ADA biosimilar were more frequently male, older or with a longer disease duration than those who switched therapy back to originator ADA and those who switched to a different bDMARD (Table 1). The previous duration on originator ADA treatment was increased in patients who continued ADA biosimilar compared to those who switched therapy back to originator ADA and those who switched to a different bDMARD. There was more functional impairment (HAQ, BASFI) and higher disease activity (ASDAS) in pts. who switched compared to those who continued ADA biosimilar therapy (Table 1). Treatment with csDMARDs and glucocorticoids was increased in pts. who continued ADA biosimilar therapy, while pts. who switched therapy had more previous bDMARD therapies (Table 1).

Table 1. Characteristics of patients at baseline for the entire group and stratified by treatment trajectory

	Total group N=111 (100%)	Treatment trajectory			
		continued ADA biosim- ilar therapy N=75 (67.6%)	back-switch to originator ADA therapy N=18 (16.2%)	switch to different bDMARD therapy N=8 (7.2%)	no bDMARD therapy / death / drop out N=10 (9.0%)
Age, y	51.2 (14.5)	51.5 (13.6)	50.6 (16.8)	43.5 (9.5)	56.4 (19.0)
Women, No. (%)	46 (41.4)	27 (36.0)	9 (50.0)	6 (75.0)	4 (40.0)
RA	23 (20.7)	17 (22.7)	2 (11.1)	1 (12.5)	3 (30.0)
axSpA	68 (61.3)	47 (62.7)	11 (61.1)	6 (75.0)	4 (40.0)
PsA	15 (13.5)	7 (9.3)	4 (22.2)	1 (12.5)	3 (30.0)
Other diagnoses	5 (4.5)	4 (5.3)	1 (5.6)	0 (0.0)	0 (0.0)
Disease duration, median (IQR), y	5.0 (2.0-8.0)	5.0 (2.0-9.0)	3.5 (2.0-6.0)	2.0 (1.0-5.5)	4.5 (2.0-8.0)
Duration previous originator ADA therapy	40.7 (27.7)	45.3 (27.8)	35.0 (25.2)	20.3 (24.7)	32.3 (25.1)
DAS28	3.0 (1.0)	2.9 (1.0)	3.4 (1.0)	-	3.3 (1.2)
CRP, median (IQR), mg/L	0.2 (0.1-0.3)	0.1 (0.1-0.2)	0.2 (0.0-0.5)	0.2 (0.2-1.3)	0.3 (0.2-0.4)
HAQ score	1.3 (0.8)	1.1 (0.7)	1.7 (0.8)	-	1.8 (1.0)
ASDAS	2.2 (1.1)	2.0 (1.0)	3.0 (1.2)	2.7 (0.9)	2.3 (0.2)
BASFI	3.5 (2.6)	3.0 (2.5)	5.4 (2.4)	3.4 (1.6)	5.4 (1.6)

+values are given as mean (SD)

Conclusion: Two thirds of pts. who switched to ADA biosimilar remained on this therapy for 2 years. As many as 16% of pts. switched back to ADA originator. Whether or to what degree this was influenced by nocebo effects needs further