low-density lipoprotein cholesterol (LDL-C) levels. 22.1% had arterial hypertension (AH), 29.5% were current smokers, 27.4% had excess body weight, 3.1% had family history of cardiovascular diseases (CVD). Traditional risk factors for atherosclerosis were found in 80% out of 40 gender and age matching subjects from the control group, i.e., showing practically the same prevalence as in BD pts.

In both groups, there were no differences between analysis showed similar incidence of CV events (nonfatal myocardial infarction, angina pectoris and stroke) in both groups. There were no differences between BD pts and the controls.

Reduced HDL levels were more common in BD pts vs the controls - just as thinning of IMT, most likely because of such asymptomatic manifestation of atherosclerosis as increased IMT.

There was a significant negative correlation in BD patients between HRV (SDNNi) and age (r= -0.3; p=0.01) and increased IMT (r= -0.2; p=0.04), and also between HRV (RMSSDn%) and age (r= -0.2; p=0.04), disease duration (r= -0.2; p=0.01), cholesterol levels (r= -0.3; p=0.00), and increased IMT (r= -0.2; p=0.04), and also between HRV (RMSSDn%) and age (r= -0.2; p=0.04), disease duration (r= -0.2; p=0.01), cholesterol levels (r= -0.3; p=0.00), and increased IMT (r= -0.2; p=0.04).

Conclusion: HRV reduction reflects impaired sympathetic -parasympathetic regulation in BD pts, associated with pts’ age, disease duration and presence of traditional cardiovascular risk factors - BMI, increased cholesterol levels, LDL-P, and such asymptomatic manifestation of atherosclerosis as increased IMT.

Disclosure of Interests: None declared

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RENAL AND OVERALL OUTCOMES OF DOUBLE-POSITIVE (ANCA AND ANTI-GBM ANTIBODIES) PATIENTS COMPARED TO ANCA-ASSOCIATED VASCULITIS PATIENTS WITH SEVERE RENAL INVOLVEMENT: A MULTICENTER RETROSPECTIVE STUDY WITH SYSTEMATIC RENAL PATHOLOGY ANALYSIS

M. Clerte1, R. Phillip2, C. Levê1, E. Concor-Legai2, V. Audard3, A. Hurte2, X. Puèchaf, M. Touzon2, N. Rabat2, E. Therivet1, A. Aubal1, A. Karra1
1Division of Nephrology, University Paris Descartes, Georges Pompidou European Hospital, APHP, Paris, France; 2Division of Clinical Immunology and Internal Medicine, Normandie University, UNICAEN; CHU de Caen Normandie, 14, Caen, France; 3Division of Nephropathy, Hospital of the Cavale Blanche, CHRU of Brest, 28, Brest, France; 4Department of Nephrology and Renal Transplantation, Reference Center-Idipathic Nephritic Syndrome, Henri Mondor Hospital, APHP F-94900 Créteil, INSERM U955, Paris East Créteil University F-94000, 94, Créteil, France; 5Division of Nephropathy and Transplantation, Reference Center of Rare Renal Diseases, University Paul Sabattier - Toulouse III, Hôpital Rangueil, 31, Toulouse, France; 6Division of Clinical Immunology and Internal Medicine, University Paris Descartes, Cochin Hospital, APHP F-75014, 75, Paris, France; 7Division of Dialysis and Therapeutic Apheresis, Health Center of Aura Paris Plaisance, 75, Paris, France; 8Division of Immunology and Nephrology, University François Rabelais, CHRU of Tours, 37 Tours, France

Background: Among small vessel vasculitis, double-positive patients (DPP), combining serum and/or histologic findings for glomerular basement membrane (GBM) disease, and anti-neutrophil cytoplasmic antibodies (ANCA), is a rare, newly and poorly described condition.

Objectives: We aimed to compare characteristics between DPP and ANCA-associated vasculitis patients (AAVP) with severe-renal involvement.

Methods: Retrospective multicenter study comparing 33 DPP and 45 severe-renal involvement (serum creatinine >300 μmol/L) AAVP, all with biopsy-proven nephropathy.

Results: Except for 2 patients (6%) who had pure renal presentation during their entire follow-up period, others exhibited at least one extrarenal manifestation: pulmonary involvement (64%), weight loss (39%), gastrointestinal involvement (33%), ENT manifestations (21%), musculoskeletal symptoms (21%), fever (16%), neurological (12%), cutaneous (8%) and/or cardiac (6%) signs. All DPP (including up to 18% exhibiting negative serum anti-GBM antibodies) presented severe acute kidney failure with histologic GBM involvement. Compared to our AAVP, they had higher serum creatinine (719 versus 501 μmol/L; p=0.006) and a higher of patients requiring initial renal replacement therapy (82% vs 36%; p=0.001). Berden classification significantly differed (p=0.003), with more crescentic glomerulonephritis and fewer sclerotic lesions in DPP. One-year renal survival was significantly lower in DPP than in AAVP (27% versus 64%; p<0.0002). With comparable proportions of ANCA subtypes (2/3 with anti-MPO autoantibodies),