low-density lipoprotein cholesterol (LDL-C) levels. 22.1% had arterial hyper-
tension (AH), 29.5% were current smokers, 27.4% had excess body weight, 3.1% had family history of cardiovascular diseases (CVD). Traditional risk fac-
tors 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.

### Table 1. The incidence-rate of traditional risk factors in BD patients and controls

<table>
<thead>
<tr>
<th>Variables</th>
<th>BD pts (n=95)</th>
<th>Controls (n=40)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
<td>29.0 [23.0;35.0]</td>
<td>29.0 [25.0;32.0]</td>
<td>NS</td>
</tr>
<tr>
<td>BMI, kg/m²</td>
<td>23.1 [21.1;25.5]</td>
<td>23.8 [22.0;26.0]</td>
<td>NS</td>
</tr>
<tr>
<td>Total cholesterol, mmol/l</td>
<td>5.0 [4.3;6.1]</td>
<td>5.1 [4.5;6.7]</td>
<td>NS</td>
</tr>
<tr>
<td>Cholesterol &gt; 5.0 mmol/l, n (%)</td>
<td>47 (49.5)</td>
<td>25 (62.5)</td>
<td>NS</td>
</tr>
<tr>
<td>TGs, mmol/l</td>
<td>0.92 [0.69;1.1]</td>
<td>0.89 [0.60;1.0]</td>
<td>NS</td>
</tr>
<tr>
<td>LDL, mmol/l</td>
<td>3.36 [2.8;4.0]</td>
<td>3.3 [2.7;4.3]</td>
<td>NS</td>
</tr>
<tr>
<td>LDL &gt; 3 mmol/l, n (%)</td>
<td>63 (66.3)</td>
<td>65 (62.5)</td>
<td>NS</td>
</tr>
<tr>
<td>HDL, mmol/l</td>
<td>1.19 [1.0;1.5]</td>
<td>1.36 [1.2;1.6]</td>
<td>NS</td>
</tr>
<tr>
<td>LDL &gt; 1 mmol/l (male), ≤ 1.2 mmol/l (female) n (%)</td>
<td>30 (31.6)</td>
<td>5 (12.5)</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Reduced HDL levels were more common in BD pts vs the controls - 30 (31.6%) vs 5 (12.5%), p=0.03 as shown in table 1. Other traditional risk factors were sim-
ilarly present in both groups with no significant difference between BD pts and the controls.

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 healthy people in terms of lifetime risk for CVD. High lifetime risk ≥ angina pectoris and stroke) in both groups. There were no differences between

There was a significant negative correlation in BD patients between HRV (SDN-
N% and age (r= -0.4; p=0.00), disease duration (r= -0.3; p=0.00), BMI (r= -0.2; p=0.01), cholesterol levels (r= -0.3; p=0.00), LDLP (r= -0.3; p=0.00) and increased IMT (r= -0.2; p=0.04), and both between HDL (r= -0.2; p=0.04), disease duration (r= -0.2; p=0.01), cholesterol levels (r= -0.3; p=0.00), LDLP (r= -0.2; p=0.04); a positive correlation was established between HDL (r=0.2; p=0.04). The control group showed pos-
itive correlation between HDL (r=0.4; p=0.00).

**Conclusion:** HRV reduction reflects impaired sympathetic -parasympathetic regulation in BD pts, associated with pts' age, disease duration and presence of traditional cardiovascular risk factors, and improved HDL levels, LDLP, and such asymptomatic manifestation of atherosclerosis as increased IMT.

**Disclosure of Interests:** None declared

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**POS0116 HEART RATE VARIABILITY IN PATIENTS WITH BEHÈCTS DISEASE**

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**Background:** Behcet's disease (BD) is a systemic vasculitis affecting all types and sizes of blood vessels. Heart rate variability (HRV) reflects sympathetic-parasympathetic imbalance in the autonomic NS regulation. Low HRV values are known as independent risk factor of death and non-fatal cardiovascular events in both - survivors of a myocardial infarction and asymptomatic population.

**Objectives:** The aim of this study is to evaluate HRV in BD pts vs healthy controls.

**Methods:** The study group included 74 BD pts (53 males/21females) with disease duration of 9.0 (5.0;15.0)/9.0 (7;20) years, and the control group - 32/15 age-matched healthy m/f. The following HRV parameters from 24h ECG ambu-
laratory recording were assessed: MeanNN and time-domain variables, adjusted for age matching and such asymptomatic evaluation were.

**Results:** In BD patients HRV values (RMSSDn%) were significantly lower com-
pared to healthy controls (table 1).

**POS0177 RENAL AND OVERALL OUTCOMES OF DOUBLE-
POSITIVE (ANCA AND ANTI-GBM ANTIBODIES) PATIENTS COMPARED TO ANCA-ASSOCIATED VASCLITIS PATIENTS WITH SEVERE RENAL INVOLVEMENT: A MULTICENTER RETROSPECTIVE STUDY WITH SYSTEMATIC RENAL PATHOLOGY ANALYSIS**

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**Background:** Among small vessel vasculitis, double-positive patients (DP), 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 aim to compare characteristics between DP and ANCA-as-
associated vasculitis patients (AAVP) with severe-renal-involvement.

**Methods:** Retrospective multicenter study comparing 33 DPP and 45 severe-re-
nal-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%), muscularkeletal symptoms (21%), fever (18%), 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 crescen-
tic 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),