in 25 Patients (46.3% of cases). Anti-citrullinated peptide antibody (ACPA) was positive in 32 patients (59.3%). 4 patients (7.5%) had radiological impairments and 28 (51.9%) had specific deformations of RA. The average disease activity score (DAS28-CRP) and DAS28-ESR were respectively 4.1 ± 1.4 [1-7.3] 3.4 ± 1.5 [12-6.7]. Oral examination revealed a poor oral hygiene in 36 patients (69.2% of cases) and 4.7% of our patients (2 cases) were toothless. Xerostomia was observed in 32 patients (80%). Gingivitis was diagnosed in 26 Patients (52%). Localized in 6 patients (26.1%) and generalized in 17 patients (73.9%). 21 patients had periodontitis (41.2%). Baseline on bleeding index of Loie and Silkness (ISO) 27 patients (55.1%) had degree 2 and 9 patients (18.8%) had degree 3. Supragingival plaque and subgingival plaque were detected respectively in 45 patients (90%) and 47 patients (95.9%). In our study, tooth loss was significantly correlated with increased age (p=0.001) and post-menopausal status (p=0.03). Xerostomia, gingivitis and periodonditis were associated with increased age. But no association was found between oral manifestations and DAS28 nor biological inflammatory parameters.

Conclusion: Rheumatoid arthritis is destructive and disabling rheumatism with a great risk to develop dental and periodontal diseases. So, it is important to systematically control oral hygiene of our patients to prevent complications.

Disclosure of Interests: None declared

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PO50858
RHEUMATOID ARTHRITIS IS AN INFLAMMATORY DISEASE WITH A HIGH CARDIOVASCULAR RISK

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Background: Hypertension, diabetes, and dyslipidemia are traditional risk factors of cardiac events. Carotid ultrasonography is an available way to detect sub-clinical atherosclerosis.

Objectives: This study aimed to compare the intima-media thickness in RA patients based on their personal cardiovascular (CV) history of hypertension (hypertension), diabetes, and dyslipidemia.

Methods: The present study is a prospective study conducted on Tunisian RA patients in the rheumatology department of Mohamed Kassab University Hospital (March and December 2020). The characteristics of the patients and those of the disease were collected.

The high-resolution B-mode carotid US measured the IMT, according to American Society of Echocardiography guidelines. The carotid bulb below its bifurcation and the internal and external carotid arteries were evaluated bilaterally with grayscale, spectral, and color Doppler ultrasonography using proprietary software for carotid artery measurements. IMT was measured using the two inner layers of the common carotid artery, and an increased IMT was defined as ≥0.9 mm. A Framingham score was calculated to predict the cardiovascular risk at 10-years.

Results: Forty-seven patients were collected, 78.7% of whom were women. The mean age was 52.5 ± 11.06 [32-76]. The rheumatoid factor (RF) was positive in 57.8% of patients, and citrullinated antipeptide antibodies (ACPA) were present in 62.2%. The treatments taken were: Metrotexate (MTX) (54.5%), Sulfasalazine (SLZ) (1.8%), Leflunomide (LFN) (3.6%), a combination of cs-DMARDs (5.5%), and biotherapy (10.9%). The prescribed biotherapies were: Etanercept (3.6%), Adalimumab (1.8%), Certolizumab (1.8%), Infliximab (3.6%), Corticosteroids (CT) were prescribed in 38.2% of patients, non-steroidal anti-inflammatory drugs (NSAIDs) (3.6%), and analgesics (41.8%). CT had a protective effect on IMT in LIC (p=0.031) and RIC (p=0.016). MTX had a significant protective effect on IMT in LIC (p=0.002) and RIC (p=0.033). SLZ was associated with an increase in IMT at the LIC level (p=0.05). There was no association between NSAID use and IMT. MTX and CT were significantly associated with a decrease in SCORE (p=0.02; p=0.05, respectively). There was no significant association between SLZ or LFN and decreased SCORE (p=0.140; p=0.970).

Conclusion: In our series, patients taking MTX and CT had a lower IMT than those not taking these drugs. SLZ was associated with an increase in IMT. NSAIDs did not affect IMT in our study.

REFERENCES:

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PO50888
USUAL INTERSTITIAL PNEUMONIA DURING RHEUMATOID ARTHRITIS: PREVALENCE AND ASSOCIATED FACTORS

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Background: Lung involvement is the second common extrarticular manifestation of rheumatoid arthritis (RA). Its prevalence varies widely according to the screening tool used and it could reach up to 80% of patients. This lung disease can affect all the lung compartments. However, interstitial lung disease during RA needs a particular attention due to the increased morbidity and usual interstitial pneumonia (UIP) pattern especially due to its higher rate of mortality.

Disclosure of Interests: None declared

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Objectives: To determine the frequency and associated factors of UIP among RA patients.

Methods: This was a retrospective study conducted at the Rheumatology department at Farhat Hached University Hospital from 2005 to 2020. We included all RA patients who had undergone high-resolution computed tomography (HRCT) scans of the lung. Demographic data, disease characteristics, pulmonary function tests (PFT) and drugs intake were collected at the time of the realization of the HRCT. UIP pattern and NON-UIP patterns were based on HRCT results. Khi-2 and T-student tests were used in the univariate analysis. Binary logistic regression was used in the multivariate analysis. Statistical significance level was set at 5%.

Results: Fifty-nine patients with RA patients having HRCT of the lung were identified among them 27.1% (16) were male. The mean age of the patients was 60.27±11.3 years; the mean disease duration was 716 ± 2.9 years and current or previous smoking habits were recorded in 18.8% (11) of our population with a median. Secondary Sjögren's syndrome and cutaneous rheumatoid nodules were documented in 33.9% (20) and 10.17% (6) respectively. RA was erosive in 81.5% (48) of our population. The median tender joint count and the median swollen joint count were 10 and 4 respectively. The mean erythrocyte sedimentation rate (ESR) and the mean C-reactive protein (CRP) were 49±20.31 mm and 32±14.07 mg/dl respectively. The mean disease activity score (DAS 28 ESR) was 5.49±1.66. The median rheumatoid factor and Anti-CCP levels were 260 UI/ml and 68 UI/ml respectively. Exertional dyspnea (stage 2 or higher) was present in 42.37% (25) and inspiratory crackles were found in 22.4% (13) of our patients. PFT revealed a restrictive ventilatory defect, an obstructive pattern and a mixed pattern were found in 20.3% (12), 13.6 (8) and 3.4% (2) respectively. The mean DLCO value was 70±24.6%. According to HRCT results, parenchymal involvement was found in 83.1% (49) of our patients and among them, we documented UIP pattern in 18 (36.73%), Non Specific Interstitial Pneumonia (NSIP) in 14.28% (7), unclassifiable fibrosis in 14.29 (7), organizing pneumonia in 2% (1) and isolated pulmonary nodules in 32.6% (16). Pleural effusion was found in 5.1% (3) and airways disease in 15.3% (9). Medialial lymphaedonopathy was found in 15.25% (9). Abnormalities on HRCT lead to a change in treatment in 30.5% (18) of our patients. Compared to the group with a non-UIP pattern, male sex was significantly associated with UIP pattern on HRCT (47.4% vs. 17.2%, p=0.016). UIP pattern was significantly associated with smoking (37.5% vs. 9.4% p=0.02, Unadjusted OR=5.88, 95%CI=[1.27-27.634]), with cutaneous rheumatoid nodules (31.3% vs. 3.4%, p=0.017, Unadjusted OR=12.72, 95%CI=[1.31-121.658]) and with the presence of lymphoedema on HRCT (41.2± vs. 6.5%, p=0.004, Unadjusted OR=10.15, 95%CI=[1.803-57.140]). There was no significant difference between the two groups regarding age (p=0.454), disease duration (p=0.126), DAS28 (p=0.447), anti-CCP level (p=0.454). After multivariate analysis, male sex (Adjusted OR=11.58, 95%CI=[1.622-82.67] p=0.015), presence of lymphoedema on HRCT (Adjusted OR=10.53, 95%CI=[1.146-96.87], p=0.037) and exertional dyspnea (Adjusted OR=6.43, 95%CI=[1.036-40.011], p=0.046) were independently associated with UIP pattern.

Conclusion: UIP was present in 36.73% and it was the most prevalent pattern of lung involvement in RA. It was associated with male sex, mediastinal lymphaphedonopathy and exertional dyspnea.

Disclosure of Interests: None declared

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Rheumatoid arthritis - biological DMARDS

POS5090

SAFETY AND SENSITIVITY OF BIOLOGICS IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS IN A REAL WORLD STUDY: USE OF INTRAVENOUS GOLIMUMAB AND INFlixIMAB IN ADULTS WITH RHEUMATOID ARTHRITIS ≥65 YEARS OF AGE

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Background: AWARE is a real-world evidence-based (RWE) study evaluating the safety and efficacy of IV golimumab (GLM) and infliximab (IFX) in adults with RA.

Objectives: Evaluate safety and efficacy of IV GLM and IFX in elderly AWARE patients.

Methods: AWARE, a prospective non-interventional study (88 US sites), enrolled patients (pts) initiating either IV GLM or IFX. Pt management was at the discretion of treating rheumatologists. In a post hoc analysis, pts were grouped by age (<65/65-75yrs) and between pts with IFX dose escalation. Adverse events (AEs) were collected through the Week (Wk) 52 database lock (DBL; completed Wk52 or discontinued study) and at the end-of-study DBL (Wk104). The primary endpoint was proportion of pts with ≥1 infusion reaction through Wk52. Change from baseline in Clinical Disease Activity Index (CDAI) scores at Months 6 and 12 were secondary endpoints evaluated in biontive pts, including those with IFX dose escalation.

Results: 1270 pts (59% V/G, 41% V/I) were ≥65 yrs; 1047 (82%) pts were male; mean age was 60yrs (57%-65yrs, 43%-65yrs, and 7%-75yrs). Mean disease durations were 9yrs (IV GLM) and 7yrs (IFX). Comorbidities were generally similar between IV GLM and IFX groups but more common among pts ≥65 yrs.

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