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

Methods: This was a retrospective study conducted at the Rheumatology department of Fatih Hached University Hospital from 2005 to 2010. 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±113 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 Sjogren'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 260UI/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 36.2% (16). Pleural effusion was found in 5.1% (3) and airways disease in 15.3% (9). Medialinal lymphadenopathy 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. 17.5%, p=0.016). UIP pattern was significantly associated with smoking (37.5% vs. 9.4%, p=0.022, 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=[1.331-121.658]) and with the presence of lymphadenopathy 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=0.545), disease duration (p=0.11), disease activity and deformities suggesting a bidirectional relationship. These findings demonstrate an important need for integration of rheumatologic, social workers and mental health services.

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Rheumatoid arthritis - biological DMARDs

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SAFETY AND EFFICACY 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

J. Schechtman1, A. Broadwell2, S. Kafka3, S. Black4, S. Xu5, W. Langhoff6, S. Schwartzman7; 1Sun Valley Arthritis Center, Rheumatology, Peoria, United States of America; 2Rheumatology and Osteoporosis Specialists, Rheumatology, Shreveport, United States of America; 3Janssen Scientific Affairs, LLC, Immunology, Horsham, United States of America; 4Janssen Research & Development, LLC, Immunology, Spring House, United States of America; 5Weill Cornell Medical College, Rheumatology, New York, United States of America

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+75 yrs). Adverse events (AEs) were collected through the Week (W) 52 database lock (DBL; completed W52 or discontinued study) and at the end-of-study DBL (W104). The primary endpoint was proportion of pts with ≥1 infusion reaction through W52. Change from baseline in Clinical Disease Activity Index (CDAI) scores at Months 6 and 12 were secondary endpoints evaluated in bionaire pts, including those with IFX dose escalation.

Results: 1270 pts entered (920 IV GLM; 350 DBL IFX). 1047 (82%) pts were female; mean age was 60 yrs (57% <65 yrs, 43% ≥65 yrs, and 7% ≥75 yrs). Mean disease durations were 9 yrs (IV GLM) and 7 yrs (IFX). Comorbidities were generally similar between IV GLM and IFX groups but more common among pts ≥