Lucea10, L. Sáez-Comet11, A. Selva-O’callaghan12 on behalf of MEDRA5 group 3 (statistical significance, in comparison with group 1 and 2, p<0.01). Mor- 
detected in 9 cases (6 limited to skin, 1 renal and 1 intestinal), 6 of them in the 
cant differences between phenotypes. Vasculitis (one case ANCA positive) was 
cases (3 years interval between cancer and dermatomyositis) without signifi-
(p<0.01). Cancer was detected in 7 patients, only associated with myositis in 3 
median, IQR) in patients from group 1 [53 (43-60)] vs. group 2 [46 (40-56)]
Results: 

3.1%), group 2: antisynthetase-like phenotype (23 patients, 25.5%), and group
Methods: We retrospectively analyzed the clinical and immunological data of
Background: Idiopathic inflammatory myopathies are a heterogeneous group of 
systemic autoimmune diseases. Several phenotypes have been linked to specific 
autointeractions. Clinically amyopathic dermatomyositis with rapidly progressive 
intestinal lung disease, the most severe form ofILD, is associated with the anti-
and assessed the impact of ranitidine and PPI in twenty patients with 
Reumatologia, Hospital Marqués de Valdecilla, Santander), Prieto-González

Background: Mycophenolate mofetil (MMF) is an effective treatment option for 
sclerosis (SSC). However, many patients require co administration of proton pump inhibitors (PPI) or H2 receptor blockers (HRB) because of 
meaningful gastrointestinal manifestations in SSC. Co-treatment with PPI or HRB have been shown to be associated with reduced drug exposure in 
other three treatments and these were analysed together using 
Results: Sixty-six patients (73.3%) were diagnosed with clinically amyopathic dermatomyositis. Three different phenotypes linked with the anti-MDAS anti-

pheno...
REFERENCES:

Of MMF drug level monitoring is essential when these agents are prescribed with the availability of MMF in patients with systemic sclerosis. To avoid therapeutic failure.

**Conclusion:**

As coadministration of PPI or HRB can significantly reduce the bioavailability of MMF in patients with systemic sclerosis. To avoid therapeutic failure of MMF drug level monitoring is essential when these agents are prescribed with the availability of MMF.

**REFERENCES:**


**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.3898

### Table 1. Pharmacokinetics and GI score with MMF in combination with PPI / HRB

<table>
<thead>
<tr>
<th>Parameter</th>
<th>MMF</th>
<th>MMF + R</th>
<th>MMF + E</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUC</td>
<td>6797 (62.73, 73.20)</td>
<td>53.04 (44.80, 61.27)</td>
<td>45.69 (41.10, 50.28)</td>
</tr>
<tr>
<td>T-MAX</td>
<td>42.00 (33.60, 50.40)</td>
<td>46.50 (32.48, 60.52)</td>
<td>79.50 (58.99, 100.01)</td>
</tr>
<tr>
<td>C-MAX</td>
<td>29.61 (26.74, 32.46)</td>
<td>15.14 (11.32, 18.97)</td>
<td>12.62 (10.58, 14.66)</td>
</tr>
</tbody>
</table>

**Disclosure of Interests:**


**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.3898

### POS0890

**MACROVASCULAR DYSFUNCTION AND ITS CLINICAL IMPLICATION IN SYSTEMIC SCLEROSIS**

D. Baini1, C. Kavadiachanda1, V. Neel1, Jawaharlal Institute of Postgraduate Medical Education and Research, Clinical Immunology, Puducherry, India

**Background:** Even though microvascular dysfunction has been implicated in pathogenesis of scleroderma (SSc), there is minimal evidence to suggest presence of macrovascular dysfunction. The clinical implication of macrovascular dysfunction in SSc is unknown. Moreover, data on the correlation between dysfunction in small and large blood vessel is inconclusive. [1-2]

**Objective:** To study the correlation between macrovascular dysfunction as assessed by percent change in flow mediated vasodilation (FMD) of brachial artery and microvascular dysfunction as assessed by nail fold capillaroscopy (NFC) findings in SSc. To assess the clinical impact of macrovascular dysfunction.

**Methods:** This cross-sectional comparative study enrolled patients with SSc and age and gender-matched healthy controls. FMD change was calculated using standard USG probe of 5 to 6 MHz in right brachial diameter from the average of 3 consecutive end diastolic frames. NFC was performed using portable nail fold capillary microscope at 800X magnification. Clinical features of SSc were compared between SSc patients with and without macrovascular dysfunction.

**Results:** This study enrolled 59 SSc patients including 29 (49.2%) diffuse, 20 (33.9%) limited, 08 (10.2%) sine SSc and 2 patients (3.4%) with myositis over -

**Conclusion:** Macrovascular dysfunction in SSc is substantial and it seems to be independent of the microvascular dysfunction. The clinical implications of macrovascular dysfunction are yet to be identified.

**REFERENCES:**


**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.3916

### POS0891

**IMPROVED SURVIVAL IN SYSTEMIC SCLEROSIS PATIENTS DURING LAST DECADE: CURRENT FINDINGS AND COMPARISON WITH DIFFERENT PREVIOUS ITALIAN CORHOTS**

F. Cacciapaglia1, E. De Lorenzis2, M. G. Lazzaroni3, A. Corrado4, M. Fornaro5, G. Natalello2, F. Monti5, A. Altimore5, L. Usoro1, F. P. Cantatore6, S. L. Bosello7, A. Arp8, F. Iannone9,10. Rheumatology Unit - University and AOUC Policlinico of Bari, Department of Emergency and Organ Transplantations, Bari, Italy;

Division of Rheumatology, Fondazione Policlinico Universitario A. Gemelli IRCCS, Università Cattolica del Sacro Cuore, Roma, Italy;

Rheumatology and Clinical Immunology Unit, ASST Spedali Civili, Brescia, Italy;

Rheumatology Clinic, Department of Medical and Surgical Sciences - University of Foggia, Foggia, Italy

**Background:** Systemic Sclerosis (SSc) is a chronic rheumatic disease characterized by an autoimmune disorder with vasculopathy that leads to an excess in collagen and other extracellular matrix proteins deposition. This process results in progressive fibrotic and vascular damage of skin and visceral organs.

**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.3916

### Table 1. Comparison of various parameters between the SSc patients with healthy controls.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Frequency (percentage)/median (interquartile range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSc patients (n=59)</td>
<td>Healthy controls (n=64)</td>
</tr>
<tr>
<td><strong>Demographic details</strong></td>
<td></td>
</tr>
<tr>
<td>Age in years</td>
<td>38 (27-46)</td>
</tr>
<tr>
<td>Gender</td>
<td>03 (5.1%)</td>
</tr>
<tr>
<td>Female</td>
<td>56 (95.1%)</td>
</tr>
<tr>
<td><strong>FMD findings</strong></td>
<td>4.54 (3.13-8.82)</td>
</tr>
<tr>
<td><strong>NFC findings</strong></td>
<td></td>
</tr>
<tr>
<td>Number of capillaries*</td>
<td>51 (38-63)</td>
</tr>
<tr>
<td>Average capillary density*</td>
<td>3.19 (2.38-3.94)</td>
</tr>
<tr>
<td>Disorganized architecture (%)</td>
<td>375 (12.5-375)</td>
</tr>
<tr>
<td>U shape (%)</td>
<td>50 (36.59-68.09)</td>
</tr>
<tr>
<td>Abnormal (%)</td>
<td>36.11 (14.03-55.26)</td>
</tr>
<tr>
<td>Enlarged (%)</td>
<td>10.63 (2.94-24.68)</td>
</tr>
<tr>
<td>Giant (%)</td>
<td>21.05 (0-45.45)</td>
</tr>
<tr>
<td>Microhemorrhages (%)</td>
<td>6.25 (0-12.5)</td>
</tr>
<tr>
<td>Neoaangiogenesis (%)</td>
<td>3.85 (0-20)</td>
</tr>
<tr>
<td>Avascular area (%)</td>
<td>50 (3125-75)</td>
</tr>
</tbody>
</table>

*parameters with statistically significant (p-value< 0.001) difference among two groups. SSc; Systemic Sclerosis, FMD; flow mediated vasodilatation, NFC; nail fold capillaroscopy

**Figure 1. Scatter plot showing correlation between FMD percentage change and average capillary density.**

**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.701


**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.3916