and prior steroid use, tenosynovitis and higher CRP). The presence of risk factors was unlikely to require additional immunosuppression. The presence of risk factors for severe disease at baseline may indicate higher initial steroid dose or earlier adoption of immunosuppression to improve outcomes.

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Table 1. Unadjusted and adjusted odds ratios (OR) for outcome of requiring csDMARDs and/or bDMARDs

<table>
<thead>
<tr>
<th>Unadjusted OR</th>
<th>p-value</th>
<th>Adjusted OR</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 1.00</td>
<td>0.977</td>
<td>0.99</td>
<td>0.989</td>
</tr>
<tr>
<td>Female gender</td>
<td>1.61</td>
<td>0.198</td>
<td>1.41</td>
</tr>
<tr>
<td>Prior Chemotherapy</td>
<td>0.052</td>
<td>0.220</td>
<td>0.38</td>
</tr>
<tr>
<td>Already on steroids at baseline visit</td>
<td>1.55</td>
<td>0.024</td>
<td>1.74</td>
</tr>
<tr>
<td>Presence of tenosynovitis</td>
<td>&gt;4</td>
<td>0.005</td>
<td>3.39</td>
</tr>
<tr>
<td>CDAI</td>
<td>1.05</td>
<td>0.01</td>
<td>1.05</td>
</tr>
</tbody>
</table>

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

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POS0953

ASSOCIATION BETWEEN SARCOPENIA AND RISK OF MAJOR ADVERSE CARDIAC AND CEREBROVASCULAR EVENTS IN A POPULATION FROM THE UK BIOBANK DATABASE

Keywords: Sarcopenia, Prognostic factors, Comorbidities

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Background: Few studies on the risk of incident major adverse cardiac and cerebrovascular events in presarcopenic and sarcopenic patients have been reported, with contradictory results [1].

Objectives: The objective was to assess the association between sarcopenia and sarcopenia, and higher risk of major adverse cardiac and cerebrovascular events.

Methods: It was a retrospective analysis of the UK Biobank prospective cohort, using data collected between 2006 and 2021. Community-dwelling Caucasian participants aged 37 to 73 years were included if values for Handgrip Strength and Skeletal Muscle Index were available, and if no history of a major adverse cardiac and cerebrovascular event was reported. Exposure was assessed using the European Working Group on Sarcopenia in Older People 2 (EWGSOP2) criteria [2]. Muscle strength was measured using Handgrip Strength, and muscle mass using the Skeletal Muscle Index (from Bioelectrical Impedance Data). Presarcopenia was defined as low Handgrip Strength with normal Skeletal Muscle Index, whereas sarcopenia was defined as low Handgrip Strength with low Skeletal Muscle Index. Participants with presarcopenia and sarcopenia were merged to form a single group (PreSarc) and were compared against a group of non-sarcopenic participants (NonSarc). To determine whether sarcopenia and/or presarcopenia were predictors of major adverse cardiac and cerebrovascular events, composite events: acute myocardial infarction, angina pectoris, ischemic or hemorrhagic stroke, and transient ischemic attack, whether fatal or non-fatal.

Results: A total of 406,411 participants (women: 55.7%; median age: 58.0 (IQR: 50.0; 63.0) years) were included. At baseline, 18,612 participants (4.6%) were allocated to the PreSarc group. Over a median follow-up of 12.1 years (IQR: 11.4; 12.8), 28,300 participants (7%) were diagnosed with at least one event. Compared to NonSarc, PreSarc was significantly associated with a higher risk of major adverse cardiac and cerebrovascular events (fully adjusted HR=1.25, 95%CI=[1.18; 1.30]) and CDAI and =1.58, 95%CI=[1.31; 1.90], respectively).

Conclusion: In a community-dwelling population, the risk of major adverse cardiac and cerebrovascular events was higher in both presarcopenic and sarcopenic participants.

REFERENCES:

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Disclosure of Interests: None Declared.

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POS0953

PROGRESSIVE PULMONARY FIBROSIS IN CONNECTIVE TISSUE DISEASE ASSOCIATED INTERSTITIAL LUNG DISEASES

Keywords: Lungs, Outcome measures

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Background: Progressive pulmonary fibrosis (PPF) is characterized by deterioration of respiratory symptoms, lung function decline and progressive fibrosis on high-resolution computed tomography (HRCT). It is associated with poor prognosis. Patients with connective tissue disease-related interstitial lung disease (CTD-ILD) may also develop PPF and need intensified clinical management. However, different criteria for PPF are used in trials (i.e. INBUILD and RELIEF) and the ATS/ERS/JRS/ALAT 2022 guideline.[1-3] This variety in criteria complicates study comparison and clinical implication.

Objectives: To explore the prognostic relevance for mortality of different PPF criteria in patients with CTD-ILD.

Methods: This is a single center retrospective cohort study in patients with CTD-ILD or interstitial pneumonia with autoimmune features between 2005 and 2021. The prognostic relevance was compared between the INBUILD criteria[1], the ATS/ERS/JRS/ALAT 2022 criteria[3], and the simplified progressive fibrosing (simplified PF) criteria used in a previous cohort ≥10% relative decline in FVC, ≥15% relative decline in DLCO, or progression of fibrosis on HRCT within two-years[4] in the time-dependent receiver operator characteristic model.

Results: The cohort consisted of 230 patients. The median age was 63 years (IQR 54—69), and 122 (53%) were female. The most prevalent CTD was rheumatoid arthritis (n=77, 33%), followed by 38 (17%) patients with idiopathic inflammatory myopathies and 33 (14%) with primary Sjogren's syndrome. Various HRCT patterns were observed at baseline: UIP in 63 (27%) patients, fibrotic NSIP in 21 (9%), cellular NSIP in 25 (11%), mixed NSIP in 79 (34%), OP in 34 (15%), two (1%) mixed NSIP/OP, and other patterns in six. The median follow-up period was 6 (3—9) years. Mortality risk was independently associated with age (adjusted HR=1.07, p < 0.001), smoking history (adjusted HR=1.90, p = 0.045), period of fibrosis on HRCT at baseline (adjusted HR=1.05, p = 0.018) and baseline DLCO % predicted (adjusted HR=0.97, p = 0.013). PPF was observed in 61 (27%) patients meeting INBUILD criteria, 53 (23%) meeting ATS/ERS/JRS/ALAT 2022 criteria, 136 (59%) meeting simplified PF criteria and 125 (54%) when using simplified PF criteria with a threshold for HRCT ≥5% increase in the extent of fibrosis. The prognostic relevance for mortality did not differ between simplified PF criteria, INBUILD and ATS/ERS/JRS/ALAT 2022 criteria; the prognostic relevance improved when the simplified PF criteria defined HRCT progression with a ≥5% increase in fibrosis. (Figure 1)

Conclusion: Higher age, smoking, increased extent of fibrosis and low baseline DLCO were associated with poor prognosis. The prognostic value was similar between the different PPF criteria and increased during the first three years and achieved a plateau thereafter.

REFERENCES: