Background: Cardiovascular (CV) risk due to accelerated atherosclerosis and impaired metabolism can be increased in idiopathic inflammatory myopathies (IIM) on behalf of systemic inflammation, limited mobility, and glucocorticoid therapy.

Objectives: This study aimed to evaluate CV risk in patients with IIM in comparison to healthy controls (HC) and to assess its association with disease-specific features.

Methods: 90 patients with IIM (70 females; mean age 56.6; mean disease duration 5.95 years; dermatomyositis: n=29, polymyositis: n=12, immune-mediated necrotizing myopathy (IMNM): n=20, anti-synthetase syndrome: n=29) and 180 HC (130 females, mean age 54.3) were included. In both groups, subjects with a history of CV disease (angina pectoris, myocardial infarction, cerebrovascular, peripheral and other arterial vascular events) were excluded. Muscle involvement, disease activity, and tissue damage were evaluated (by MMT-8, MITAX, MDCI, respectively). Comorbidities and current treatment were recorded. All participants underwent examinations of carotid intima-media thickness (CIMT), pulse wave velocity (PWV), ankle-brachial index (ABI), and body composition (by densitometry (DXA) and bioelectrical impedance analysis (BIA)).

Results: To determine the incidence and epidemiology of ASSD associated with at least one major clinical manifestation (myositis, ILD) and clinical manifestations that may include Hospitalitis disease (ILD), myositis, arthritis, Raynaud’s phenomenon (RP), fever and mechanic’s hands (MHs).

Results: The estimated cumulative incidence of ASSD between 2016 and 2019 in Catalonia was 1.66 cases per 100,000 inhabitants. Despite the absence of specific ANA was present in 58.4%, predominantly Ro52 (48%), Rheumatoid factor, ACPA and ANCA were positive in 13.6% 4.6% and 4.3% respectively. The mean age at first symptom was 58.5 years (DE 15.4) and 78.3% southern european canadians. Sixty three per cent worked in the tertiary sector and 20.5% in the secondary. Some environmental exposure were recognized in 17%, being contact with animals and asbestos the most common, and 38.8% were smokers or ex-smokers. Anti-Jo1 was the most frequent ARS (39.2%), followed by PL7 (28.8%), PL12 (21.6%), EJ (5.6%) and OJ(4.8%). ANA were positive in 74%, mostly with a cytoplasmic pattern (59.3%). Another specific ANA was present in 58.4%, predominantly Ro52 (48%). Rheumatoid factor, ACPA and ANCA were positive in 13.6% 4.6% and 4.3% respectively. The mean age at first symptom was 58.5 years (DE 15.4). All patients presented at least one major manifestation: 45.6% one, 40.8% two and 13.6% three. ILD was present in 90.3%: subacute/chronic pattern (59,3%). Another specific ANA was present in 58.4%, predominantly Ro52 (48%), Rheumatoid factor, ACPA and ANCA were positive in 13.6% 4.6% and 4.3% respectively. The mean age at first symptom was 58.5 years (DE 15.4).

Conclusion: This cross-sectional cohort study in IIM patients demonstrated a significantly increased risk of subclinical atherosclerosis and CV risk, and also an increased prevalence of traditional CV risk factors compared to HC with comparable age and gender distribution. The most unfavorable feature were seen in patients with IMNM. All scoring systems for CV risk screening underestimated the CV risk in IIM when using the CV risk according to ultrasound findings. SCORE2 appeared to be the most accurate tool in IIM.

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Disclosure of Interests: None Declared.

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POS228

CARDIOVASCULAR RISK IN PATIENTS WITH MYOSITIS COMPARED TO THE GENERAL POPULATION

Keywords: Myositis, Cardiovascular disease

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The estimated cumulative incidence of ASSD between 2016 and 2019 in Catalonia was 1.66 cases per 100,000 inhabitants. Despite the absence of specific ANA was present in 58.4%, predominantly Ro52 (48%). Rheumatoid factor, ACPA and ANCA were positive in 13.6% 4.6% and 4.3% respectively. The mean age at first symptom was 58.5 years (DE 15.4).

Results: The estimated cumulative incidence of ASSD between 2016 and 2019 in Catalonia was 1.66 cases per 100,000 inhabitants. Despite the absence of specific ANA was present in 58.4%, predominantly Ro52 (48%). Rheumatoid factor, ACPA and ANCA were positive in 13.6% 4.6% and 4.3% respectively. The mean age at first symptom was 58.5 years (DE 15.4).

Conclusion: This cross-sectional cohort study in IIM patients demonstrated a significantly increased risk of subclinical atherosclerosis and CV risk, and also an increased prevalence of traditional CV risk factors compared to HC with comparable age and gender distribution. The most unfavorable feature were seen in patients with IMNM. All scoring systems for CV risk screening underestimated the CV risk in IIM when using the CV risk according to ultrasound findings. SCORE2 appeared to be the most accurate tool in IIM.

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POS227

CAPISAS PROJECT: INCIDENCE AND EPIDEMIOLOGY OF ANTISINTETASE SYNDROME IN CATALONIA (SPAIN) BETWEEN 2016 AND 2019

Keywords: Myositis, Autoantibodies


Background: Antisynthetase syndrome (ASSD) is an autoimmune disease characterized by the presence of antinuclear RNA-synthetase antibodies (ARS) and clinical manifestations that may include Hospitalitis disease (ILD), myositis, arthritis, Raynaud’s phenomenon (RP), fever and mechanic’s hands (MHs).

Methods: Retrospective multicentrical observational study. All patients with a first ARS (Jo1, PL7, PL12, OJ, EJ) positive during the period study were selected. Patient identification was carried out through the immunology laboratories of all the hospitals of the public catalan network. We estimated the cumulative incidence in the average population of Catalonia between 2016-2019 (7526.982 individuals) and collected demographic, epidemiologic, clinical and immunologic data.

Results: We identified 201 patients with ARS, 125 of them met ASSD criteria. The estimated cumulative incidence was 1.66 cases per 100,000 inhabitants. Most were women (62.9%) with a mean age at diagnosis of 58.9 years (DE 15.4) and 78.3% southern european canadians. Sixty three per cent worked in the tertiary sector and 20.5% in the secondary. Some environmental exposure were recognized in 17%, being contact with animals and asbestos the most common, and 38.8% were smokers or ex-smokers. Anti-Jo1 was the most frequent ARS (39.2%), followed by PL7 (28.8%), PL12 (21.6%), EJ (5.6%) and OJ(4.8%). ANA were positive in 74%, mostly with a cytoplasmic pattern (59.3%). Another specific ANA was present in 58.4%, predominantly Ro52 (48%). Rheumatoid factor, ACPA and ANCA were positive in 13.6% 4.6% and 4.3% respectively. The mean age at first symptom was 58.5 years (DE 15.6). All patients presented at least one major manifestation: 45.6% one, 40.8% two and 13.6% three. ILD was present in 90.3%: subacute/chronic pattern (59,3%). Another specific ANA was present in 58.4%, predominantly Ro52 (48%). Rheumatoid factor, ACPA and ANCA were positive in 13.6% 4.6% and 4.3% respectively. The mean age at first symptom was 58.5 years (DE 15.6).

Conclusion: The estimated cumulative incidence of ASSD between 2016 and 2019 in Catalonia was 1.66 cases per 100,000 inhabitants. Despite the absence of diagnostic criteria for ASSD, the presence of ARS is a necessary condition to