

**Results:** The prevalence of ILTB was 26.7%. Of the total positive PT and Booster (n=50), QTF-G-IT was positive only in 15 patients (30%). The agreement between PT and QTF-G-IT was 0.33 ( $p < 0.05$ ). In the subgroups, a moderate agreement was found in patients who did not take corticosteroids ( $k=0.45$ ,  $p < 0.05$ ) and greater than the global one in those who had risk factor for ITLB ( $k=0.37$ ,  $p < 0.05$ ).

**Conclusion:** In our study the agreement between PT and QT-G-IT is low in general, being somewhat higher in unvaccinated patients and with a high probability for ILTB. Taking this result into account due to the low concordance, the ideal ILTB screening strategy in patients who are going to start a anti-TNF would consist of performing both tests.

#### References:

- Goletti D, Petrone L, Ippolito G, Niccoli L, Cantini F, Goletti D, et al. Expert Review of Anti-infective Therapy Preventive therapy for tuberculosis in rheumatological patients undergoing therapy with biological drugs with biological drugs. *Expert Rev Anti Infect Ther.* 2018;16(6):501-12.
- Ortiz AM, González-álvaro I, Laffón A. Mecanismos de acción de fármacos modificadores de la evolución de la artritis reumatoide. 2001;420-7.
- Algood HMS, Lin PL, Flynn JL. Tumor necrosis factor and chemokine interactions in the formation and maintenance of granulomas in tuberculosis. *Clin Infect Dis.* agosto de 2005;41 Suppl 3:S189-93.
- Bopst M, Garcia I, Guler R, Ollerros ML, Rulicke T, Muller M, et al. Differential effects of TNF and LTalpha in the host defense against *M. bovis* BCG. *Eur J Immunol.* junio de 2001;31(6):1935-43.
- Winthrop KL, Novosad SA, Baddley JW, Calabrese L, Chiller T, Polgreen P, et al. Opportunistic infections and biologic therapies in immune-mediated inflammatory diseases: consensus recommendations for infection reporting during clinical trials and postmarketing surveillance. *Ann Rheum Dis.* diciembre de 2015;74(12):2107-16.
- Randhawa PS. Lymphocyte subsets in granulomas of human tuberculosis: an in situ immunofluorescence study using monoclonal antibodies. *Pathology.* julio de 1990;22(3):153-5.
- Gardam MA, Keystone EC, Menzies R, Manners S, Skamene E, Long R, et al. Anti-tumour necrosis factor agents and tuberculosis risk: mechanisms of action and clinical management. *Lancet Infect Dis.* marzo de 2003;3(3):148-55.
- Keane J, Gershon S, Wise RP, Mirabile-Levens E, Kasznica J, Schwieterman WD, et al. Tuberculosis associated with infliximab, a tumor necrosis factor alpha-neutralizing agent. *N Engl J Med.* octubre de 2001;345(15):1098-104.
- Gomez-Reino JJ, Carmona L, Valverde VR, Mola EM, Montero MD. Treatment of rheumatoid arthritis with tumor necrosis factor inhibitors may predispose to significant increase in tuberculosis risk: a multicenter active-surveillance report. *Arthritis Rheum.* agosto de 2003;48(8):2122-7.

**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2020-eular.3395

#### AB1283-HPR GASTROINTESTINAL INVOLVEMENT AND QUALITY OF LIFE IN A COHORT OF SYSTEMIC SCLEROSIS (SSC) PATIENTS

K. ElAoufy<sup>1</sup>, I. Antola<sup>2</sup>, C. Sciortino<sup>2</sup>, S. Bellando Randone<sup>3</sup>, S. Guiducci<sup>1</sup>, D. Furst<sup>1,4,5</sup>, M. Matucci-Cerinic<sup>1</sup>. <sup>1</sup>University of Florence, Department of Experimental and Clinical Medicine, Florence, Italy; <sup>2</sup>University of Florence, Florence, Italy; <sup>3</sup>University of Florence, Department of Experimental and Clinical Medicine, Florence, Italy; <sup>4</sup>University of Washington, Seattle, Washington, United States of America; <sup>5</sup>Division of Rheumatology, UCLA, Los Angeles, California, United States of America

**Background:** SSC is an autoimmune disease characterized by fibrosis of the skin and several internal organs involvement. The gastro intestinal tract is often affected causing a wide symptomatology that can involve the oesophagus, stomach and/or intestine.

**Objectives:** To assess the gastro-intestinal tract with the UCLA SCTC GIT 2.0 questionnaire and the adherence to the Mediterranean diet with the Mediterranean Diet Score in a cohort of SSC patients.

**Methods:** 18 SSC patients classified with ACR/EULAR criteria (limited and diffuse subsets) were enrolled from January to April 2019, from the outpatient clinic of the University of Florence, Division of Rheumatology, Careggi Hospital. UCLA SCTC GIT 2.0 questionnaire for gastro-intestinal involvement (range 0-3), Mediterranean Diet Score (MDS range 0-14) for adherence to the Mediterranean diet, Health Assessment Questioning (range 0-3) for disability and SF-36 (range 0-100) for the quality of life were administered to patients. Data on weight and height were collected for the calculation of the Body Mass Index (BMI).

**Results:** the 18 SSC patients included had an average BMI of  $23.9 \pm 4.7$  (M  $\pm$  SD): only one patient was underweight (BMI=16.6) and 4 patients were overweight (BMI > 25). Our results show good adherence to the Mediterranean diet with a score of  $9.78 \pm 2.24$  (M $\pm$ SD) to the MDS. The quality of life assessed by SF-36 show scores were below the cut-off (<50), showing an impaired quality of

general life (mental summary index =  $36.32 \pm 11.35$  and physical summary index =  $39.53 \pm 8.61$ ). Patients disability, assessed by HAQ, reports some difficulty in carrying out daily life activities due to the disease ( $0.52 \pm 0.53$  - M  $\pm$  SD).

Gastro-intestinal involvement, measured with the UCLA GIT 2.0 questionnaire, shows moderate symptoms (0.50-1.00) in most items (reflux, abdominal distension, social function and emotional well-being), while a lower score (0.00-0.49) it was found in other items (diarrhea, constipation and faecal incontinence). Therefore, the total score of gastrointestinal involvement is moderate ( $0.42 \pm 0.38$  M  $\pm$  SD).

**Conclusion:** In SSC, Gastrointestinal involvement has a significant impact on quality of life, influencing the eating habits and sometimes leading to nutritional deficiencies. Further studies to analyse the eating habits of SSC patients are needed.

#### References:

- Wojteczek A, Dardzińska JA, Małgorzewicz S, Gruszecka A, Zdrojewski Z. Prevalence of malnutrition in systemic sclerosis patients assessed by different diagnostic tools. *Clin Rheumatol.* 2020 Jan;39(1):227-232. doi: 10.1007/s10067-019-04810-z. Epub 2019 Nov 16.
- McMahan ZH Gastrointestinal involvement in systemic sclerosis: an update. *Curr Opin Rheumatol.* 2019 Nov;31(6):561-568. doi: 10.1097/BOR.0000000000000645.
- Smith E, Pauling JD The efficacy of dietary intervention on gastrointestinal involvement in systemic sclerosis: A systematic literature review. *Semin Arthritis Rheum.* 2019 Aug;49(1):112-118. doi: 10.1016/j.semarthrit.2018.12.001. Epub 2018 Dec 6.

**Disclosure of Interests:** Khadija El Aoufy: None declared, Irene Antola: None declared, Costanza Sciortino: None declared, Silvia Bellando Randone: None declared, Serena Guiducci: None declared, Daniel Furst Grant/research support from: AbbVie, Actelion, Amgen, BMS, Corbus Pharmaceuticals, the National Institutes of Health, Novartis, Pfizer, and Roche/Genentech, Consultant of: AbbVie, Actelion, Amgen, BMS, Cytos Therapeutics, Corbus Pharmaceuticals, the National Institutes of Health, Novartis, Pfizer, and Roche/Genentech, Speakers bureau: CMC Connect (McCann Health Company), Marco Matucci-Cerinic Grant/research support from: Actelion, MSD, Bristol-Myers Squibb, Speakers bureau: Acetelion, Lilly, Boehringer Ingelheim  
**DOI:** 10.1136/annrheumdis-2020-eular.4957

#### AB1284-HPR RELIABILITY OF STEP TEST IN SUBJECTS WITH TOTAL KNEE ARTHROPLASTY

M. Eymir<sup>1</sup>, E. Yuksele<sup>1</sup>, B. Unver<sup>1</sup>, K. Sevik<sup>1</sup>, V. Karatosun<sup>2</sup>. <sup>1</sup>Dokuz Eylul University, School of Physical Therapy and Rehabilitation, Izmir, Turkey; <sup>2</sup>Dokuz Eylul University, Department of Orthopedics and Traumatology, School of Medicine, Izmir, Turkey

**Background:** Patients with TKA show impairments in standing balance up to 1 year after surgery. The impaired standing balance in TKA patients was found to be associated with falls risk and decreased functional level. Assessing of standing balance with objective and reliable assessments tools would therefore be extremely useful for determining accurate exercise program, and risks of falling, especially during the rehabilitative period when ambulation is at its most unsteady (1, 2). The stepping maneuver requires adequate strength and motor control to stabilize the body over the stance limb while the other leg is stepping, therefore the Step Test (ST) provides significant information for dynamic standing balance and lower limb motor control (3). The reliability of ST is reported in patient groups such as stroke, however, there is not any study that investigates the reliability of ST in patients with TKA in the current literature.

**Objectives:** The purposes of this study were to determine the test-retest reliability and the minimal detectable change (MDC) of the ST in patients with TKA.

**Methods:** 40 patients with TKA due to knee osteoarthritis, operated by the same surgeon, were included in this study. Patients performed trials for ST twice on the same day. Between the first and second trials, patients waited for an hour on sitting position to prevent fatigue. The ST assesses an individual's ability to place one foot onto a 7.5-cm-high step and then back down to the floor repeatedly as fast as possible for 15 seconds. The score is the number of steps completed in the 15-second period for each lower extremity. Scores for each lower extremity were recorded separately. Prior to the testing, the ST was demonstrated by the tester and all participants were allowed to a practice trial.

**Results:** The ST showed an excellent test-retest reliability (ICC<sub>2,1</sub>=0.95) in this study. Standard error of measurement (SEM) and MDC<sub>95</sub> for ST were 0.37 and 1.02, respectively.

**Conclusion:** This study found that the ST has an excellent test-retest reliability in patients with TKA. It is an effective and reliable tool for measuring dynamic standing balance and participant falls. As a performance-based clinical test, the ST is easy to score, can be applied in a short time as part of the routine medical examination. Therefore, inclusion of ST into a more comprehensive battery of