median was $ 528 USD (IQR $ 774). The countries where the highest payment was given to residents were Costa Rica ($ 2637), Panama ($ 2200) and Peru ($ 1574), while in Cuba, Chile and Colombia there is no payment to residents. Finally, in 8 countries (42.11%) residents must not pay for their postgraduate studies, the average annual tuition expense in the rest of countries is $ 1248 (SD $ 2749).

Conclusions: The conditions associated to rheumatology training in Latin America are widely variable. For instance, relevant differences can be found regarding payment to residents and tuition fees. Four countries in Latin America do not offer rheumatology training programs at this time. The collected information will be useful for future research projects in each country and within PANLAR.

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DEPRESSIVE SYMPTOMATOLOGY IN PATIENTS WITH AUTOIMMUNE DISEASES

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Background and objectives: Rheumatic diseases are a set of autoimmune conditions that involve multiple systems, mainly inflammatory; however, there are other disorders that can be associated independently from disease activity that prevent the proper control of these diseases. Within these conditions are affective disorders, with depression and its symptoms being the most prevalent. The present study tries to evaluate the incidence of depressive symptoms and their relationship with the activity of autoimmune diseases in a cohort of patients in a rheumatology outpatient service unit of the Guatemalan Social Security Institute.

Methodology: A cross-sectional study was carried out on a group of patients who were cared for at the rheumatology outpatient clinic. These patients had different autoimmune pathologies previously classified with the corresponding criteria for each of them. These pathologies were grouped by type of disease activity according to their corresponding indexes (remission, mild, moderate and high). The Hamilton scale for Depression was applied to all patients. This scale is comprised of 21 parameters of mood disorders. Subsequently, the scale was staged in degrees of involvement (no condition, minor, moderate, severe and very severe). Written informed consent was obtained from all patients at recruitment. Descriptive statistics were used for demographic variables and Chi-square for associations.

Results: A total of 50 patients with Rheumatoid Arthritis (36%), Systemic Lupus Erythematosus (30%), Inflammatory Myopathies (10%), Spondyloarthropathies (4%), Systemic Sclerosis (4%) and others (16%) were included; Mean age 40.56 (+/- 11.8) years and duration of illness 6.7 (+/- 4.67) years, 70% were in remission of the disease during the study. 35/50 of the patients had some degree of depressive condition (lower 25.7%, moderate 25.7%, severe 5.7% and very severe 43%); the most prevalent symptoms were Early (78%), Intermediate (56%), and Late (66%) Insomnia, Psychic anxiety (58%), Somatic anxiety (66%), General somatic symptoms (72%), and Disease awareness (58%).

Conclusions: The present study demonstrates a high incidence of depressive symptoms in patients with autoimmune diseases. No association was found between disease activity and depressive symptoms (p = 0.691), which suggests that affective disorders are independent of disease control and should be addressed concomitantly.

Table 1. DEPRESSIVE CONDITION

Degree of symptomatology	Frequency	%
No condition	15	30.0
Minor	9	18.0
Moderate	9	18.0
Severe	2	4.0
Very severe	15	30.0
Total	50	100.0

Table 2. PREVALENT SYMPTOMS

	Frequency	%
Early Insomnia	39	78
Intermediate insomnia	28	56
Late insomnia	33	66
Psychic anxiety	29	58
Somatic symptoms	36	72

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AXIAL INVOLVEMENT IN PSORIATIC ARTHRITIS. ANALYSIS OF ITS CHARACTERISTICS IN A GROUP OF EARLY DIAGNOSED PATIENTS.

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Objective: To date, there is no consensus that allows an appropriate definition of axial involvement in PsA, that ranges between 25 to 70%. To estimate the prevalence of axial involvement in patients with newly diagnosed PsA and to describe their characteristics and differences.

Materials and methods: An observational study included patients older than 18 who entered the fast track evaluation program (Reumacheck-APS) according to the following criteria: arthritis, dactylitis or enthesitis, associated with psoriasis. Those admitted to the circuit underwent: blood test (ESR and CRP), x-ray films of joints and joint and enthesis ultrasound. Sociodemographic data, level of education and habits, DAPSA and HAQ were also recorded. If the patient reported axial symptoms, date and age of onset, characteristic of low back pain, received NSAIDs and response, VAS for pain, morning stiffness, x-ray films and MRI of the sacroiliac joints, HLA B27, BASDAI and BASFI were collected. The clinical assessor was blinded for the complementary studies that were collected by another observer. Statistical analysis: descriptive statistics were performed and in the low back sample, Chi square, Fisher's exact and Student or Mann Whitney tests were applied, logistic regression.

Results: 65 patients were diagnosed with PsA in the circuit between 2018 and 2019, 55% were women, mean age was 49 (SD 12.5), with a median duration of symptoms until the diagnosis of 3 years (RIC: 5-8).

37% (CI: 25-49) presented clinical axial involvement. The characteristics of low back pain were: inflammatory 76%, sacroiliac test 70%, HLA B27 21%, positive x-ray films 40%, MRI 56%, good response to NSAIDs 55%, morning stiffness: 30 mint (15- 40), BASFI 5 (3.8-5.6), BASDAI 4.1 (3-5.8), age of onset 44 (36-50), time between low back pain and the diagnosis of PsA 4 years (1 -9.7).

In patients with PsA and axial involvement, a higher number of enthesitis was observed median 2 (0-1) vs 0 (0-1) p 0.001, higher DAPSA: median 17 (14-19) vs 12 (5-16) p 0.02, and greater functional alteration: HAQ of 0.8 (0.5-1) vs. 0.5 (0.1-1.2). No difference was found regarding sex, smoking, peripheral ultrasound abnormalities, or acute phase reactants. In the logistic regression analysis, only enthesitis was independently associated.

Conclusion: The prevalence of axial symptoms in our cohort was 37%, the characteristics were mostly inflammatory and with activity by BASDAI. Patients with axial symptoms had more severe PsA characteristics, with greater activity (DAPSA), functional restrictions as assessed by the HAQ and enthesitis.

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DLCO AND SCLERODERMA-RELATED INTERSTITIAL LUNG DISEASE: A CASE REPORT.

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Introduction: Scleroderma is a systemic disease that can affect the lungs. It is known that most of the deaths in patients with scleroderma are due to lung involvement. One third of patients with interstitial disease have an associated connective tissue disease such as scleroderma. We present 2 cases of patients with Scleroderma-related-ILD who received medications according to the values obtained from their lung function tests.

Case 1: 62-year-old male patient with a previous diagnosis of scleroderma (ANA 1:160, SLC-70 and anti-centromere negative). Has cough, breathlessness and Raynaud of 1 month in duration. Physical examination: perioral folds, decreased oral opening, salt and pepper lesions, sclerodactyly and Raynaud's