respondents with RA and 1 in 3 AJIA who had either clinical levels or a formal diagnosis of anxiety or depression had never received any psychological support.

Conclusion: This survey indicates that despite meeting the criteria for anxiety or depression a majority of people with RA and AJIA have not been formally diagnosed with a mental health condition and many are not receiving the support they should. It is therefore an imperative for rheumatology services to routinely measure anxiety and depression in order to intervene before the individual is in crisis. Acting early by sign-posting and referring on to specialist services has the potential to improve a person's physical and psychological well-being.

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New assessments in clinical practice

OP0319	**DIAGNOSTIC ACCURACY OF ULTRASOUND IN CALCIUM PYROPHOSPHATE DEPOSITION DISEASE: PRELIMINARY RESULTS OF THE OMERACT US IN CPPD SUB-GROUP**

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Background: 9The OMERACT Ultrasound (US) in calcium pyrophosphate deposition disease (CPPD) sub-task force has been working on the assessment of the utility of US in CPPD since 2014 first creating definitions for CPPD identification and then demonstrating that US is a reliable tool[1].

Objectives: Objective of this study is to assess the diagnostic accuracy of US in CPPD

Methods: This is a multicentre international diagnostic accuracy study involving 17 centres from 9 countries. We enrolled in this study consecutive patients waiting to undergo knee replacement surgery due to severe osteoarthritis. Each patient underwent US examination of the knee, focusing on the menisci and the hyaline cartilage, the day prior to surgery, scoring each site according to the presence/absence of CPP as defined by OMERACT[1]. After surgery, the menisci and the condyles were collected and examined microscopically. Six samples were collected, both from the surface and from the internal part of menisci and cartilage trying to cover a large part of the structure. All slides were observed under transmitted light microscopy and by compensated polarised microscopy. A dichotomous score was given for the presence/absence of CPP crystals. US and microscopic analysis were performed by blinded operators. Sensitivity and specificity of US were calculated using microscopic findings of the menisci and cartilage as the gold standard.

		[95% Confidence Interval]	
Prevalence	40%	23%	59.4%
Sensitivity	83.3%	51.6%	97.9%
Specificity	61.1%	35.7%	82.7%
ROC area	.722	.562	.882
Likelihood ratio (+)	2.14	1.14	4.03
Likelihood ratio (-)	.273	.073	1.02
Odds ratio	7.86	1.42	41.2
Positive predictive value	58.8%	32.9%	81.6%
Negative predictive value	84.6%	54.6%	98.1%

Results: These preliminary analyses include 30 patients. The mean age was 71yrs (SD±9.1), 19 (63%) were females. 17 patients were positive at US analysis and 12 at microscopic analysis. Diagnostic accuracy results of US at patient level, are presented in figure 1.

Conclusion: These preliminary results demonstrate that US is a sensitive exam for identification of CPPD with acceptable specificity. US is the first diagnostic technique with consistent reliability and validity to be applied for non-invasive screening for CPPD in clinical practice.

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