

2.16 Effectiveness of a combined CTD-ILD service:3 years experience at a large tertiary care centre in Ireland

¹Samreen Tariq, ¹Lynn Fox, ¹John Stack, ¹Katherine O'Reilly

¹Mater Misericordiae University Hospital, Dublin, Ireland

Background: Multi-disciplinary connective tissue disease-Interstitial lung disease (CTD-ILD) clinics can potentially improve outcomes. Mater Misericordiae University Hospital initiated this service in 2021 and we present a service evaluation over a 3 year period. **Methods:** Retrospective analysis of the CTD-ILD clinic data over 3 years (April 2021-April 2024) was carried out through the Hospital's electronic record keeping system. We analysed clinical diagnosis, patient demographics, therapeutic management and mortality in our cohort. **Results:** A total of 36 patients were seen. All patients had evidence of pulmonary fibrosis reported on their high resolution computerised tomography (HRCT) chest. Smoking, female gender and high BMI were identified as risk factors. Of the 36 patients, 8 had rheumatoid arthritis (RA-ILD) and the remaining 28 had other forms of CTD. A total of 5 patients presented with respiratory failure and required intensive treatment unit admission. All of them received IV methylprednisolone, Cyclophosphamide and Rituximab and survived. 4 patients are on anti fibrotics, whereas the remaining patients are maintained on immunosuppression. 2/36 patients died over the 3 year period and were referred to the palliative care team for end of life care. **Conclusion:** Dedicated CTD-ILD service, not only improves diagnostic accuracy but also has a substantial impact on the clinical therapeutics. **Conflicts of Interest:** The authors declare that they have no conflicts of interest.