304 Thursday, 15 June 2017 Scientific Abstracts

domains (Lupus Symptoms, Physical Health, Pain-Vitality, Emotional Health and Body Image) were responsive to changes in patient reported and physician assessed health status (disease activity and damage) (Table 1). Procreation and Cognition domains showed responsive trends with patient reported change in health status, while Lupus Medications domain was responsive additionally to changes in Damage.

	A	Petient reported Change							Physician Assessed Change							
6	Anchor Used ->				Glood Change in Health			PGA		100	SELINA-SLIDAI			SD		
(2	Category	N	Mean Change	Pivalue	N	Ween Change	Pysye	N	Mean Change Pivalue	N	Melan Che	Pivelue -	N 0	lean Change	P velue	
LugusPRO HRQQL	Worse	123	-3.64	<0.000	117	-3.74	40.001	72	-3.22 0.008	49	-2.72	0.020	21	-7.66	0.00	
	Same	130	0.17	5000	130	025		251	-0.12	340	-0.12	(S. 175)	403	0.31	1000	
	Setter	138	2.86	0	128	236	Second .	200	2.08	40	3.8	S			- NAVALE	
Lupus Symptoms	Worse	117		0.034	227	+2.71	0.015	72	48.22 c0.00t	49	-0.78	0.002	21	-0.36	014	
	Same	133	-1.02	-	133	-118		251	0.76	340	0.30		403	0.27		
	Better	158	8.11	0	158	3.11	2 2	300	3.77	45	6.23	i.e	0.0	- 0		
Cognition	Worse	119	4.0	0.101	227	+4.77	0.07	72	-2.48 0.808	- 49	4.79	0.535	21	-0.36	082	
	Same	133			155	-032	9 1	251	0.23	340	-0.55		400	-0.69		
	Better	120	1.05	2	150	101	9 3	300	-0.95	40	4.77	N TE				
Procreation	Worse	112	-2.75	0.08	227	-275	0.08	72	-2.42 0.925	45	-1.2	0.546	-21	4.27	0.21	
	Same	122		0.00	122	0.4		251	0.25	140	0.26		403	0.09		
	Better	133			158	127		203	0.95	4	-1.83					
Physical Health	Whose	12	-2.85	<0.001	127	-6.10	-0 m	72	4.600.048	49	4.80	<0.000	21	-0.90	015	
Lugus Medications	Same	135		40000	120	-0.19	-0.00	251	-0.54	343	-1.29	*0000	403	-0.39	0.1.	
	Better	150			158	3.23		303	1.95	45	9.00	-	403	0.0		
	Vorse	115	2.4	0165	117	1244	0.163	72	0.000.515	4	1.00	0.656	21	9.50	003	
	Seme	120		0.160	120	284	0.363	25:	1.64	14	1.32	0.630	403		.003	
	Setter .	130		_	136		_	200	4.31	44	-2.2	_	403	1.29		
						214	()								1150	
Pain-Vitality	Worse	113		0.005	117	-636	0.001	72	-3.75 0.008	49	-6.22	<0.000	21	-14.00	0.00	
	Same	130			120	-0.84	9	20	-2.41	342	4.58		403	-0.39		
	Better	136			158	278	V	203	4.00	4	9.88	<u> </u>				
Brotional Health	Worse	3,35		0.136	117	+1.20	0.347	72	41.74 0.377	48	-2.47	0.025	21	-20.52	0.00	
	Same	155			155	-0.38	1	253	-0.15	343	0.21		400	1.17		
	Better	156	2.98	9	138	2.98	9	300	3.21	45	7.89			- 3		
Body Irrege	Worse	113	4.4	0.002	117	-4.41	0.002		-3.29 0.06	45	-0.20	0.815	2.	-6.15	0.08	
	Same	230	2.29	1	133	2.29	Services	251	0.12	345	0.38	9 1000	400	0.75	100010	
	Better	138	2.34		156	2.34		200	3.29	41	2.07		8000			
LupusPRO non HRQOL	Worse	122	-1.6	0.127	117	-138	0.139	72	0.34 0.575	49	-0.79	0.930	21	-1.96	0.60	
	Same	122	1.25	5	1.50	1148	8 5	25	0.25	. 340	-0.25	20	400	-0.25		
	Better	136	1.67	e e	138	1.67	8 8	305	-1.66	- 44	10.90			100		
Desires-Goals	Worse	115	2.8	0.144	227	-3.28	0.544	72	<.08 0.308	- 49	0.64	0.860	21	-3.62	015	
	Same	155	-3.15		1.55	12.86	1 18	251	0.40	340	4.43		405	-0.69		
	Setter	156	1.90	ž.	158	1.9	9 3	205	-1.60	44	-1.37	3				
Social Support	Worse	112	-2.50	0.962	227	+286	0.796	72	3 12 0 20	- 4	0.26	0.408	22	4.6	0.66	
	Same	135			130	-218	-	251	-0.25	340	4125		403	1.29		
	Better	158		5	138	-024	2	200	4.19	45	-7.52	×	0 1			
Coping	Worse	115		0.429	227	-092	0.475	72	0.56 0.271	- 49	44	0189	21	< 5	0.59	
	Same	135		4-2	155	1118		25	1.42	341	2.00	0	403	1.27		
	Better	158	2.58	0	158	2.58		200	-1.96	45	0.00					
Setisfaction with Treatment	Worse	112	0.5	0.448	117	148	0.356	72	1.74 0.237	3	0.80	050	21	1.00	0.90	
	Same	155		0.000	155	-2.06	0.501	251	-0.34	240	0.06	0,4	403	0.42	0.50	
	Setter	150			150	245	-	105	4.22	45	3.00	-				

Conclusions: LupusPRO summary HRQOL and HRQOL domains show responsiveness to changes in patient-reported and physician assessed changes in health status in this observational study among Chinese SLE patients. Results support inclusion of LupusPRO into larger clinical trials to allow for robust estimates of responsiveness.

Disclosure of Interest: None declared DOI: 10.1136/annrheumdis-2017-eular.3943

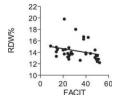
THU0265 | IDENTIFYING THE LINKS BETWEEN IRON DEFICIENCY AND FATIGUE IN ADOLESCENTS AND YOUNG ADULTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Between 80-90% of patients with systemic lupus erythematosus (SLE) report fatigue to be the single most troublesome and debilitating symptom of their illness.1 Recent studies have found that functional iron deficiency and iron deficiency anaemia have been linked with fatigue and decreased cognitive performance.2 Increased red blood cell distribution width (RDW) is an early indicator of iron deficiency that can be useful in assessing iron stores in patients with SLE who may have an elevated serum ferritin due to underlying inflammation. Objectives: To investigate the relationship between early iron deficiency (measured by RDW) and fatigue in adolescents and young adults with SLE.

Methods: Adolescent and young adult patients with SLE were recruited prospectively between November 2016 and January 2017. All patients were asked to complete the Functional Assessment of Chronic Fatigue Illness Therapy (FACIT) Fatigue Scale v4, in which a numerical score between 0-52 is generated. Lower scores indicate more fatigue. Standard measures of lupus disease activity including Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP), Complement C3 levels, anti-double stranded DNA binding (anti-dsDNA) and SLEDAI were recorded. Haemoglobin (Hb) and RDW were also measured. Anaemia was defined by World Health Organisation criteria (male Hb <130g/L and female Hb <120g/L). Non-parametric analysis was performed using Spearman's rank with a p-value < 0.05 felt to be significant.

Results: 33 patients aged between 16.7 and 27.5 years (median age 20) were included. 85% of the patients were female. Their FACIT scores were lower than those published for healthy individuals of the same age group - median 24, IQR 22-44 for SLE vs median 43, IQR 35-48 for healthy. There was no statistically significant correlation between FACIT Fatigue score and SLEDAI (p=0.92), antidsDNA (p=0.36), C3 levels (p=0.37), ESR (p=0.30) or CRP (p=0.85). Interestingly a statistically significant negative correlation between FACIT Fatigue score and RDW was observed (p=0.012; r=-0.43). A correlation between FACIT Fatigue



score and Hb was noted although this was not statistically significant (p=0.079). 12 of the 33 patients were found to be anaemic (11 female, 1 male). Analysis of the sub-group of 21 non-anaemic patients found FACIT Fatigue Score and RDW continue to show a statistically significant association (p=0.026; r=-0.49)

Conclusions: Fatique is a common and debilitating symptom described by young patients with SLE. Standard serological and clinical markers of disease activity did not correlate with the burden of fatigue. Increased RDW has been shown for the first time to correlate with increased fatigue in patients with lupus, suggesting that iron deficiency may play a significant role in the manifestation of this troublesome symptom. A trial of therapeutic iron infusions in the treatment of fatigue in SLE is planned.

References:

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Disclosure of Interest: None declared DOI: 10.1136/annrheumdis-2017-eular.2440

THU0266 DAMAGE INDEXES IN PATIENTS WITH SYSTEMIC LUPUS **ERYTHEMATOSUS AND SECONDARY ANTIPHOSPHOLIPID** SYNDROME: DIAPS VS SLICC/ACR DAMAGE INDEX

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Background: Systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS) are systemic autoimmune diseases that have overlaping irreversible organ damages. Since SLICC/ACR Damage Index (SDI) misses key features of APS, the Damage Index in patients with Thrombotic Antiphospholipid Syndrome (DIAPS) was proposed.

Objectives: To assess the differences in indexes available for measuring organ damage in a cohort of patients with SLE and secondary APS.

Methods: Clinical records of patients with SLE and secondary APS were reviewed. Data on medical history and clinical manifestations were collected. The two damage indexes, SDI and DIAPS, were applied. Comparison between the two indexes was done for each organ system affected.

Results: Sixty five clinical charts were reviewed, 5 had been excluded for incomplete information. SDI and DIAPS was recorded in 60 patients. Patient's mean age was 45.05±14.61 years, with mean disease duration of 9.47±6.96 years. Mean SDI in our cohort was 4,15±2.58 and mean DIAPS - 4.08±3.41. SDI correlated significant to DIAPS (R=0.826, p<0.000). Neuropsyhiatric manifestations were found in 25 patients (41.7%). Their mean SDI value was 4.92±2.73 and DIAPS value of 5.52±3.47. DIAPS value was higher in the subgroup of patients with neuropsyhiatric (p=0.006) and respiratory system damage (p=0.037). This difference was not observed regarding SDI value. DIAPS value correlated significantly to neurological (R=0.397, p=0.002) and pulmonary damage (R=0.364, p=0.004), but not to SDI value. No diferrences were observed between the two scores regarding perypheral vascular manifestation (DIAPS p=0.221, SDI p=0.136) and renal involvement (DIAPS p=0.062, SDI p=0.078).

Conclusions: SDI may underestimate APS related damage in patients with SLE and secondary regarding neurological and pulmonary organ involvement. Given the implications for high morbidity and mortality, DIAPS may be the appropriate damage score to be used.

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THU0267 | METABOLIC SYNDROME AND HEALTH-RELATED QUALITY OF LIFE IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic Lupus Erythematosus (SLE) is associated to a huge prevalence and incidence of cardiovascular diseases (CVDs) due to accelerated atherosclerosis. Several evidences demonstrated that metabolic syndrome (MeS) could contribute to CVDs burden in SLE. In general population, MeS components and, according to some reports, MeS itself are associated to worsened Health related Quality of Life (HR-QoL). In SLE patients, a severe decline of HR-QoL has been widely demonstrated.