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AB0560 PATIENTS WITH RHEUMATOID ARTHRITIS AND LUPUS HAVE SIMILAR PREVALENCE OF PERIODONTITIS – A CROSS-SECTIONAL SURVEY

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Background: Periodontitis (PD) is a chronic inflammatory disease of the gingival tissues triggered by a dysbiotic microflora and causing the loss of soft and hard tissues surrounding the dentition. Over the last two decades, PD has been linked to a systemic inflammatory response and an increased risk of other comorbidities including cardiovascular diseases and diabetes. Numerous observational studies have confirmed an association between PD and rheumatic diseases. Some evidence suggests an association with rheumatoid arthritis (RA) and a beneficial effect of periodontal treatment on RA outcomes. Scarce evidence instead exists on the association between PD and Systemic Lupus Erythematosus (SLE). The main aim of this study was to evaluate the prevalence of PD in RA and SLE.
Methods: We conducted a cross-sectional survey of consecutive eligible outpatients with RA and SLE attending the Rheumatology Department at UCLH. PD diagnosis was estimated administering a validated self-reported questionnaire. Medical histories, cardiometabolic risk factors and assessment of standard biomarkers of inflammation and RA activity were collected as part of the outpatients' visit.
Results: 86 patients affected by RA and 122 by SLE and 5 presenting both diseases were recruited and agreed to complete the questionnaire. PD was detected in 100 patients of the overall survey (47%). 38 (44%) patients with RA and 59 (48%) patients with SLE had prevalent PD. There was no statistically significant difference in the prevalence of PD between the two patients' groups (p=0.575). PD was associated with diagnosis of diabetes (p=0.023), hypertension (p=0.004) and hypercholesterolemia (p<0.0001). Diagnosis of PD was associated with increased levels of C-reactive protein (CRP) (2.8±3.3 vs 4.0±4.4, p=0.03) in the whole population. In RA patients PD was associated with increased CRP (3.2 ±3.2 vs 5.2±4.4, p=0.014) and ESR (9.8±10.0 vs 18.3±16.6, p=0.008).
Conclusions: Prevalence of PD is similar in both RA and SLE (approximately 45%) and to the UK national estimates (Adult Dental Survey 2009). PD could contribute to an increased inflammatory profile in patients with RA and SLE. Our data highlight the need of assessing oral health needs of patients with rheumatic diseases.
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AB0561 INFECTIONS IN NEWLY DIAGNOSED SPANISH PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM THE RELES COHORT

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Background: Infections continue to be an important source of morbidity and mortality in systemic lupus erythematosus (SLE).[1] Susceptibility to infections is thought to be due to a combination of disease related factors and immunosuppression, however differential contributions during disease course has not been yet studied.
Objectives: Using data of patients from the longitudinal inception cohort Registro Español de Lupus Eritematoso Sistémico (RELES), we aimed to analyse how predictors of infection change during the course of the disease.[2]
Methods: Two hundred and eighty-two patients from the RELES cohort were included. Markers of lupus activity, average prednisone doses and use of immunosuppressive drugs were compared between patients with and without infections within the first and second year of disease. For the analysis, drugs given during the first month of follow-up were considered for infections during the first year and medications given during the first year were considered for infections during the second.[3]
Results: Nineteen patients (6.4%) had a documented episode of infection during the first year of follow-up and 16 patients 8 (5.67%) during the second. The following variables were associated with infections during the first year: hypocomplementemia at diagnosis (p=0.01), nephritis at diagnosis (p=0.03), SLEDAI score (p<0.01), average dose of prednisone higher than 30 mg/day (p=0.01), methylprednisolone pulses (p=0.05) and mycophenolate use (p=0.02). The independent variables in the final model were hypocomplementemia (OR 4.41, 95% CI 0.96–20.2) and average dose of prednisone higher than 30 mg/day (OR 6.60, 95% CI 1.3–32.4). The following variables were predictors of infections during the second year in the univariate analysis: average dose of prednisone higher than 7.5 mg/day (p=0.05), methylprednisolone pulses (p=0.07), duration of therapy with antimalarials (p=0.09), mycophenolate use (p=0.01) and cyclophosphamide use (p=0.05). The independent variables in the final model were average dose of prednisone higher than 7.5 mg/day (OR 4.5, 95% CI 0.99–21) and duration of therapy with antimalarials as a protective factor (OR 0.99, 95% CI 0.99–1.00).
Conclusions: Patients with high baseline activity are at a higher risk of infection during the first months but intensive lupus therapy, specifically with medium-high doses of prednisone, is the strongest predictor of infectious events. Continued use of antimalarials protects from infections.

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AB0562 EXTRAGLANDULAR MANIFESTATIONS IN PATIENTS WITH PRIMARY SJÖGREN SYNDROME IN A TERTIARY HOSPITAL IN MADRID

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Background: Primary Sjögren syndrome (pSS) is a chronic autoinmune disorder characterised by generalised dryness. In a variable percentage of cases (up to 50%) patients can present extraglandular disease, which frequently determines the prognosis.
Objectives: To determine the frequency of both glandular and extraglandular disease in patients with SSp seen in a tertiary hospital in Madrid and to compare them with the frequency observed in the large cohorts (SER and EULAR).
Methods: A descriptive, observational cross-sectional study was conducted. We included patients with diagnosis of pSS according to the ACR/EULAR Classification criteria (2016) attended in our Rheumatology Unit from 2012 to 2017. A database was created, including clinical and epidemiological data and a descriptive analysis was carried out comparing the results with those obtained in the Sjögren-SER proyect and EULAR group.
Results: 106 patients with pSS were included. 92.5% were female (98), with a mean age at diagnosis of 45 years (range: 32–58). Frequency of exocrine gland disease is shown in table 1. Dry eye was the most frequent symptom (91%), with nearly half of them presenting ocular complications. 69.8% complained of dry mouth and 18.9% associated complications such as dysphagia and oral candidiasis. 16 patients (15%) suffered from recurrent parotiditis and 13 (12.3%) from salivary gland enlargement. Glandular disease also included xerosis (25%), dyspareunia (11.3%), upper respiratory tract dryness (12.3%) and atrophic chronic gastritis (14%). Frequency of extraglandular disease is shown in table 2. Chronic fatigue was the most frequent symptom, similar to the observed in both cohorts (50.9%), followed by arthralgia which was less frequent than in the Spanish cohort (40.6% vs 34.5%). 35 patients suffered from inflammatory arthritis and 3 cases associated fibromyalgia, less than the expected (2.8% vs 14.6% and 22%–33%). Sixteen patients suffered from interstitial lung disease, this being higher than the observed in both cohorts (15.1% vs 6.64% and 5%). Fewer patients suffered from depression compared with the EULAR group (24.5% vs 40%). Both peripheral neuropathy and renal disease were diagnosed in a percentage of patients similar to the expected (11.3% vs 8.92% y 1.88% vs 1.83% respectively). 7 patients had autoimmune thyroid disease. Finally, 5 patients (4.7%) developed lymphoma, 3 of them being MALT lymphoma of the parotid gland

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