a significantly positive correlation between circulating prolactin level and SLE activity (Correlation coefficient =0.379, 95% CI =0.026–0.487, p=4.0x10^{-9}).
Conclusions: Our meta-analysis demonstrated that circulating prolactin levels are higher in patients with SLE and that a significantly positive correlation exists between prolactin levels and SLE activity.
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Disclosure of Interest: None declared
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Vasculitis

AB0549 DEMOGRAPHIC FEATURES AND CLINICAL ASPECTS OF BEHÇET'S DISEASE IN OMANI PATIENTS

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Background: Behçet's disease (BD) is a chronic, relapsing, multi-system vasculitis of unknown aetiology. Few reports support the hypothesis that BD has a primarily hereditary basis. It complicated diversified clinical features predominantly involving oral and genital ulcers, ocular and cutaneous lesions. The clinical features of this disease have been described to be different according to geographical areas and gender.
Objectives: The objective of the study is to explore the demographic features and clinical aspects of BD in Omani patients.
Methods: 56 BD patients were recruited and clinical data parameters were recorded including age, sex, age at diagnosis, duration of symptoms till diagnosis, disease characteristics such as oral and genital ulcers, ocular manifestations, the presence of arthritis and cutaneous lesions such as papulopustular lesions and erythema nodosum. Furthermore, other systemic involvement was studied including gastrointestinal, neurological & vascular manifestations. Laboratory tests of BD and treatment used were recorded in each patient.
Results: The onset was between 6–74 years with a male predominance. Oral ulcers were the most common manifestation, followed by genital ulcers, ocular lesions and arthritis. Vascular lesions and GI manifestations were less common. Cutaneous manifestations were rare in patients with BD. The frequency of neurological involvement was significantly high. There were no reported cardiac or urogenital manifestations.
Conclusions: There are quite significant clinical geographical and gender differences among BD patients in which genetic and immunological factors might participate it's aetiopathogenesis.
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AB0550 AN AUDIT OF BEHCET'S SYNDROME RESEARCH: RECENT 6 YEARS

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Background: A previous audit by our group of Behçet's syndrome (BS) research, published in 2011 (1) had revealed a list of problems related to research methodology. They were mainly the relative lack of prospective studies, proper use of control groups, a marked under utilization of power calculations where needed and a paucity of studies reporting negative results.
Objectives: We have reassesed the same items as in the previous survey in articles about BS since published. An additional item looked at was self criticism in manuscript preparation (2).
Methods: Original articles from 15 highest impact factor journals of internal medicine, rheumatology, dermatology and ophtalmology between January 2010 and February 2016 were analyzed by two observers. Study designs, presence of necessary control groups, power calculations and reporting of negative outcomes were tabulated. Presence of self-criticism was assessed both by reading and specific word scanning. Discrepansies between the observers was reconciled in a joint session of all 3 authors.
Results: A total of 188 articles, 149 (79%) clinical and 39 (21%) basic, were analyzed. Of 94 studies in which a time-element classification was appropriate; 14% were prospective, 57% cross-sectional and 29% retrospective studies. There were only 3/188 controlled trials. Out of 71 studies in which the study design necessitated control groups, 69 (97%) had healthy and 30% had diseased while 2 did not have any control groups. 50 of the same 71 studies were about genetic association and 13 (26%) had diseased controls in addition to the usual healthy controls. Out of 107 studies in which power calculations were necessary, only18 (16%) gave power calculations. Of these 13 were belonged to 50 (26%) of the genetic association studies and 3/3 to the controlled drug trials. Among 107 studies in which a negative outcome could be expected only 12 studies (11%) reported scuh outcomes. Finally, by electronic scannnig, a limitation acknowledgement was present in 92/188 (49%) of articles [76/149 (51) for clinical and 16/39 (41%) for basic]. When self critique was assesed by text reading these percentages increased to 113 (60%) for total, 93 (62%) clinical and 20 (51%) for basic science studies.
Conclusions: Similar methodological problems seem to exist in current BS research as compared to what we had noted 6 years ago. The relative lack of basic science articles (21%) in a condition with a yet unknown cause (s) and the paucity of controlled clinical trials with the recent much increased avaliability of biologics are particularly worrisome. On the other hand; there was an increased inclusion of diseased controls in genetic association studies, 26% in the current and 13% in the former surveys. Similarly, an optimistic note might be that the currrent survey showed basic research in BS included more self-criticism (41–51%) as compared to what was noted among the general rheumatology manuscripts (15–20%) (2).
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AB0551 THE IMPACT OF TEMPORAL ARTERY BIOPSY ON DIAGNOSIS OF GIANT CELL ARTERITIS IN CLINICAL PRACTICE

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Background: Temporal artery biopsy (TAB) is the current gold standard for diagnosis of giant cell arteritis (GCA). Clinical manifestations of GCA include cranial symptoms, features of polymyalgia rheumatica (PMR), fever of unknown origin (FUO) and large vessel involvement, following by elevation of C- reactive protein (CRP) and erythrocyte sedimentation rate (ESR). In these patients TAB confirms diagnosis.
Objectives: In the current study the impact of TAB on diagnosis of GCA in a large number of patients is presented.
Methods: 245 patients who had undergo TAB were evaluated. All patients were more than 50 years old and were admitted in a tertiary University Hospital during the period 2006–2016. More specifically 164 were admitted in the division of internal medicine (DIM), 53 in the rheumatology clinic (RC), 6 in the eye clinic (EC) and 3 in the neurology clinic (NC). All the clinical and laboratory data were recorded and analyzed appropriately.
Results: The mean age of the patients was 68,6±5,6 year and 61,5% were women. 49/245 patients had positive TAB (21,17%). More specifically 5/6 positive TAB (83,3%) were ordered by the EC with signs of visual disturbances, mainly visual loss, diplopia and headache. 12/56 positive TAB (22,6%) were ordered by the RC with clinical features of headache and PMR. 31/164 (18,9%) with positive TAB were ordered by DIM with clinical signs of PMR, FUO and anemia of chronic disease and finally 1/3 with positive TAB (33,3) were ordered by the NC with clinical features of severe headache. All patients with positive TAB had elevated levels of CRP and ESR.
Conclusions: In elderly patients with cranial symptoms, visual disturbances, PMR, FUO and raised acute phase reactants, the possibility of GCA is very high and TAB is necessary to confirm diagnosis.
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AB0552 ANTIPHOSPHOLIPID ANTIBODIES IN GIANT CELL ARTERITIS

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Objectives: The aim of our prospective study was to evaluate the role of antiphospholipid antibodies (aPL) on the clinical presentation of giant cell arteritis (GCA).
Methods: GCA patients diagnosed for the first time between 1. September 2011 and 31. December 2016 at our secondary/tertiary rheumatology center and in whom aPL-Abs were determined at presentation were included. We studied four types of aPL-Abs in patient's sera: lupus anticoagulants (LA), IgG and IgM isotype of anticardiolipin antibodies (aCL), of antibodies to β2-glycoprotein 1 (aβ2GP1) and of antibodies to phosphatidylserine-prothrombin complex (aPS/PT). LA activity was determined only in patients not receiving anticoagulant therapy. A dilute Russell viper venom time test was used and a ratio above 1.2 was considered positive. aCL, aβ2GPI and aPS/PT were measured using an in-house ELISA. A value above the 99th percentile of healthy control population was taken as positive.
Results: During the 64-month observation period we performed all aPL-Abs tests in 121 GCA patients (81 females (66.9%); median (IQR) age 73.8 (66.4; 78.7) years). We found LA, aCL, aβ2GP1 and aPS/PT in 59 (48.8%), 55 (45.5%), 15 (12.4%) and 18 (14.9%) cases, respectively. Fifty-four patients (44.6%) were single, 25 (20.7%) double, 13 (10.7%) triple and 1 (0.8%) quadruple aPL-Abs positive. 28 patients (23.1%) were aPL-Abs negative. Clinical characteristics of individual aPL-Ab type groups are presented in Table 1. There was one case of