autoimmune disease, which mainly affects the salivary and lachrymal gland function. However, it is an autoimmune systemic disease with a widespread spectrum of systemic manifestations, which are now captured by validated scores (1).

Objectives: The aim of this restrospective study is to evaluate the disease course in a long-term follow-up, by focusing on the accrual of the systemic activity of the disease over time.

Methods: 254 patients suffering from pSS were studied. Mean (standard deviation) age at diagnosis was 52 (13) years. They were 235/254 (92,5%) females. Patients' chart were reviewed in order to compare the baseline ESSDAI score, ie calculated at the diagnosis, with the total ESSDAI accrual, by verifying the new onset ESSDAI domain and/or the worsening in already active ESSDAI domains in the whole available follow-up.

Results: The observation covered 9,1 (6,9) years of follow-up from the diagnosis to the last follow-up visit. The median (range) baseline ESSDAI was 4 (0–31), while the total ESSDAI score accrual up to the last visit was 7 (0–43) ($p<0,0001$, by Wilcoxon). The onset of new ESSDAI domains and/or worsening of already active ESSDAI domains was shown in 136/254 (53,5%) patients, accounting for a total amount of 210 onsets of new domains or worsening in the already active domains [9,1 (95% CI 5,2–27,7) events/100 patients/year]. There was no difference between patients with baseline ESSDAI score <5 and patients with baseline ESSDAI score ≥ 5 (56/103, 54,4% vs 66/121, 54,5%). In only 15/135 (11,1%), the biologic domain was the sole ESSDAI domain, which was worsened or newly recorded. Finally, the ESSDAI domains, which more frequently raised or worsened in the follow-up were haematological (42/210, 20%), biological (37/210, 17,6%), articular (37/210, 17,6%), lymphadenopathy (28/210, 13,3%), and peripheral nervous system (15/210, 7,1%).

Conclusions: Primary Sjögren's syndrome is not a benign disease, a half of patients showing an increasing disease activity, and probably damage, in terms of new onset or worsening of already existing manifestations, even when the disease activity is low at the onset. Importantly, clinically relevant changes over time are much more frequently observed than only biological changes, thus suggesting the need of a careful follow-up by experts, as well as the unmet need of effective treatments, according to disease activity and damage.

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FRI0264 EPIDEMIOLOGIC PROFILE OF ERECTILE DYSFUNCTION IN SLE: A MULTI-CENTER STUDY IN LATIN AMERICAN PATIENTS

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Background: Although systemic lupus erythematosus (SLE) has a higher prevalence in women, the disease usually has a more aggressive course in men. Information regarding erectile function in men with SLE is quite scant.

Objectives: The aim of this study was to describe the prevalence of erectile dysfunction (ED), as well as associated demographic and clinical features, in men with SLE, by means of a systematic, standardized evaluation.

Methods: We performed a transversal study in eight tertiary care centers in Latin America. We included male patients ≥ 16 years who fulfilled ≥ 4 ACR criteria for SLE, and who had regular sexual activity in the previous 6 months. Patients with other rheumatic diseases (except for APS), chronic viral infections and late-onset SLE were excluded. All patients answered the IIEF-5 Questionnaire, which has been validated in Spanish. Other relevant demographic, clinical and serological characteristics were documented. We included two control groups: the first one was made up by healthy men and the second by men with autoimmune diseases different from SLE (non-SLE group).

Results: We included 279 subjects (174 SLE, 55 non-SLE and 50 healthy controls). The prevalence of ED in SLE group 68% (*vs* 22% in healthy group, p=0.001). The mean age of patients with ED in the SLE group was 36.1±1.03, while in patients without ED it was 32.5±1.27 (p=0.022). Whereas there was no difference regarding ED prevalence between SLE patients and the non-SLE group (68 vs 60%, p=0.25), patients with other autoimmune diseases were 10 years older (46.3±1.60 years, p=0.001).

Among SLE patients with and without ED, the presence of persistent lymphopenia ($\leq$1000cells/mcl at three consecutive times, p=0.006), the prednisone dose (9.3±1.2 vs 5.3±1.2mg, p=0.026), as well as the SLICC damage score (1.2±0.1 vs 0.8±0.1 points, p=0.026), were significantly different. Comorbidities and other demographic, serological and treatment variables were not different between those groups. Multivariate analysis showed the following independent risk factors for ED in SLE patients: persistent lymphopenia (OR 2.79 CI95% [2.79–5.70], p=0.001) and corticosteroid use (any dose) in the previous year (OR 2.15 CI95% [1.37–3.37], p=0.001). Only 7% of patients had been questioned about their sexual function in the previous three visits to the rheumatologist; also, 81% of subjects considered it would be appropriate to be asked about their sexual function.

Conclusions: Regardless of comorbidities, treatment (excluding steroids) and type of disease activity, SLE patients have a high prevalence of ED, especially considering most patients are young and sexually active. Rheumatologists should be aware of the relevance of this problem in male SLE patients and should ask about this issues in regular visits.

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FRI0265 CYTOKINES AND CORRELATIONS WITH PATIENT REPORTED OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS AND POPULATION CONTROLS

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Background: In open questions patients with systemic lupus erythematosus (SLE) report fatigue as the most distressing symptom. Pro-inflammatory cytokines are generally suggested to contribute to fatigue in chronic diseases, however results are contradictory (1, 2). Patient reported outcome measures (PROMs) quantify patients' experiences of qualities like fatigue and depression, which have great impact on both physical and psychological wellbeing. If PROMs are associated with pro-inflammatory cytokine activity in SLE has not yet been well investigated

Objectives: In this study we explored the relationship between a large set of cytokines and self-assessments of fatigue, anxiety, depression and quality of life in a large group of patients with SLE and in matched controls.

Methods: In a cross-sectional setting, persons with SLE and age- and gender-matched population controls responded to PROMs, assessing fatigue (Multidimensional Assessment of fatigue Scale), depression/anxiety (Hospital Anxiety and Depression Scale) and health related quality of life (Medical Short Form 36 (SF-36)). 30 cytokines were analyzed (MSD 30-plex cytokine assay). Spearman's rank correlation coefficient (r_s) between cytokines and PROMs were calculated.

Results: 423 patients, age 46.6 (±15.3) and 315 controls age 47.5 (±14.6) (p 0.43) were included. Of 30 analyzed cytokines 20 gave reliable results and were correlated to PROMs. Five of the cytokines (IL-6, TNF-alfa, IL-15, MCP-1 and MIP-1-beta) correlated best ($r_s \geq 0.37$) with investigated PROMs (table 1). Fatigue correlated with TNF-α (r_s =0.32), IL-15 (r_s =0.31), and MIP-1-beta (r_s =0.32), $p<0.01$ for all. When summarizing SF-36 results we noted a pattern of stronger correlations between investigated cytokines and the physical component than the mental component. Anxiety and depression correlated, but weakly ($r_s<0.25$).

Table 1. Correlations between cytokines and patient reported outcomes

	IL-6	TNF-α	IL-15	MCP-1	MIP-1β
Fatigue	0.28**	0.32**	0.31**	0.29**	0.32**
Anxiety	0.05	0.12**	0.12**	0.06	0.10**
Depression	0.19**	0.25**	0.21**	0.19**	0.21**
Physical Function§	-0.38**	-0.41**	-0.37**	-0.42**	-0.42**
Role Physical§	-0.29**	-0.38**	-0.32**	-0.35**	-0.34**
Bodily Pain§	-0.24**	-0.29**	-0.28**	-0.27**	-0.30**
General Health§	-0.37**	-0.45**	-0.37**	-0.40**	-0.38**
Vitality§	-0.26**	-0.34**	-0.29**	-0.29**	-0.30**
Social Function§	-0.20**	-0.27**	-0.27**	-0.25**	-0.25**
Role Emotional§	-0.12**	-0.24**	-0.18**	-0.16**	-0.16**
Mental Health§	-0.11**	-0.20**	-0.19**	-0.15**	-0.17**
Physical Component Summary score§	-0.39**	-0.43**	-0.38**	-0.42**	-0.41**
Mental Component Summary score§	-0.07	-0.16**	-0.15**	-0.10**	-0.11**

**Spearman correlation is significant at the 0.01 level (2-tailed). §From SF-36.

Conclusions: Most PROMs were positively associated with pro-inflammatory cytokines. Fatigue and PROMs reflecting physical aspect of disease correlated most convincingly, while correlations with mental aspects were weaker.

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