AECG criteria and ACR/EULAR criteria, respectively. SGUS revealed SS-like changes in 37/64 patients (59%); interestingly, SS-like findings were observed in 22/23 patients in the European cohort, compared to 15/40 patients in the Brazilian cohort.

Conclusions: Common symptoms and findings in jSS include dry mouth, systemic manifestations and salivary gland enlargement, followed by reduced tear secretion and hyposalivation.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5804

SAT0271 IS THERE A NEED TO INCLUDE SEROLOGICAL PATTERN TO PREDICT DAMAGE IN PATIENTS WITH ANTIPHOSPHOLIPID SYNDROME: DIAPS APPLICATION

D. Mazilu[1], D. Potarniche[2], I. Saulescu[1], A. Borangiu[1], L. Groseanu[1], C. Constantinescu[1], V. Vlad[2], D. Opris[3], A. Balanescu[1], D. Predeteanu[1], R. Ionescu[1]. *[1]"Sfanta Maria" Clinical Hospital, "Carol Davila" University of Medicine; [2]"Sfanta Maria" Clinical Hospital; [3]"Sfanta Maria" Clinical Hospital, "Carol Davila" Univeristy of Medicine, Bucharest, Romania*

Background: Antiphospholipid syndrome (APS) is an autoimmune disease defined as the presence of antiphospholipid antibodies (aPL), at least a clinical thrombotic event and is associated with an important risk of organ damage. The new index proposed, Damage Index in patients with Thrombotic Antiphospholipid Syndrome (DIAPS) may be an useful tool to estimate cumulative damage in patients with primary and secondary APS. It includes 38 clinical items expanded to show the complexity of clinical manifestations in APS patients.

Objectives: The aim of this study is to analyze the serological pattern as potential predictive factor for an increased DIAPS.

Methods: All consecutive patients known with APS according to the Sapporo and/or Sydney classification criteria were included in our monocentric cohort. Data on medical history, clinical manifestations, aPL profile and medication were collected. DIAPS score was used to measure damage in each patient. The relationship between aPL profile and DIAPS score was analysed.

Results: Seventy six patients with APS were included: 11 patients with primary APS, 65 patients with secondary APS. Their mean disease duration was 9.59±7.39years. The most frequent clinical manifestation from DIAPS was the peripheral vascular (deep vein thrombosis, intermittent claudication, tissue loss, vascular venous insufficiency) found in 61.8% of patients, followed by the neuropsychiatric manifestations (46.1%). The mean DIAPS score in our cohort was 4.25±3.51, not significantly different between patients with primary vs secondary APS (4.72 vs 4.16, p=0.629). Lupus anticoagulant (LA) was found in 25 patiens (32.9%), anti cardiolipin antibodies (aCL) in 49 patients (64.5%) and antibodies to β2-glycoprotein I (β2GPI) in 23 patients (30.3%). There were 36 patients known with a single positive aPL (47.4%), 27 patients (35.5%)with 2 positive aPL and only 2 patients with triple positivity. There were no significant differences regarding antibody profile between patients with primary and secondary APS. Higher values of DIAPS were seen in patients with β2GPI (p=0.042) and with positivity for 2 aPL (p=0.003). DIAPS value correlated to the presence of β 2GPI (p=0.042, R=0.233) and to positivity for two aPL (p=0.003, R=0.341).

Conclusions: Our study suggests that double positivity for aPL, especially the presence of β2GPI confers an increased value of DIAPS in patients with primary and secondary APS.

References:

[1] M-C Amigo et al. Development and initial validation of a damage index (DIAPS) in patients with thrombotic antiphospholipid syndrome (APS). Lupus (2015) 24, 927–934.

[2] LM Amezcua-Guerra. Improving definitions for an index of cumulative organ damage in patients with the antiphospholipid syndrome (DIAPS). Lupus (2016) 25, 671–672.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.4105

SAT0272 LACK OF ASSOCIATION OF GLUCOCORTICOID EXPOSURE AND METABOLIC SYNDROME IN SLE

D. Apostolopoulos, A. Hoi, E. Morand. *Monash Health, Melbourne, Australia*

Background: The Metabolic Syndrome (MetS) is a disorder of energy utilisation and storage, associated with an increased risk of cardiovascular (CV) disease. MetS may contribute to the increased CV disease in SLE, but the prevalence, cause, and impact of MetS in SLE is poorly understood, as are the effects of glucocorticoid (GC) exposure.

Objectives: To characterise the prevalence of the features of MetS in a well-characterised cohort of SLE patients, and determine the effect of GC use on these parameters.

Methods: SLE patients studied as part of a single centre prospective longitudinal cohort. Disease activity (SLEDAI-2K), treatment and laboratory details were recorded at each visit. Other investigation results were collected from institution databases. MetS defined as ≥3 criteria[1]: BMI >30kg/m^2; triglycerides>1.7mmol/L; HDL-cholesterol <1.3mmol/L; blood pressure >130/85mmHg or treatment for hypertension; fasting glucose >5.6mmol/L or treatment for hyperglycaemia. Continuous variables were described as median (IQR), and compared using Kruskal-Wallis tests. Categorical variables were described as frequency and compared using Chi-squared tests.

Results:

	Total (289)	GC exposed (211)	GC not –exposed (78)	p-value
BMI >30kg/m^2	50 (17%)	33 (24%)	17 (22%)	0.22
éTriglycerides	80 (28%)	69 (33%)	11 (14%)	0.002
êHDL-cholesterol	95 (33%)	73 (35%)	22 (28%)	0.33
é Fasting glucose	32 (11%)	24 (11%)	8 (10%)	1.00
Hypertension	137 (47%)	110 (52%)	27 (35%)	0.01
Metabolic Syndrome	*49 (17%)*	*36 (17%)*	*13 (17%)*	*1.00*

289 patients were included (87% female; 51% Caucasian, 29% Asian), and median age at enrolment of 37.7y. Median follow-up was 3.43y (med 15 visits). Time adjusted-mean SLEDAI (AMS) over the study period was 3.67. 81% (211) patients received GC (time-adjusted mean 4.25mg prednisolone/d) and AMS was significantly higher in GC-exposed patients (4.19 vs 1.97 [EM1], p<0.01). MetS criteria were met by 49 (17%) of patients (Table 1). Hypertriglyceridaemia and hypertension were significantly more frequent in GC-treated patients, but the prevalence of obesity and other MetS domains, or MetS overall, were not. There were significantly more patients with MetS score =0 in the GC-exposed subset (43/78 vs 76/211 p<0.01).

The prevalence of obesity of 17% is lower than in the general population. There was no significant change in BMI across the period of observation and surprisingly, no association between GC exposure and change in BMI.

Conclusions: The prevalence of MetS in SLE was lower than previously reported in other, smaller, lupus cohorts [2,3]. This study suggests GC exposure was associated with hypertriglyceridaemia and hypertension in SLE. Potential negative effects of active disease on MetS domains require further investigation.

References:

[1] Alberti KGMM, Eckel RH, Grundy SM, et al. Harmonizing the metabolic syndrome: a joint interim statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood; AHA; WHF; International Atherosclerosis Society; International Association for the Study of Obesity. Circ 2009;120(16):1640–45.

[2] Parker B, Ahmad Y, Shelmerdine J, et al. An analysis of the metabolic syndrome phenotype in systemic lupus erythematosus. Lupus 2011;20(14):1459–65.

[3] Chung CP, Avalos I, Oeser A, et al. High prevalence of the metabolic syndrome in patients with systemic lupus erythematosus: association with disease characteristics and cardiovascular risk factors. ARD 2007;66(2):208–14.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6764

SAT0273 FACTORS RELATED TO ALEXITHYMIA IN SYSTEMIC LUPUS ERYTHEMATOSUS

D.P.E. Margiotta, F. Basta, M. Vadacca, G. Dolcini, M. Lo Vullo, A. Rigon, A. Afeltra. *Unit of Allergology, Immunology and Rheumatology, Università Campus Bio-Medico di Roma, Rome, Italy, Rome, Italy*

Background: Several evidences described a considerable prevalence of alexithymia among patients with chronic diseases, such as systemic autoimmune diseases. In patients affected by Systemic Lupus Erythematosus (SLE), alexithymia seems to be related to mood disorders and personality.

Objectives: In this study we evaluated alexithymia in relation to HR-QoL (Health related Quality of Life) and to factor associated to HR-QoL, such as mood disorders, fatigue, work ability, sleep quality and physical activity.

Methods: We consecutively enrolled SLE patients and healthy controls in a cross sectional study with a retrospective design. We wvaluated alexithymia by the Toronto Alexithymia Scale 20 (TAS-20). AHR-QoL was expressed by MOS-SF-36. Mood disorders was assessed by BDI and HAM-H. Fatigue was evaluated by Facit-Fatigue. Physical activity was quantified using International Physical Activity Questionnaire (IPAQ) and the sleep quality using the Pittsburgh Sleep Quality Index (PSQI). Work ability was assessed by Work Productivity and Activity Impairment (WPAI). Cognitive impairment was defined according to MOCA screening test.

Results: Fifty-two SLE patients and 50 age-matched healthy subjects were enrolled in the study. Mean TAS-20 score was significantly higher in SLE compared to controls (p<0.01). Alexithymic patients presented increased values of BDI score and HAM-H score (p<0.01 and p<0.05) and reduced Facit-Fatigue score (p<0.05). We found increased values of Work missed due to health problems and Activity impairment in alexithymic SLE subjects (p<0.05). SF-36 summary components PCS and MCS and SF-36 individual components did not significantly differ between alexithymic and non-alexithymic SLE. A greater proportion of alexithymic SLE patients presented fibromyalgia (p<0.05), low scholastic education (p<0.01), cognitive impairment according to MOCA test (p<0.01) and mild-to-severe depression according to BDI (p<0.01). We did not find differences among alexithymic and non alexithymic in MeS, obesity and physical inactivity prevalence. TAS-20 values positively correlated with BDI score (p<0.001), HAM-H score (p<0.01) and activity impairment score (p<0.01) and negatively with Facit-Fatigue score (p<0.01). In multiple linear regression,