FRI0096 THE ASSOCIATION BETWEEN MIGRAINE AND ANTIPHOSPHOLIPID ANTIBODY IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Various neurological manifestations have been considered to be important features of Systemic Lupus Erythematosus (SLE) and indicative of Central Nervous System (CNS) involvement. Few studies of SNC include headache and the real prevalence of headache in SLE remain unknown, but some authors consider it one of the most frequent neurological symptoms, especially during acute disease.

Objectives To determine the point prevalence and the different types of headache in patients with SLE. To investigate associations between headache and clinical and laboratory manifestation of SLE, corticosteroid therapy, disease activity and CNS involvement.

Methods A cross-sectional study of 40 patients with SLE was compared to 40 patients with rheumatoid arthritis (RA) and 40 controls. To assess the different types of headache an especial questionnaire was elaborated, according with ACR case definition. Systemic disease activity was measured by SLEDAI. Statistics were performed by chi-square test and by Fisher's exact test.

Results Headache was observed in 62.5% in SLE compared to 47.5% ($p = 0.26$) in RA and to 35.1% in controls ($p = 0.0247$). The types of headaches observed in SLE was migraine in 46%, tension headache in 36% and 20% had headaches during their menses. In RA we observed that 15.7% ($p = 0.05$) had migraine, 21% had tension headache, 37.5% had headache related to visual problems and 26% had headaches during the menses. In the control people group the prevalence of migraine was 23% ($p = 0.05$), tension headache 38% and headache during the in 38%. There was no significant association between headache and clinical manifestations of SLE, with laboratory abnormalities or the use of corticotherapy. A significant association in SLE was observed between seizures and migraine ($p < 0.001$) and between headache and disease activity ($p < 0.001$).

When comparing the presence of migraine to clinical and laboratorial results we observe a significant association with Raynaud's phenomenon ($p < 0.05$), LE cells ($p < 0.05$), antiphospholipid antibodies ($p < 0.001$).

Conclusion Migraine was more prevalent in SLE than in the control groups. The positive association between migraine and seizures and a higher score at SLEDAI could be related to a greater CNS involvement in these patients. In our study, migraine was associated to antiphospholipid antibodies.

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FRI0097 DIAGNOSIS OF NEUROPSYCHIATRIC SLE AND OTHER COLLAGEN-VASCULAR DISEASES USING INFRA-RED OCULOGRAPHY

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Background Minor cognitive deficits such as impaired intellectual performance, poor concentration and mental fatigue are common in patients with SLE and other autoimmune diseases.¹ There is however no single reliable method for the detection of CNS involvement from autoimmune diseases.

Objectives A non-invasive, highly-sensitive testing method, infra-red oculography² was used to investigate whether eye movements are affected in patients with suspected CNS involvement from various autoimmune diseases compared to a normal healthy control group.

Methods 10 patients (5 with SLE, 5 with other autoimmune diseases) with cognitive deficits and 10 control subjects were examined using infra-red oculography to measure disturbances of eye movements and to assess the usefulness in the evaluation of these patients.

Results There were no statistically significant differences between patients and controls when comparing amplitude, latency, duration and velocity of saccadic eye movements (SEM) but there was a significantly higher ($p < 0.05$) number of undershoots with corrective saccades in both groups of patients. In smooth pursuit eye movements (SPEM), there was no significant difference in the gain and delay between the patients and controls but a significantly higher number of correction saccades in patients ($p < 0.01$) could be shown.

Conclusion We conclude that the measurement of SEM and SPEM is a simple and non-invasive method for identifying suspected neuropsychiatric central nervous system involvement in patients with autoimmune disease.

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FRI0098 THE INCIDENCE AND CLINICAL CHARACTERISTICS OF MYCOBACTERIUM TUBERCULOSIS INFECTION AMONG SLE AND RA PATIENTS IN KOREA

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Background A prevalence rate in a general population estimated by chest x-ray was reported 1.03% in 1995.

Objectives The aim of this study was to describe the incidence and clinical characteristics of M. tuberculosis infection among SLE and RA patients in Korea.

Methods We assessed retrospectively 283 SLE and 284 RA patients with median disease duration of 6 years and 9 years, respectively.

Results Tuberculosis was documented from 15 SLE and 7 RA patients with the incidence rate of 7.9/1,000 patient-years and 2.3/1,000 patient-years, respectively ($p < 0.05$). SLE-associated tuberculosis included 3 miliary tuberculosis, 7 pulmonary tuberculosis (including 1 diffuse pulmonary involvement with meningitis) predominantly involved in mid-/lower lung field more than 2 lobes, and 5 extra-pulmonary forms (2 osteomyelitis, renal tuberculosis, laryngeal tuberculosis, pleurisy). Four out of seven pulmonary tuberculosis were relapsed cases even after adequately treated. All RA-associated tuberculosis were a pulmonary tuberculosis and most of them were localised to one lobe, and also only 1 case was relapsed. All patients were successfully treated