a significantly positive correlation between circulating prolactin level and SLE activity (Correlation coefficient =0.379, 95% CI =0.026–0.487, $p=4.0\times 10^{-9}$).

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 its 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 reassessed 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 ophthalmology 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. Discrepancies 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, only 18 (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 such outcomes. Finally, by electronic scanning, 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 assessed 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 availability 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 current 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).

References:

[1] Esen F, et al. An Audit of Behçet's Syndrome Research: A 10 year Survey. *J Rheumatol* 2011;38:99–103.

[2] Yazici H, et al. There was self critique among basic than in clinical Science articles in three rheumatology journals. *J Clin Epidemiol* 2014;67: 654–657.

Disclosure of Interest: None declared

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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 undergone 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.

Disclosure of Interest: None declared

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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 β 2-glycoprotein 1 (a β 2GPI) 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, a β 2GPI 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, a β 2GPI 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

concurrent venous thrombotic event in our group (in a patient without aPL-Abs). The presence of aCL was associated with extracranial large vessel vasculitis (RR 1.8 (95% CI 1.1–2.9)). Double- or triple-positivity for any combination of “classic” aPL (LA and/or aCL and/or aβ2GPI) emerged as a marker of severe visual manifestations (RR of 2.1 (95% CI 1.1–4.3) for permanent or transient visual loss in case of double or triple aPL positivity vs. LA, aCL and aβ2GPI negative cases). At least 1 year follow-up data (median (IQR) of 103 (54; 105) weeks) were available for 73 patients. 32 patients (43.8%) relapsed, most frequently those with positive aβ2GPI (62.5%).

Table 1. GCA and aPL

	All GCA	aPL	aCL positive	aβ2GPI positive	aPS/PT e positive	LA positive
Number of cases	121	28	55	15	18	59
Female (%)	66.9	67.9	72.7	60.0	66.7	66.1
General symptoms (%)	76.0	67.9	78.2	66.7	66.7	81.4
Headache (%)	69.4	82.1	61.8	66.7	61.1	71.2
Jaw claudication (%)	42.1	46.4	43.6	33.3	22.2	44.1
Visual symptoms (%)	24.0	35.7	20.0	13.3	22.2	16.9
PVL or TVL (%)	12.4	14.3	16.4	13.3	5.6	11.9
PMR (%)	14.0	14.3	16.4	6.7	22.2	11.9
Stroke (%)	2.5	3.6	3.6	0	0	0
Venous thrombosis (%)	0.8	3.6	0	0	0	0
LTV (CDS) (%)	38.8	38.5	50.9	33.3	17.6	31.0
TA CDS (%)	80.2	78.6	74.5	80.0	88.9	79.7
TAB (%)	83.0	86.4	92.5	76.9	84.6	76.6
ESR (mm/h) [#]	86	75	83	108	88	94
CRP (mg/l) [#]	(65; 110)	(61; 95)	(64; 107)	(94; 115)	(71; 118)	(73; 116)
Relapse during follow up (%)	43.8	47.1	38.2	62.5	30.0	45.5

Legend: aPL antiphospholipid antibodies; TVL transient visual loss (amaurosis fugax); PVL permanent visual loss; TA temporal artery; TAB temporal artery biopsy; CDS color Doppler sonography; LTV large vessel vasculitis; ESR erythrocyte sedimentation rate; CRP C-reactive protein; [#]median (IQR).

Conclusions: Our results indicate that aCL could identify GCA patients with extracranial large vessel disease. The double- or triple-positivity for any combination of LA and/or aCL and/or aβ2GPI seems to be a marker of severe visual manifestations.

Disclosure of Interest: None declared

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AB0553 UPDATED SYSTEMATIC REVIEW 2016: EFFICACY AND SAFETY OF BIOLOGICAL THERAPY COMPARED TO SYNTHETIC IMMUNOSUPPRESSANTS OR PLACEBO IN THE TREATMENT OF UVEITIS ASSOCIATED WITH BEHÇET'S DISEASE

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Background: Systematic treatment used in ocular involvement of Behçet's disease are corticosteroids, synthetic and biological immunosuppressants. The possible irreversible ophthalmological complications make it a priority to know the efficacy of these drugs.

Objectives: To analyze the efficacy and safety of biological therapy vs. Cyclosporin A (CsA), azathioprine (AZA), or placebo in reducing the number of uveitis relapses and improving visual prognosis in patients with Behçet.

Methods: Systematic search of the literature in MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials from its inception until August 22, 2016. In additional manual search in international conferences and in the references of included studies. Selection criteria: 1) adults with Behçet's disease and uveitis, 2) Biological therapies, 3) placebo or active comparator with CsA or AZA, 4) outcome measures to evaluate efficacy: number of recurrence of uveitis, visual prognosis, cystic macular edema, retinal vasculitis, vitritis, hypopyon and/or adverse events. Meta-analyses, systematic reviews, clinical trials, and observational studies of >10 control patients were included. The selection, review and evaluation of the quality of the articles was carried out by 2 independent reviewers. The Oxford scale was used to determine the quality of studies.

Results: Of 256 articles, 9 met the inclusion criteria: 3 retrospective observational and 6 randomized clinical trials in 378 patients with Behçet and refractory uveitis to synthetic corticosteroids and/or immunosuppressants. The age range was 9–63 years, with male dominance and a follow-up period of 6–36 months. The different treatments: 3 observational studies compared infliximab (IFX) with CsA and IFX with CsA associated with AZA or methotrexate (MTX) and IFNα2a with AZA associated with CsA; 2 clinical trial (CT) compared adalimumab (ADA) with placebo; 1 CT RTX associated with MTX with ciclofosfamide (CFM) associated with AZA; 1 CT secukinumab (SECUK) with placebo; Another daclizumab (DACL) with placebo and the last pegIFN-α2b with systemic and/or immunosuppressive

corticosteroids. Adverse events were recorded as secondary outcomes in the 9 studies.

Conclusions: With variable evidence, IFX appears to be safe and more effective than CsA in reducing short-term uveitis relapse and the number of severe long term complications and retinal vasculitis flares. RTX is similar to CYA associated with AZA in improving short term inflammatory activity. ADA is more effective than placebo as a corticosteroid sparing, achieving early and sustained control in patients with intermediate, posterior, or active uveitis. PegIFNα-2b significantly reduced the dose of corticosteroids, and improved the quality of life. Treatment with IFNα-2a reduces the uveitis/year relapse rate and improves visual acuity. SECUK and DACL, are not effective in reducing uveitis flares but could have an effect on immunosuppressants sparing. The results of this review support the benefit of performing more well-designed comparative studies with IFX, ADA, RTX and IFN-α.

Disclosure of Interest: None declared

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AB0554 RELATIONSHIP BETWEEN DISEASE ACTIVITY AND NEUTROPHIL-LYMPHOCYTE RATIO, PLATELET-LYMPHOCYTE RATIO AND MEAN PLATELET VOLUME IN BEHÇET'S DISEASE

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Objectives: Behçet's syndrome (BS) is an autoimmune disease characterized by chronic inflammation and endothelial dysfunction. There are only a few studies examining the relationship between neutrophil-lymphocyte ratio (NLR), mean platelet volume (MPV), platelet-lymphocyte ratio (PLR) and BS. The aim of this study was to determine NLR, PLR and MPV levels and their association with disease activation in BS patients with mucocutaneous, ocular and vascular involvement.

Methods: The study included 259 patients with BS and 41 healthy individuals. Age, sex, total white blood counts, neutrophil, platelet, mean platelet volume and lymphocyte counts of the patients were recorded. Patients with inflammatory bowel, hematological, infectious, cardiovascular diseases, hyperlipidemia, chronic liver, chronic kidney disease, hypertension, diabetes mellitus, chronic obstructive pulmonary disease, malignancy and corticosteroid use were excluded from the study. Of 259 patients, 163 had active disease (75 active mucocutaneous (MC), 40 active ocular, 48 active vascular involvement) and 96 had inactive disease. MPV, NLR and PLR values of the patients were compared between the groups. P value <0.05 was considered significant.

Results: Age and sex were similar between the groups. We compared the MPV, NLR and PLR values of patients with active and inactive disease. NLR and PLR were significantly higher while MPV was lower in the active group than the inactive and control groups (Table 1). Statistically significant higher PLR and NLR were found in the active MC and vascular groups, significantly lower MPV was seen only in vascular active group. This significance was not seen in active ocular group (Table 2). We also evaluated the same patient's active and inactive periods of the disease, lower MPV, higher NLR and PLR values were seen MC and vascular groups (for all groups p<0.05). When the active 3 groups were compared within themselves, the MPV value was significantly lower and NLR and PLR values were significantly higher in vascular group than active ocular and active mucocutaneous groups (p=0.033, <0.001, 0.001, respectively).

Table 1. Demographic and laboratory characteristics

Baseline characteristics	Active BD n=163	Inactive BD n=96	Control n=41	p
Age, y (IQR)	35,7 (16,2)	31,3 (13,2)	38,4 (11,8)	0,143
Male, n (%)	69 (%42,3)	36 (%37,5)	10 (%24,4)	0,105
CRP, mg/L (IQR)	4,8 (20,9)	2,7 (5,1)	1 (2,9)	<0,001
ESR, mm/h (IQR)	24 (30)	12 (16)	11,5 (9)	<0,001
MPV (f/L)	8,5±1,1	8,9±1	8,8±0,9	0,011
NLR (IQR)	2,4 (1,7)	1,9 (1,0)	1,8 (0,8)	<0,001
PLR (IQR)	134 (63)	116 (44)	130 (65)	0,012

Table 2. MPV, NLR and PLR values

		MPV	NLR	PLR
Mucocutaneous Involvement	active (n=75)	8,6±1,0	2,4 (1,4)	134 (54)
	inactive (n=96)	8,8±1,1	1,9 (0,9)	118 (51)
	P	0,168	0,009	0,006
Ocular Involvement	active (n=40)	8,8±1,5	1,9 (1,3)	117 (43)
	inactive (n=96)	8,8±1,1	1,9 (0,9)	118 (51)
	P	0,807	0,716	0,386
Vascular Involvement	active (n=48)	8,1±0,9	3,2 (2)	161 (98)
	inactive (n=96)	8,9±1,1	1,9 (1,0)	116 (44)
	P	<0,001	<0,001	<0,001

Conclusions: The low MPV and the high NLR and PLR are found in the active disease, which is especially significant in vascular and mucocutaneous groups. In the light of our findings, NLR and PLR were associated with the activity of BS especially with vascular involvement. The low MPV and the high NLR and PLR. The low MPV and the high NLR and PLR may be useful disease activity markers in behçet's disease.