HOW DO WE TREAT DRYNESS IN PATIENTS WITH PRIMARY SJÖGREN’S SYNDROME? A NATIONWIDE STUDY IN SPAIN FROM THE SJÖGRENREGISTRY

M. Fernandez Cañete1, C. Sanchez-Piedra2, J.L. Andreu4, A. Oliver2, J. Rosas3, on behalf of SJÖGRENREGISTRY project (GEEAS-SER).
1Rheumatology, Hospital Infanta Sofia, Madrid; 2Research Unit of the Spanish Society of Rheumatology; 3Rheumatology, Hospital Puerta de Hierro Majadahonda, Madrid; 4Rheumatology, Hospital Marques de Valdecilla, Santander; 5Rheumatology, Hospital Germans Trias i Pujol, Barcelona; 6Rheumatology, Hospital Marina Baixa, Alicante, Spain

Background: Primary Sjögren syndrome (pSS) is a systemic autoimmune disease whose main characteristic is the involvement of the exocrine glandular system. Thus, its most common clinical manifestation is eye and mouth dryness. No therapy has been demonstrated to significantly modify disease course and, currently, evidence-based therapy for pSS is mainly limited to symptomatic drugs for dryness.

Objectives: To describe the dryness treatment in a cohort of primary Sjögren Syndrome patients.

Methods: SJÖGRENREGISTRY is a multicentre descriptive cross-sectional study of pSS patients, fulfilling European/American criteria, from 33 Spanish rheumatology departments. Data were collected by reviewing clinical records and interviewing the patients. Informed consent was obtained and local ethics committees approved the study. Variables were analysed by descriptive statistics using means, medians and ranges. Chi square test was used to compare categorical variables. A p<0.05 was considered significant.

Results: Four hundred and thirty seven patients were included (female 95%; median age 58 years). Ninety four per cent of the patients complained of daily, persistent, troublesome dry eyes for more than 3 months, 92% had sensation of sand in the eyes, 16% developed corneal ulcer. Ninety four per cent of the patients complained of dry mouth for more than 3 months and 27% had dental loss. The most frequent ocular dryness treatments were tear substitutes (96%), followed by lubricating ophthalmological ointments (46%), autologous sera solutions (14%), topical corticosteroids (13%), topical cyclosporine (6%). Comparing patients with and without ocular dryness, only pilocarpine and lubricating eye ointment were used significantly more often in symptomatic patients (p<0.05); tear substitutes were used significantly more frequently in symptomatic patients only in the subgroup of patients that used tear substitutes more than 3 times a day. The most frequent oral dryness treatments were chewing gums or candies without sugar (85%), followed by pilocarpine (56%), special toothpaste (22%), mucolytic agents (20%), saliva substitutes (19%), lubricating oral gel (13%) xylitol (11%) and fluoride (11%). Comparing patients with and without oral dryness, chewing gums or candies without sugar, xylitol and fluoride were not used significantly more frequently in symptomatic patients. In contrast, saliva substitutes, lubricating oral gel, pilocarpine, mucolytic agents and specific toothpaste were used significantly more frequently in symptomatic patients (p<0.05). The median in ESSPRI (Eular Sjögren’s Syndrome Patient Reported Index) in SJÖGRENREGISTRY cohort was 5.3 (p25-p75 3.6–7.0). Only topical corticosteroids and pilocarpine were used significantly more frequently in patients with a dryness VAS: 5 in ESSPRI index.

Conclusions: Despite the high number of symptomatic patients, the use of dryness treatments is limited in pSS patients. Chewing gums or candies without sugar, xylitol and fluoride remain underutilised in this cohort. Despite the dryness VAS score, patients do not seem to use all the symptomatic therapeutic options available.

Disclosure of Interest: None declared


IMBALANCE IN ELASTIN-ELASTASE SYTEM LEADING TO CLINICAL MANIFESTATIONS OF SYSTEMIC LUPUS ERYTHEMATOSUS

O. Emelianovx1, O. Rusanovx1, L. Getz1, L. Maslakova1, N. Emelianovx2, V. Zborovskyx, A. V. Emelianovx.
1Federal State Budgetary Institution «Research Institute of Clinical Ind Experimental Rheumatology named after A.B. Zborovsky»; 2Federal State Medical Budgetary Institution of Higher Education “Volgograd State Medical University” of the Ministry of Healthcare of the Russian Federation, Volgograd, Russian Federation

Background: It is believed that in systemic lupus erythematosus antibodies induce a disturbance in the elastin-elastase metabolism, which yields altered soluble isoforms followed by triggering of autoimmunity mechanisms, which damage the elastin-containing tissues.

Objectives: Studying antibody formation in the elastin-elastase system in patients with systemic lupus erythematosus (SLE) using magnetocontrollable adsorbents with an immobilised form of corresponding antigen.

Methods: Sera from 30 donors and 65 SLE patients were studied. Antibodies to elastin and elastase were determined using ELISA test and magnetocontrollable adsorbents with an immobilised form of corresponding antigen.

Results: At baseline, the time since diagnosis of systemic lupus erythematosus (SLE) was longer in the IVCY group than the MMF group (4.8±1.4 vs. 3.1±2.5 years, p=0.06) and the IVCY group had more frequent flares (1.9±2.4 vs. 0.7±1.1 times, p=0.08); however, the differences were not significant. Moreover, there was no difference in age, sex, complement levels, anti-dsDNA antibody titers, anti-Sm/RNP antibody positivity rates, proteinuria, or rate of abnormality in urine sediment at baseline between the two groups. CR was achieved at week 24 in 11/16 patients (69%) in the IVCY group and 9/13 patients (69%) in the MMF group. Considering the 20 patients who achieved CR at week 24, univariate analyses revealed that in addition to a longer time since diagnosis of SLE (4.5±6.6 vs. 1.0±1.7 years, p=0.12) and more frequent flares (1.9±2.8 vs. 0.6±1.0 times, p=0.16), the anti-RNP antibody positivity rate was higher (OR 8.15; p=0.07) in the IVCY group. Furthermore, the positivity rate of anti-RNP antibody differed significantly (OR 12.9; p=0.03) in the multivariate analysis.

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