AB0593  PREDICTORS OF FATIGUE AND SEVERE FATIGUE IN A LARGE MULTICENTER INTERNATIONAL COHORT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: THE FILITUP STUDY

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Background: Fatigue is an important issue in systemic lupus and has a major impact on quality of life of the patients. Data are controversial about the factors associated with this complex symptom.

Objectives: To identify the factors associated with fatigue and severe fatigue in patients with systemic lupus erythematosus (SLE) in a large cohort using a multivariate model to precise the importance of each parameter in this multidimensional method.

Methods: We used the LBBR data base, a German French data base of SLE patients. All patients fulfilled the 1997 ACR criteria for SLE. The Fatigue Scale for Motor and Cognitive Functions (FSMC) was used to assess fatigue and severe fatigue. The depression and anxiety were measured with Hospital Anxiety and Depression Scale (HADS). Tests were performed at sampling.

Results: A total of 570 patients were included (89.1% female). The median age was 42 years (QR25–75: 34–52). The median value of the SELENA-SLEDAI was 2 (QR25–75: 0–4) and 136 patients had a SELENA-SLEDAI score >6. Fatigue was reported by 386 patients (67.7%) including severe fatigue by 209 (36.7%). In univariate analysis among the individual components of the SLEDAI arthritis (p=0.003) and oral ulcers (p=0.002) were associated with severe fatigue. In multivariate analysis fatigue was strongly associated with anxiety (OR: 4.49 [95%CI: 2.60–7.77], p<0.0001) and depression (OR: 4.72 [95%CI: 1.39–16.05], p<0.001). It was also associated with age at sampling (OR: 1.01 [95%CI: 1.00–1.03, p=0.03] per 1 year increase), SLEDAI (OR: 1.05 [95%CI: 1.00–1.12, p=0.043] per 1 SLEDAI point increase) and glucocorticoids treatment (OR: 1.54 [95%CI: 1.00–2.38, p=0.04]). It was not associated with physical activity. Severe fatigue was strongly associated with depression (OR:6.87 [95%CI: 3.12–15.11], p<0.0001) and anxiety (OR: 3.80 [95%CI: 2.46–5.87], p<0.0001) but not with SLEDAI or physical activity.

Conclusions: Fatigue is a common symptom in SLE patients and is strongly associated with anxiety and depression. While remission remains an important therapeutic target, these manifestations should also be taken care of with psychological counselling and pharmacological intervention, when needed.

REFERENCE:

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AB0595  ANTIPHOSPHOLIPID SYNDROME (HUGHES SYNDROME) IS A DISEASE WITH PROTEIN FACES: MULTIDISCIPLINARY APPROACHES ON SERBIAN COHORT OF APS PATIENTS


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Background: Antiphospholipid syndrome (APS) is a systemic autoimmune disease characterised by thrombophlebitic state and circulating antiphospholipid antibodies (aPL) including anti-beta2GPI-GPI.

Objectives: Since it than became one of the most systemic conditions. In the last three and half decades, a variety of clinical manifestations involving almost all organs and tissues (cardiac, pulmonary, neurological, renal, cutaneous, hematologic, gastrointestinal, ocular, skeletal and endocrinologic), have been described associated with antiphospholipid antibodies (aPL).

Methods: Our study comprises a total of 608 patients: 420 primary APS (PAPS) patients and 188 SLE patients with secondary APS (SAPS), aPL analysis included detection of aCL, anti-β2GPI, and LA.

Results: Thrombosis was diagnosed in 46.5% patients, with higher prevalence in PAPS compared to SAPS patients: 51.2% and 38.3%, respectively, p=0.045. Pseudoinfective endocarditis was observed in 12.8% secondary APS patients and epilepsy more frequently had high levels of anti-β2GPI-IgM in SAPS compared to PAPS patients: 51.2% and 38.3%, respectively, p=0.045.

Conclusions: In patients with SLE the prevalence of low BMD and fragility fractures is high. Progressive loss of the BMD and the occurrence of osteoporotic fractures are closely associated with the severity of organ damage and glucocorticoid use.

Disclosure of Interest: None declared

AB0594  PREVALENCE OF FRACTURE IN WOMEN WITH SLE, THEIR CONNNEXION WITH THE COURSE OF THE DISEASE AND THE NATURE OF PHARMACOTHERAPY

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Background: Patients with rheumatic diseases are known to have the risk of osteoporosis and fragility fractures, which is significantly higher than in the healthy population. Recent studies demonstrate that age, sex, postmenopausal status, inactivity, glucocorticoid use, nutrition etc. play an important role in the reduction of bone mineral density (BMD) in systemic lupus erythematosus (SLE) patients.

Objectives: The aim of the study was to determine the frequency of osteoporosis and fragility fractures in the Ukrainian SLE patients and to establish their connexion with the course of the disease.

Methods: The main study group involved 91 women with a diagnosis of SLE according to the American College of Rheumatology criteria. The disease activity was determined using the SLE Disease Activity Index (SLEDAI), and organ damage was measured using the Systemic Lupus International Collaborating Clinics American College of Rheumatology (SLICC/ACR) Damage Index. In all patients the cumulative dose of glucocorticoids was calculated. Serum CRP and IL-6 levels were determined by immunoassay. BMD at the lumbar spine (L1–L4) and femoral neck were measured using dual-energy X-ray absorptiometry. For premenopausal SLE patients BMD by Z-score <-2.0 SD was defined as «below expected range for age». For post-menopausal women osteoporosis was defined by T-scores: –2.5 SD, and osteopenia – between –1.0 and –2.5 SD. To determine fractures female SLE patients were examined with x-ray.

Results: In pre-menopausal SLE patients the abnormal BMD of the lumbar spine was found in 9.8%, at the level of the femoral neck it was in 11.1%, in postmenopausal SLE patients – 18.4 and 13.6%, respectively. In the control group there was any premenopausal woman with low bone mass at both sites, whereas among postmenopausal individuals, these were 12.5 and 6.2%, respectively.

Osteoporotic fractures were detected in 13 (14.2%) SLE patients, of which 30.7% had hip fractures and 69.3% had vertebral fractures. The reduction of bone strength and fractures were associated with a high damage index. In particular, in persons with fractures it equalled to 4.850±0.65 points, and in persons without fractures – 3.090±0.22 points. A similar tendency was detected by the disease activity SLEDAI. Glucocorticoid use also had a negative effect on the bone strength in patients with SLE. Thus, in women with fractures, the cumulative dose of glucocorticoids defined 60±16, 63 g, and was by 37.1% higher than in patients without fractures.

Conclusions: In patients with SLE the prevalence of low BMD and fragility fractures is high. Progressive loss of the BMD and the occurrence of osteoporotic fractures are closely associated with the severity of organ damage and glucocorticoid use.

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and nonthrombotic manifestations. The key to success is multidisciplinary approach in all time of patient’s life. Antiphospholipid syndrome is really a disease with protein faces.

REFERENCES:

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AB0597
CHANGES IN THE THYROID HORMONES IN PATIENTS WITH SJÖGREN’S SYNDROME IN DOMINICAN REPUBLIC


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Background: Sjögren’s syndrome (SS) is an autoimmune chronic where there is a B-cell activation and lymphocytic Infiltration of exocrine glands, this can be primary or secondary and characterised by xerostomia, xerophthalmia and extra-glandular manifestations1. Thyroid involvement is frequent in patients with SS sharing histological and antigenic characteristics2. 10–24% of patients with SS have thyroid involvement, the most common are Hashimoto’s thyroiditis and Grave’s disease are the most frequent autoimmune syndromes. Some reports indicated that Hashimoto’s Thyroiditis and Grave’s disease has an incidence of 4.2% and 3.4% in the patients with SS respectively. A study showed that in patients with SS 45% had changes in the values of thyroid hormones and 24% autoimmune thyroïditis.3–5

Objectives: Determine the changes in the thyroid hormones in patients with Sjögren’s syndrome.

Methods: A cross-sectional study. The information was collected from the digital records of Hospital Docente Padre Billini Rheumatology department during the period October 2017-January 2018. Inclusion criteria: age ≥18 years old, patients with Sjögren’s syndrome according to ACR/EULAR 2016 criteria. Excluded patients who did not thyroid test during the study and patients who have a thyroid disorder under treatment. The data was analysed using SPSS V23 Windows 10.

Results: 79 cases were reviewed, of which 51 met the inclusion criteria. 98% were women, average age of 45 years, 9.8% had hypothyroidism and 3.9% hyper-thyroidism by laboratory tests. 82.3% were euthyroid. 82.3% had anti Ro and anti La, 96% Schirmer test +37.2% positive biopsy report for SS.

Conclusions: In our study, we found that 9.8% of patients with Sjögren’s syndrome were associated with subclinical hypothyroidism and 3.9% with hyper-thyroidism what can mask the clinical manifestations at the time of diagnosis. The screening in high-risk patients such as patients with autoimmune disorders remains important.

REFERENCES:

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AB0598
SIGNIFICANCE OF NON CRITERIA ANTI-PHOSPHOLIPID ANTIBODIES IN THE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS ASSOCIATED WITH ANTI-PHOSPHOLIPID SYNDROME

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Background: Systemic Lupus Erythematosus (SLE) is a chronic inflammatory autoimmune disease in which the uncontrolled activation of the immune system leads to overproduction of autoantibodies (Ab) with different mechanisms of action. Coexistence of anti-phospholipid antibodies (aPL) significantly increases the risk of thromboembolic complications and worsens the clinical course and prognosis of SLE.

Objectives: The aim of study was to determine the relationship between the presence of non-criteria aPLs in SLE patients with criteria and non-criteria clinical symptoms of APS.

AB0596
THE IMMUNE COMPLEXES OF IGG/IGM BOUND TO B-2-GLYCOPROTEIN I ARE ASSOCIATED WITH LIVEDO RETICULARIS, THROMBOCYTOPENIA AND SICCA IN APS PATIENTS

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Background: Several manifestations strongly associated with APS have been excluded as classification criteria.1,2

Objectives: The aim of this study was to investigate correlation between circulating immune-complexes of IgG or IgM antibodies bound to B2GPI (B2G-CIC and B2M-CIC) and clinical manifestations in Serbian cohort of APS patients.

Methods: A total of 57 patients with APS were evaluated: 35 with PAPS and 22 patients with SAPS. Mean age was 47.6±1.6 years; 36 (63.2%) were women. All patients have met the 2006 revised Sydney criteria for APS.Quantification of B2G-CIC and B2M-CIC levels was performed as previously, for detect B2G-CIC was used anti-human IgG HRP-conjugate and for B2M-CIC human IgM HRP-conjugate, both from INOVA (INOVA Diagnostics Inc., San Diego, CA, USA).

Results: In our cohort Serbian APS patients the prevalence of CIC was 19.29% (11/57); 8 patients with B2M-CIC and the remain 3 patients with B2G-CIC. Livedo reticularis was diagnosed with higher prevalence in patients with CIC compared with patients without CIC; 63.6% and 23.9%, respectively (OR: 5.54, p<0.01). In patients with CIC, thrombocytopenia and leukopenia were more prominent: 54.4% vs 17.4% (OR: 5.70, p<0.01) and 45.5% vs 13.0% (OR: 5.56, p<0.01), respectively. Ophthalmic sicca was more prevalent in patients with CIC; 54.4% vs 8.7% (OR: 12.6, p<0.001). Although complement consumption was more frequent in patients with CIC (figure 1).

Figure 1. Mean levels of C3 (A) and C4 (B) complement in groups. Mean levels of C3 (115.6±9.2 mg/dL and 140.9±4.3 mg/dL, group-1 and group-2, respectively) and mean levels of C4 (140.9±4.3 mg/dL and 30.8±1.6 mg/dL, group-1 and group-2, respectively).

Conclusions: B2G-CIC and B2M-CIC are strongly associated with clinical manifestations related to APS. Widening the APS spectrum is indispensable to better understand this syndrome.

REFERENCES:

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