signs of active inflammation were not found. Based on etiological agent all pts were divided into 3 group: Group I—with bacterial infection (5 pts (15%)), Group II—with viral infection (11 pts (35%)), Group III—with mixed bacterial and viral infection (16 pts (50%)). Rapid nodule regression was strongly associated with elevated ASO titters at baseline (p=0,02) and presence of bacterial agents (p=0,0007). Recurrences were documented in 13 pts (40,6%), among them 7 (54,1%) cases were triggered by ARVI/common frigorism, 2 (15,3%) cases—by stress, 2 (15,3%) cases—by non-compliance or treatment failure, 2 (15,3%)—by exacerbation of chronic tonsilitis. There was no statistically significant association between intake of individual medications and full reversal of the disease. There was 1 (8% from total number) recurrence episode in Group I, 7 (54%) episodes—in Group II, and 5 (38%)—in Group III. Recurrence disease inversely correlated with affected surface area (affected legs surfaces) (p=0,03). Pts who achieved nodular regression had elevated ASO at EN onset (p=0,00008), in contrast to pts with recurrent disease.

Conclusions: Streptococcus spp (56,3%) seem to be the leading cause of EN associated with infection. Lab verification of streptococcal infection with subsequent adequate antibacterial therapy facilitates the favourable clinical course of EN.

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ARE YOU ABLE TO CUT YOUR MEAT? – EXPLORING THE CHALLENGES DURING THE CULTURAL ADAPTATION OF THE HEALTH ASSESSMENT QUESTIONNAIRE DISABILITY INDEX (HAQ-DI) INTO 130 LANGUAGES

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Background: The disability assessment component of the Health Assessment Questionnaire, the HAQ-DI, developed in US English, assesses a patient’s level of functional ability and includes questions of fine movements of the upper extremity, locomotor activities of the lower extremity, and activities that involve both upper and lower extremities. There are 20 questions in eight categories of functioning which represent a comprehensive set of functional activities – dressing, rising, eating, walking, hygiene, reach, grip, and usual activities. The stem of each item asks over the past week ‘Are you able to …’ perform a particular task. The patient’s responses are made on a scale from zero (no disability) to three (completely disabled).

Objectives: To explore the challenges faced during the cultural adaptation of the HAQ-DI, focusing on one simple task, i.e., ‘Are you able to cut your meat?’ in the eating category.

Methods: The archives of Mapi Language Services were searched and 130 translations were retrieved, representing 13 language families. The translation methods followed either the standard linguistic validation process [i.e., conceptual analysis, dual translation process (forward, backward translation into English), test with patients and clinician review] or the adjusted process in case of countries using national variants of the same language (i.e., Australian English or English used in India).7

Results: In most of the target languages, cutting a whole piece of meat presented in one plate was not a cultural issue. However, in vegetarian-driven cultures or countries where cutting meat was performed while cooking, the item had to be adapted and changed to comply both with the local culture and the concept explored by the item (i.e., fine movement of the upper extremity). For instance, an equivalent of “to cut meat while cooking” was chosen in Korean; “to cut meat (when eating or preparing food),” in Bahasa (Indonesia); “to cut raw vegetables,” in Gujarati (India); or “make bite size pieces of your food (e.g., chapatis)” in English for India.

Conclusions: The close collaboration between the developer and the translation teams was essential in finding appropriate conceptual equivalents of the simple task of cutting meat in 13 different language families.

REFERENCES:

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PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 (PCSK9) IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS/LUPUS NEPHRITIS

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Background: SLE patients have a tendency of accelerated atherosclerosis (AS) which can only partly be explained by traditional risk factors for cardiovascular disease. Proprotein convertase subtilisin/kexin type 9 (PCSK9), which is a protease associated with cardiovascular risk that regulates both cholesterol metabolism and inflammatory reaction, had been regarded as a highly promising therapeutic target for cardiovascular disease.7 Recent study had demonstrated that SLE patients with lupus nephritis (LN) had much higher risk of atherosclerosis.4

Objectives: To assess serum PCSK9 concentrations and the possible factors linked with PCSK9 variation in SLE/LN patients.

Methods: 47 SLE patients and 30 healthy controls were included. Traditional cardiovascular risk factors were compared. According to cIMT, SLE patients were divided into two subgroups (SLE-AS subgroup and SLE-NonAS subgroup, cut-off point is 1.0 mm). PCSK9 concentrations were compared between SLE patients...