that important subsets of patients experience inadequate disease control with current therapies. This study reveals high-dose corticosteroid use is prevalent in SLE management broadly, underscoring the unmet need in this population.


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**THU0375 QUALITY OF LIFE IN INDIAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN DURABLE REMISSION: PSYCHOSOCIAL AND DEMOGRAPHIC FACTORS**

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**Background:** Remission in systemic lupus erythematosus (SLE) is uncommon. Detrimental effect of disease activity on quality of life (QoL) is reported but literature on QoL in lupus patients in durable remission is scant.

**Objectives:** To study QoL in Indian SLE patients in durable remission

**Methods:** We retrospectively included female SLE patients fulfilling >4 SLICC Classification Criteria, followed regularly at our clinic, who were in durable remission as determined by European consensus criteria (complete/clinical remission zimmunosuppressive drugs). QoL was assessed with Medical Outcomes Study Short-Form-12 (SF-12). We also collected data on demographics (age, duration of disease, years of education), duration and quality (complete versus clinical) of remission and patient reported fatigue through fatigue severity scale (FSS). A structured interview with a clinical psychologist using ICD-10 Diagnostic Criteria for Research (DCR) was performed to diagnose depression. Age matched female controlsubjects were also included and underwent similar exercises. Association of physical and mental component summary scores (PCS and MCS) of SF-12 with depression, quality and duration of remission, duration of disease, years of education and FSS were tested with generalised linear models using Gamma regression with log-link function.

**Results:** We included 106 female SLE patients (age: 28.9±7 years; duration of disease: 45.1±34.8 months; years of education: 9.6±5.2; depression present in 41 (38.7%) and 98 females (age: 30.4±7 years; years of education: 10.8±2; depression present in 32 (32.7%). At last visit, clinical remission was present in 68 (64.2%) and complete remission in 38 (35.2%). Duration of remission achieved were:<1 year in 17 (16%), 1–2 years in 40 (37.7%), 2–3 years in 18 (17%) and >3 years in 31 (29.2%). Steroid-free remission was present in 64 (60.37%) and the rest 42 (39.62%) were on steroids. Independent predictors of PCS were: years of education (OR 0.98, 95% CI 0.97–0.99, p=0.006) and duration of remission (OR 0.991, 95% CI 0.983–0.999, p<0.001), years of education (OR 0.998, 95% CI: 0.995–0.999, p=0.028), and duration of disease (OR 0.99, 95% CI: 0.983–0.999, p=0.025). Dependent predictors of MCS were: FSS (OR 0.9, 95% CI: 0.89–0.92, p<0.001) and depression (OR 0.92, 95% CI: 0.86–0.97, p=0.006). Independent predictors of MCS were: FSS (OR 0.99, 95% CI 0.983–0.999, p=0.025), years of education (OR 0.998, 95% CI: 0.995–0.999, p=0.028) and disease duration <5 years (OR 1.053, 95% CI: 1.018–1.089, p=0.003). Estimated marginal means of PCS and MCS against quality of remission and duration of disease are plotted in figure 1.

**Conclusions:** Indian lupus patients in durable remission had similar physical and mental QoL compared to healthy controls. Physical QoL was better in patients with complete remission, longer disease duration and low fatigue. Mental QoL was better in patients with low fatigue, less education and longer disease duration.

**Disclosure of Interest:** None declared DOI: 10.1136/annrheumdis-2018-eular.2536

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**THU0376 CHARACTERISTICS OF PRIMARY SJÖGREN’S SYNDROME PATIENTS WITH MORPHOLOGICAL CHANGES OF THE PAROTID GLANDS IN MR IMAGING**

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**Background:** Primary Sjögren’s syndrome (pSS) is a chronic autoimmune disease characterised by injury of exocrine glands, and a considerable proportion of pSS patients develop extraglandular involvement. The parotid glands are the most frequently involved glands in pSS. Conventional parotid examinations, such as X-Ray sialography and 99mTc pertechnetate scintigraphy, played an important role in the diagnosis of pSS. However, X-Ray sialography only shows the abnormality of parotid ductal system and there is exposure to radionuclides with 99mTc. Both examinations are invasive, while MR imaging is noninvasive, radiation-free, and sensitive to the morphological and signal changes of the parotid glands. MR sialography could be used to evaluate the parotid ductal system without the need for a contrast agent. But the clinical application value of parotid grand MR imaging in pSS patients has not been verified.

**Objectives:** The purpose of this study was to investigate the morphological changes of the parotid glands in MR imaging in patients with pSS and the correlations between morphological changes and the clinical manifestations.

**Methods:** Ninety-nine pSS patients who underwent parotid 3.0 Tesla MRI imaging (T1, T2 and T2 STIR) were enrolled in this study. The morphological changes of the parotid glands (grades 0–3) and ducts (grades 0–4) were rated according to our previous studies. Patients were divided into normal parotid MR group (both glands grade 0 and duct grade 0) and abnormal parotid MR group. The correlations between morphological changes of the parotid glands and clinical or serological characteristics were analysed by chi-square test.

**Results:** There were 93 females (93.9%) and 6 males (6.1%) in this study. The mean age and median disease duration were 47.4 years and 24 months. There were 50 (50.5%) pSS patients in parotid grand grade 0, 27 (27.3%) in grade 1, 15 (15.2%) in grade 2 and 6 (6.1%) in grade 3 (Fig 1A), and there were 53 (53.5%) pSS patients in parotid duct grade 0, 15 (15.2%) in grade 1, 17 (17.2%) in grade 2, 4 (4.0%) in grade 3, and 10 (10.1%) in grade 4 (Fig 1B). We found that patients in abnormal parotid MR group presented lower positive rates of myasthenia and higher positive rates of xerostomia, Schimer’s test, serum anti-SSA antibodies, anti-Ro/52 antibodies, antinuclear antibodies (ANA), rheumatoid factor (RF), plasma globulin, immunoglobulin G (IgG), and Hashimoto thyroiditis (p<0.05). But no significant difference was observed between two groups in the incidence of salivary gland enlargement, articular involvement, dermatological involvement, interstitial lung disease, tubulointerstitial nephritis and primary biliary cirrhosis.

**Conclusions:** The results indicated that parotid MRI imaging is a noninvasive, radiation-free examination with a potential role in diagnosing pSS. pSS patients with morphological changes of the parotid glands in MR imaging were more likely to have xerostomia, hyperglobulinemia and thyroid involvement.