DIAGNOSTIC UTILITY OF ANTI-DFS-70 AUTOANTIBODIES IN A UNIVERSITY RHEUMATOLOGY CENTRE

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Background: The detection of antinuclear autoantibodies by immunofluorescence (ANA-IFT) supports the diagnosis of many different autoimmune and rheumatological diseases (ARE). In combination with the detection of specific autoantibodies against known extracted nuclear antigens (ENA ANAs) have high diagnostic sensitivity and specificity. However, positive ANA-IFT may also occur in disease states not related to ARE and even in healthy individuals. Especially in the latter group this may lead to unnecessary and repeated hospital visits, as well as avoidable diagnostic and therapeutic interventions.

Methods: Anti-DFS70 autoantibodies were introduced as a biomarker for the exclusion of ARE in ANA-IFT+ patients without additional ENAs and non-specific clinical history.

Objectives: To evaluate if the diagnostic pathway for suspected or established ARE patients in our centre benefits from the addition of anti-DFS70 autoantibodies to an existing ENA test profile.

Results: In 2017 the Freiburg university rheumatology centre tested 671 patients, referred to for diagnosis or follow up of ARE, for anti-DFS70 and 126 patients were found positive. Descriptive statistics of the anti-DFS70 positive vs negative cohorts are summarised in table 1. Of the 126 anti-DFS70 positive patients, 53 (42%) had one or more additional ENAs positively tested (4 ssnRNP-Sm, 1 Sm, 15 SS-A/Ro, 15 Ro-52, 2 SS-B/La, 4 Scl-70, 8 PM-Scl, 2 PM-Scl/75, 1 S RP2, 1 Ku, 1 Jo-1, 4 Centromer2, 2 P CNA2, 9 Nukleosomes, 9 Histones, 1 ribos-P-Prot2, 2 AMA-M2, ds-DNA) and 3 (2%) patients had anti-DFS70 in conjunction with anti-CCP antibodies.

Conclusions: High type I IFN functional activity is associated with active SLE in most domains: weight loss, fatigue, fever, rash, lymphadenopathy, arthritis and nephritis. The IFN-γ high group had active disease with higher rates of nephritis, arthritis, leuko-, lymphopoenia and Sm, SmRNP, RNP68, Ro52 and Ro60 autoantibodies. A higher proportion of the IFN-α group had active rash, lymphadenopathy, Ro52 and La autoantibodies, while rates of antiphospholipid antibodies/syndrome, vascular events and renal affection were lower. High IFN-γ is associated with anti-nucleosome autoantibodies and lymphopenia.


Disclosure of Interest: None declared


FATIGUE IN CHINESE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: CONTRIBUTING FACTORS AND EFFECTS ON THE QUALITY OF LIFE

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Background: Fatigue is a very common symptom in Systemic Lupus Erythematosus (SLE), affecting more than 90% of patients[1]. Fatigue can lead to a decline in the quality of life[2],[3]. Fatigue in SLE patients is associated with adverse demographic, clinical, and psychological characteristics[2,3,4]. However, there is no systematic study of SLE fatigue in China.

Objectives: This cross-sectional study aims to evaluate the contributors of fatigue and the effects of fatigue on the quality of life in Chinese SLE patients.

Methods: A self-report survey was administered to 119 SLE patients and 105 healthy individuals using the Fatigue Severity Scale(FSS) to assess the severity of fatigue. SLE patients completed the Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) for disease activity, the Hospital Anxiety and Depression Scale(HADS) for anxiety and depression, the Pittsburgh Sleep Quality Index (PSQI) for sleep quality and the Short Form 36 health survey for the quality of life.

Results: Our results found that the FSS score of patients with SLE was higher than that of the controls (4.3 ± 1.66 versus 3.41 ± 1.39; p < 0.001). The SLE patients were significantly different from the control group in terms of anxiety, depression and quality of life. There were significant correlations among course of disease, anxiety, depression, subjective sleep quality, sleep disorders and fatigue in SLE patients. Meanwhile, logistic regression models identified depression and...