Collaborating Clinics Damage Index score (SDI). Internal consistency and test-retest reliability, convergent and discriminant validity were examined.
Results: 328 Russian SLE patients were enrolled in the study (M/F 30/298, mean age 34,4±11.5 years, mean disease duration 106.3±97.9 months; mean SLEDAI 2K 9,6±8,0; mean SDI 0.2±0.6). The LupusQoL-Russian demonstrated substantial evidence of construct validity. Each domain showed good correlation when compared with equivalent domains of the SF-36 (p<0.001 for all comparisons). LupusQoL-Russian discriminated between patients with different degrees of disease activity according to SLEDAI 2K: Lupus-QoL domains showed a trend to lower values in patients with higher disease activity (SLEDAI-2K≥4) compared with those with lower disease activity (SLEDAI 2K<4), reaching statistically significant difference when considering the domains "Pain", "Planning'', Intimate relationship"and ''Body image» (p=0.007, p=0.0004, p=0003 and p=0,007, respectively).
LupusQol-Russian was significantly lower for ``Physical health'', "Planning" and "Fatigue" in patients with SDI≥1 (p=0.002, p=0.03, and p=0,03) respectively (table 1). Test-retest reliability was good to excellent between baseline and day 3 (intra-class correlation coefficient (ICC) 0.7–0.9)

Abstract FRI0357 – Table 1. External divergent validity (N=328)

Domain	SLEDAI-2K≤4 (n=113)	SLEDAI-2K≥4 (n=215)	p-value	SDI≤1 (n=142)	SDI≥1 (n=186)	p-value
Physical health, mean±SD	70,1±22,0	64,9±23,6	0,07	71,01 ±22,5	63,3 ±23,1	0002
Pain, mean±SD	74,7±23,6	67,5±24,8	0007	72,3 ±24,2	68,2 ±24,8	0,1
Planning, mean±SD	71,1±27,9	60,1±28,0	**0,0004**	67,7 ±27,3	60,9 ±29,0	**0,03**
Intimate relationship, mean±SD	78,3±28,7	69,9±31,7	0003	76,06 ±28,4	70,6 ±32,5	0,22
Burden to others, mean±SD	61,2±26,8	54,2±28,0	**0,03**	55,7 ±28,4	57,4 ±27,3	0,68
Emotional health, mean±SD	67,3±24,8	63,2±24,6	0,13	66,2 ±25,2	63,3 ±24,3	0,24
Body image, mean ±SD	71,1±24,7	62,02 ±28,5	0007	66,6 ±27,9	64,03 ±27,3	0,33
Fatigue, mean±SD	65,0±24,5	65,09 ±24,8	0,22	65,7 ±25,3	60,35 ±24,0	**0,03**

Conclusions: The LupusQoL-Russian is valid to assess quality of life in SLE patients
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.1435

FRI0358 FACTORS ASSOCIATED WITH PULMONARY MANIFESTATIONS IN SJOGREN SYNDROME

E. Judez[1], C. Sanchez-Piedra[2], M. Fernández Castro[3], J.L. Andreu[4], J. Rosas[5], V. Martínez Taboada[6], A. Olivé[7] on behalf of SjogrenSer project (GEEAS-SER).
[1]Rheumatology, Complejo Hospitalario Universitario de Albacete, Albacete; *[2]Unidad de Investigación de la Ser, Ser*; *[3]Rheumatology, Hospital Infanta Sofía, Madrid*; *[4]Rheumatology, Hospital Puerta de Hierro, Madrid*; *[5]Rheumatology, Hospital Marina Baixa, Alicante*; *[6]Rheumatology, Hospital Marqués de Valdecilla, Santander*; *[7]Rheumatology, Hospital Germans Trias i Pujol, Barcelona, Spain*

Background: Primary Sjögren's Syndrome (pSS) is a systemic autoimmune disorder characterised by lymphocytic infiltration of the exocrine glands resulting in dry syndrome. Approximately one-third of patients have extraglandular systemic findings, such as respiratory symptoms (43%–75%), that are also considered to be a cause of morbidity and conditioning quality of life. The aim of the study is to estimate the prevalence of pulmonary manifestations in pSS, and to identify factors associated with its development.
Methods: SJOGREN-SER (Spanish Rheumatology Society Registry of pSS) is a multicenter cross-sectional study of pSS patients under active follow-up at 33 rheumatology departments through Spain. Patients fullfilled the European-American consensus criteria of 2002. Airway disease (dry cough, xerotrachea, bronchial, hyperresponsiveness and airway obstruction) and pulmonary involvement (ILD, pulmonary amyloidosis, pulmonary arterial hypertension, vasculitis and pleural involvement) were considered according to the definition contained in EULAR Sjögren's Disease Activity Index (ESSDAI), as well as Sjögren's Syndrome Disease Damage Index. Bivariate logistic regression models and multivariate analysis were used to establish the independent effect of patient characteristics associated with pulmonary manifestations. The results were considered significant when the P value was less than 0.05.
Results: The SJOGREN-SER registry included 437 patients (95% women, median age at inclusion 59 years [50–68 years] and mean of ESSDAI 2 (IQR 0–4)). One hundred and seventeen patients (26.8%) had pulmonary manifestations (19.2% airway disease and 9.8% pulmonary involvement). Ten patients presented both. Sociodemographic characteristics were: mean age 59.5 years (SD: 11.46), 94.9% women and 19.6% smokers or former smokers. Patients with pulmonary manifestations had higher ESSDAI score (6 (SD 6) vs 4 (SD 5)), prolonged disease duration (10.05 years (SD: 7.15) vs 7.7 (SD 6.3)) and were ANA positive more frequently (94.9% vs 62.2%). Airway involvement preceded or occurred at the time of diagnosis in 46.4% of patients. Pulmonary involvement occurred 5 years after the diagnosis of pSS in 37.2% of them. [RS1] Twenty-nine patients (6.6%) were diagnosed with ILD. The most frequent radiological patterns were: Non-Specific Interstitial Pneumonia n=14, Usual Interstitial Pneumonia n=5, Lymphocytic Interstitial Pneumonia n=5 and Cryptogenic Organised Pneumonia n=2. Stepwise multivariate analysis was performed including the following variables: sex, age, laboratory findings, disease duration, smoking and ESSDAI. Disease duration (OR of 1.05 (95% CI, 1.006–1.083)), ESSDAI score (OR of 1.044 (95% CI, 1.006–1.083)) and positivity for ANA (OR of 3.725 (95% CI, 1.141–12.159)) were found to be associated factors with pulmonary involvement in pSS.
Conclusions: Prevalence of pulmonary manifestations in this cohort of pSS patients is substantial due to both airway disease and pulmonary involvement. Disease duration, activity of pSS according to ESSDAI score and ANA positivity were factors associated with the development of pulmonary manifestation.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.3151

FRI0359 ROUTINE CLINICAL PATHOLOGY MEASUREMENTS ARE ASSOCIATED WITH RISK OF ORGAN DAMAGE ACCRUAL IN SLE

K. Zhang[1], S. Boyd[2], F. Petitjean[2], A. Hoi[3], R. Koelmeyer[3], E. Morand[3], H. Nim[2].
[1]Monash University, Melbourne, Australia; *[2]Information Technology*; *[3]Faculty of Medicine Nursing and Health Sciences, Monash University, Melbourne, Australia*

Background: Prevention of permanent organ damage, a major predictor of morbidity and mortality, is a key goal in the treatment of SLE. Physician-measured disease activity scores, which entail some subjectivity, are associated with damage accrual risk, but there have been few studies of objective measures as indicators of organ damage risk. Routine pathology laboratory measurements provide objective biological data, but their association with damage accrual in SLE has not been studied.
Objectives: To evaluate the association of objective pathology laboratory measurements with risk of organ damage accrual in SLE.
Methods: A dataset of SLE patients between 2007–2017 from the Australian Lupus Registry and Biobank was studied. Variables recorded prospectively included disease activity (SLEDAI-2k), drug treatment and 16 routine pathology measurements at each visit, and organ damage (SLICC-SDI) annually. Longitudinal patient data was split into annual periods, and each visit classified as being either in a "transition" or "non-transition" period based on whether SDI increased during that period. Time adjusted means (TAMs) of the variables were calculated for each period, and multivariable logistic regression analysis of the association with being in a "transition" period (adjusting for age, gender, race, previous organ damage and prednisolone dose) was performed, with Holm-Bonferroni correction. An "odds ratio plot" was generated to depict the effect on risk of organ damage accrual at each threshold of the continuous variables.
Results: 893 periods, comprising 5082 visits from 245 patients (85.6% female, 50.2% Caucasian), were analysed. Five out of 16 laboratory variables: estimated glomerular filtration rate (eGFR), creatinine (p<0.01), urine protein:creatinine ratio (p<0.01), ESR (p<0.001), and haemoglobin (p<0.001) were significantly associated with risk of damage increase. Moreover, the odds of damage increase were approximately proportional to the deviation of each of these variables from its respective normal range. SLEDAI-2k was also significantly associated with damage increase (p<0.001), but the association of SLEDAI-2k with damage did not exhibit this proportionality.