FRI0366

PRIMARY RESPIRATORY DISEASE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM THE SPANISH RHEUMATOLOGY SOCIETY LUPUS REGISTRY (RELESSER) COHORT

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Objectives: To investigate the primary respiratory manifestations (PRM) in SLE. **Methods:** All patients in the RELESSER cohort were retrospectively investigated for the presence of PRM. **Results:** At least one PRM was present in 11.3% (365/3215) of cases. The most common was pleurisy, occurring in 21.1% of patients, followed by ALP in 3.6%, PE in 2.9%, PPH 4%, DILD in 2%, DAH in 0.8%, and SLS in 0.8%. The variables associated with the presence of PPM are shown in the following table 1:

	Odds Ratio	95% Confidence Interval	P
Age	1,03	1,02–1,04	0,000
SLEDAI score	1,03	1,00–1,07	0,02
Raynaud phenomenon	1,41	1,09–1,84	0,01
Severe nephritis	1,56	1,18–2,06	0,002
Secondary APS	2,2	1,63–2,97	0,000
Anti-RNP positivity	1,32	1,00–1,75	0,054
Cardiac disease	2,81	1,90–4,16	0,000
Vasculitis	1,81	1,25–2,62	0,002
Hematologic abnormalities	1,31	1,00–1,71	0,048
Neuropsychiatric manifestations	1,49	1,11–2,02	0,009
Gastrointestinal involvement	2,05	1,14–3,67	0,016

After adjusting for known confounders in the multivariable model, PPM remained a risk factor for diminished survival (HR: 3.13).

Conclusions: PPM independently contributed to a decreased survival in SLE

Disclosure of Interest: None declared

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FRI0367

ASSOCIATION OF VITALITY AND SUBSEQUENT PHYSICAL FUNCTIONING IN SYSTEMIC LUPUS ERYTHEMATOSUS: ANALYSIS OF DATA FROM THE GERMAN LULA COHORT 2002 – 2013

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Background: Fatigue, defined as loss of vitality, is a major burden in patients with systemic lupus erythematosus (SLE). It is well-known from cross-sectional studies that fatigue is associated with physical functioning (PF) whereas the effect of fatigue on subsequent PF has not yet been further looked on.

Methods: Data from the German *Lupus-Langzeitstudie* (LuLa) cohort was used to explore the effect of self-reported vitality on PF. The ongoing LuLa study comprises patients from the German SLE self-help group. The current analysis uses data from 2002 to 2013. We looked for associations between the PF score (outcome) and the vitality score of the SF-12 questionnaire in one to four years preceding the outcome. Statistical analysis was accomplished by a linear mixed regression model (LMM) adjusting for the potential confounders age, sex, disease duration and disease activity as surveyed by the Systemic Lupus Activity Questionnaire score (SLAQ).

Results: 1511 patients (93.3% women) provided data with a total of 7841 person-years of observation. Median age at study entry was 46 (interquartile range: 37 to 57). The table 1 shows the regression coefficients of the vitality score (and 95% confidence intervals, CI) estimated by the LMM without and with adjusting for age, sex, disease duration and SLAQ.

Exposure: Vitality scale score	Crude estimates		Adjusted estimates	
	Estimate with 95% CI	p-value	Estimate with 95% CI	p-value
1 year ahead	0.08 (0.05–0.10)	<0.001	0.07 (0.05–0.09)	<0.001
2 years ahead	0.09 (0.07–0.11)	<0.001	0.07 (0.05–0.09)	<0.001
3 years ahead	0.05 (0.03–0.08)	<0.001	0.05 (0.03–0.07)	<0.001
4 years ahead	0.03 (0.001–0.06)	0.038	0.04 (0.01–0.07)	0.002

Conclusions: We found evidence that self-reported vitality in patients with SLE is associated with PF in the subsequent years. The data indicate a "window of opportunity" for treating fatigue symptoms of up to four years for maintenance of PF.

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FRI0368

COMPARISON OF CLINICAL AND LABORATORY PROFILES IN 3575 SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITH AND WITHOUT SJOÖGREN'S SYNDROME: DATA FROM A NATIONWIDE PATIENT REGISTRY (RELESSER)

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Background: The clinical coexistence of Systemic Lupus Erythematosus (SLE) and Sjögren's Syndrome (SS) was recognised in 1959. The prevalence of SS among patients with SLE varies considerably among the published studies (10%–30%). There is still controversy as to whether or not SLE patients with overlapping SS have a distinct and significantly milder lupus.

Objectives: To address the clinical and serologic features of SLE and differences from SLE that occurs in overlap with SS.

Methods: A retrospective cohort of 3575 unselected SLE patients from 45 Rheumatology Units across Spain was evaluated for the presence of overlapping SS