months of follow-up. Mean ($\pm$ SD) age at recognition of 4 ACR criteria was 36.5 ($\pm$ 14.4) years, median disease duration at recruitment was 1.1 months (interquartile range 0.0–4.8) and median follow-up duration was 27.4 months (interquartile range 7.2–48.0). At last follow-up visit 84 patients (36.5%) had an SDI score ≥ 1 (median=0; interquartile range 0–1); see figure 1A for overall SDI domains involved. Baseline dyslipidemia ($p<0.001$; HR 2.7 95% CI 1.5–4.8), higher number of BILAG domain involved ($p<0.001$; HR 1.4 95% CI 1.2–1.7) and older age (>35 year) at baseline ($p=0.001$; HR 2.3 95% CI 1.4–4.0) together with total dose of corticosteroids ($p=0.015$; HR 1.06 per gram of prednisone equivalent; 95% CI 1.01–1.11) during follow-up were the factors independently associated with increased risk of developing damage in this cohort (figure 1B). Their effect was confirmed after stratification for antimalarials (yes/no) and immunosuppressants (yes/no) use.

Conclusions: The early development of organ damage in this SLE patients cohort was associated with modifiable risk factors as baseline dyslipidemia and higher corticosteroid dose. Addressing them since the very early stages of the disease, and treating disease activity to target remission or minimal disease activity, may reduce damage and improve patients outcome.

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FRI0377 THE RELATIONSHIP BETWEEN REMISSION AND HEALTH RELATED QUALITY OF LIFE IN A COHORT OF SLE PATIENTS

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Background: a treat-to-target approach for SLE was suggested by an international board of experts to further improve outcome in SLE. Remission was specifically identified as a suitable target. The Definition of Remission in SLE (DORIS) task force recently achieved international consensus on criteria for remission. **Objectives:** to investigate the relationship between remission and health-related quality of life (HRQoL) in patients with systemic lupus erythematosus (SLE) in a longitudinal observational cohort.

Methods: retrospective analysis of prospectively obtained data. HRQoL was assessed using the physical and mental component score (PCS and MCS, respectively) of the Short Form 36 (SF-36) questionnaire. DORIS remission categories (no remission/remission on therapy/remission off therapy) were applied. Determinants of PCS and MCS were identified with simple linear regression analyses. Association between remission and HRQoL was assessed using Generalised Estimating Equation (GEE) models.

Results: Data from 154 patients with 2 years of follow-up were analysed. At baseline 70/154 (45.5%) of patients were in either form of remission. Patients in remission had higher SF-36 scores in all subdomains compared to patients not in remission (figure 1). PCS was positively associated with remission and having employment and negatively associated with erythrocyte sedimentation rate, patient global assessment, SLICC damage index, prednisone use, immunosuppressant use, and body mass index. MCS was positively associated with Caucasian ethnicity and negatively associated with patient global assessment. In GEE analysis, a gradual and significant increase of PCS was observed from patients not in remission (mean PCS 36.0) to remission on therapy (41.8) to remission off therapy (44.8) (table 1). No significant difference in MCS was found between remission states.

Abstract FRI0377 – Table 1. GEE analysis of the association between PCS or MCS and remission in patients with SLE

A. PCS:

		Unadjusted		Adjusted*	
	Mean PCS ($\pm$ SD)	B (95% CI)	p-value	B (95% CI)	p-value
No remission	36.0 (10.9)	Ref.		Ref.	
Remission on therapy	41.8 (10.0)	6.3 (3.2–9.3)	<0.001	6.2 (3.3–9.0)	<0.001
Remission off therapy	44.8 (10.4)	8.2 (5.3–11.2)	<0.001	8.3 (5.4–11.1)	<0.001

*Adjusted for age and SDI

B. MCS:

		Unadjusted		Adjusted**	
	Mean MCS ($\pm$ SD)	B (95% CI)	p-value	B (95% CI)	p-value
No remission	46.1 (10.6)	Ref.		Ref.	
Remission on therapy	49.3 (10.5)	2.9 (0.1–5.7)	0.041	2.3 (–0.5–5.1)	0.112
Remission off therapy	46.8 (10.1)	0.8 (–1.7–3.4)	0.52	0.4 (–2.1–3.0)	0.739

**Adjusted ethnicity

Abstract FRI0377 – Figure 1. Mean SF-36 subdomain scores in 154 patients at baseline, categorised between SLE patients in remission ($n=60$) or not in remission ($n=94$). Patients in remission at baseline have higher mean scores in all SF-36 subdomains compared to patients not in remission.

Conclusions: we show a strong and persistent association between remission and PCS, but not MCS. These results support the relevance (construct validity) of

the DORIS remission definitions and the further development of a treat-to-target approach in SLE.

Disclosure of Interest: None declared

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FRI0378 ANTIPHOSPHOLIPID SYNDROME IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

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Background: Antiphospholipid syndrome (APS) is a known cause of thrombotic disorders, including Acute Myocardial Infarction (AMI). Although the incidence of APS in AMI patients it's not known, it can be an important cause of myocardial infarction especially in young patients.

Objectives: The aim of this study is to evaluate the relationship between antiphospholipid syndrome and acute myocardial infarction in patients presented at cardiac emergency and cardiac reanimation at UHC Mother Teresa, Tirana, Albania

Methods: This is an observational study which included all patients from 23 to 45 years old presented as Acute Myocardial Infarction at our hospital from 10 december 2016–10 december 2017. In this period, there were diagnosed with AMI 61 patients fulfilling the inclusion criteria of the study: 37 males and 24 females. Besides the usual laboratory tests, all patients included in the study were completed with the titration of APS autoantibodies (Anti-cardiolipin, Lupus anticoagulant, β 2 glycoprotein 1 antibodies). If positive, according to diagnosis guidelines, the tests were repeated after 12 weeks.

Results: Of 61 patients with AMI, 17 patients were positive for Antiphospholipid Syndrome at the first test and after 12 weeks, APS was confirmed in 15 patients (24.6%): 10 females (67%) and 5 males (33%). Three of the patients diagnosed with APS underwent to a second Percutaneous transluminal coronary angioplasty due to rapid occlusion of stents placed in concomitant stenotic coronary arteries.

Conclusions: From this study it was found that Antiphospholipid syndrome in relatively young patients hospitalised for Acute myocardial infarction is a concomitant-causing disorder in a quarter of the patients included in our study. This implies that in young patients it should be kept in mind that APS could be the reason of the problem.

Disclosure of Interest: None declared

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FRI0379 INFLAMMATORY JOINT INVOLVEMENT IS ASSOCIATED WITH SEVERE DRY EYE IN PATIENTS WITH PRIMARY SJÖGREN'S SYNDROME

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Background: Primary Sjögren's syndrome (pSS) is characterised by lymphocytic infiltration of exocrine glands and other organs, resulting in dry eye, dry mouth and extraglandular systemic involvement such as pain, myalgia or polyarthralgia, among others.

Objectives: The aim of the present study is to explore the association of severe or very severe dry eye with extraocular involvement in patients with pSS.

Methods: SJOGRE-SER registry is a multicenter cross-sectional study of pSS patients fulfilling European/American consensus criteria 2002 from 33 Spanish rheumatology departments. Data were collected by reviewing clinical records and interviewing patients. For the construction of our main variable, "severe/very severe dry eye" (S/VSDE), we used those variables present in our cohort that represented a degree 3–4 of severity (S/VSDE) according to the dry eye TFOS DEWS I classification 2007 (Tear Film and Ocular Surface Society Dry Eye Workshop): Schirmer score (≤ 5 mm/5 min) and/or corneal ulcers and/or use of autologous sera and/or contact lenses and/or Stenon conduit bypass and/or palpebral cleft reduction. First, bivariate logistic regression models were used to identify the effect of each independent variable on S/VSDE. Secondly, multivariate analysis using regression model was used to establish the independent effect of patient characteristics associated with the dependent variable.

Results: Four hundred and thirty-seven patients were included in SJOGRE-SER registry (female gender 95%; median age 58 (50.02–67.98) years). Mean time of evolution of the disease in the cohort was 8.3 years. ESSDAI mean score was 2 (0–4, P25–P75) in the full registry. Ninety-four per cent of the patients in SJOGRE-SER cohort complained of daily, persistent, troublesome dry eyes, 92% had sensation of sand in the eyes and 16% developed corneal ulcer. In the

full cohort Schirmer's test was performed in 402 patients and was pathological (≤ 5 mm/5 min) in 371 patients (92%). The use of autologous sera was 14%, contact lenses 2%, Stenon conduit bypass 0.23% and palpebral cleft reduction 0.23%. Three hundred and seventy-eight patients (86.5%) presented S/VSDE; 95% were women, and the median age was years. Mean time of evolution of the disease was 8.51 and ESSDAI mean score was 5. Inflammatory articular involvement was significantly more frequent in patients with S/VSDE (82.5%) than in those without S/VSDE (69.5%) ($p=0.028$). Inflammatory joint affectation was associated with S/VSDE in the multivariate analysis, OR 2.079 (95% CI, 1.096–3.941). These results were adjusted by sex, age, time of evolution of the disease and ESSDAI score.

Conclusions: Severe or very severe ocular involvement is associated with the presence of inflammatory joint involvement in patients with pSS. These results suggest that a directed anamnesis including systemic comorbidities, such as the presence of inflammatory joint affectation and dry mouth, in patients with severe dry eye, would be useful to suspect an pSS.

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FRI0380 ASSESSMENT OF SUBMANDIBULAR GLAND QUALITATIVE CHANGES USING SHEAR WAVE ELASTOGRAPHY IN PATIENTS WITH SJÖGREN'S SYNDROME

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Background: We have reported that the submandibular gland ultrasonography (SGUS) is a useful noninvasive and inexpensive procedure for the evaluation of the structural changes of salivary gland (SG) in Sjögren's syndrome (SS), International Symposium on SS 2002, EULAR 2009, EULAR 2012, EULAR 2015. However, our previously study demonstrated that although SGUS findings were useful for the diagnosis of SS with low salivary flow they were not for early-stage SS with normal salivary flow. EULAR 2016 Recently, ultrasound elastography has been reported to be a new tool to evaluate tissue stiffness and diagnose tumour.

Objectives: The aim of this study was to examine the usefulness of SGUS using US staging and PD grading score in combination with shear wave elastography (SWE) in patients with SS.

Methods: Fifty-eight patients who fulfilled the American College of Rheumatology (ACR)/European League Against Rheumatism (EULAR) classification criteria for SS were studied. SS patients were divided into three groups according to salivary flow using gum test (VL/SS: <5 mL/10 min. ($n=21$), L/SS: $5-10$ mL/10 min. ($n=27$) and N/SS: ≥ 10 mL/10 min. ($n=10$)). All patients were examined SGUS by a single investigator who was blinded to device (TUS-A300; Canon Medical Systems, Tokyo, Japan) with a linear transducer (7.5–10MHz). The examination consisted of conventional B-mode US (US staging score), pulsed wave Doppler US (PD grading score) and SWE with quantitative assessment. US staging scores were assessed by glandular size, inhomogeneity and contrast of diaphragmatic muscle (stage 0 to 3). PD grading scores were graded by pulsed wave pattern in pulsed wave Doppler US at the internal SG facial arteries (grade 0 to 2). With the region-of-interest (ROI) placed over the stiffest areas of the lesion on SWE, the quantitative mean of the elasticity values were measured by shear wave velocity (Vs: m/s) and elasticity (E: kPa) for each lesion.

Results: The US staging scores of SS patients were 0.0% in stage 0; 17.2% in stage 1; 8.6% in stage 2; 74.1% in stage 3. The PD grading scores of SS patients were 20.7% in grade 0, 17.2% in grade 1, 62.1% in grade 2. The US staging and grading scores were significantly lower in N/SS patients (1.40 ± 0.70 , 0.10 ± 0.32) than in L/SS (2.74 ± 0.66 , $p<0.001$, 1.59 ± 0.69 , $p<0.001$) and in VL/SS (2.91 ± 0.30 , $p<0.001$, 1.81 ± 0.40 , $p<0.001$) patients. The elasticity value measure by Vs and E were significantly higher in N/SS patients than in VL/SS patients (Vs: 1.90 vs 1.56 m/s, $p<0.05$, E: 11.2 vs 7.57 kPa, $p<0.05$). The Vs and E were significantly decreased as US staging score (stage 1 vs 3: 1.91 vs 1.62 m/s, $p<0.05$, 11.3 vs 8.21 kPa, $p<0.05$) and PD grading score (grade 0 vs 2: 1.90 vs 1.61 m/s, $p<0.05$, 11.1 vs 8.13 kPa, $p<0.05$) increased.

Conclusions: The present study demonstrated that the tissue elasticity was increased due to inflammation and high viscosity in the SG at the early stage, but was decreased due to structural changes in the SG at the advanced stage of the