Objectives: We performed a French retrospective study, to determine the risk factors associated with obstetrical adverse outcome; and the relation between pregnancy outcome and TA disease activity.

Methods: French nationwide retrospective study of pregnancies that lasted at least 12 weeks of gestation (WG) in TA patients.

Results: Forty-three pregnancies occurred in 33 patients. The diagnosis of TA was preexisting in 29 patients, and done during pregnancy in 4.

For the 39 pregnancies in the 29 patients with a preexisting diagnosis of TA: steroids were maintained throughout pregnancy in 23/39 (59%) with a median dose of 5 mg/day²⁻⁴⁰ immunosuppressive treatment during pregnancy included azathioprine (n=9, 21%) or infliximab (TNF- α antagonist) (n=1, 2%). For the 4 pregnancies with TA diagnosis during, only one was treated by steroids. Aspirin (100 mg/day) was used in 27/43 pregnancies (63%) and antihypertensive drugs were used in 10 pregnancies (23%).

Before pregnancy, immunosuppressive treatment had been used in 16 patients: azathioprine (n=10, 30%), methotrexate (n=7, 21%), TNF- α antagonist (infliximab in 3 and adalimumab in 1; n=4, 12%) and cyclophosphamide (n=2, 6%).

Maternal adverse events were noted in 20 pregnancies (47%). The most frequent adverse event was arterial hypertension (n=12; 28%): 10 worsening of previous arterial hypertension and 2 *de novo* arterial hypertension. Other adverse events included pre-eclampsia (n=3; 7%), HELLP syndrome (n=1; 2%) and post-partum haemorrhage (n=2; 5%). No maternal death was observed.

There were 42 live births (98%) delivered at a median term of 38²⁷⁻⁴² WG with 9 (21%) before 37 WG and one medical termination of pregnancy for major IUGR at 21WG. IUGR was observed in 6 pregnancies (14%) associated with hypertension and pre-eclampsia or HELLP syndrome in 2 cases.

The median birth weight was 2940 [610-4310] grams. Five children (12%) required intensive care units hospitalisation. One premature boy (27 WG) died after 2 days. Treatment during pregnancy included steroids (n=25/43, 58%), azathioprine (n=9/43; 21%) and infliximab (n=1/43; 2%). Pre-eclampsia were less frequent in patients treated with steroids during pregnancy (p=0.02).

The risk of developing arterial hypertension was associated with previous chronic arterial hypertension, and an infra-diaphragmatic vasculitis injury (p=0.01 and p=0.04). Activity of TA was observed in the course of 12/43 pregnancies (28%).

Conclusions: We observed both a high rate of obstetrical complications and of live birth. A preexisting chronic arterial hypertension, the infra-diaphragmatic location of vasculitis and/or an active disease in the 6 months preceding the pregnancy were associated with an impaired pregnancy outcome. TA disease activity did not seem to be influenced by pregnancy.

Disclosure of Interest: None declared

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FRI0509 THE FACTORS ASSOCIATED WITH ANXIETY/DEPRESSIVE DISORDERS IN BEHÇET'S DISEASE PATIENTS

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Background: The anxiety/depressive disorders (ADD) is a special psychopathological problem for Behçet's Disease (BD) patients. ADD has high rates in BD, but their causes aren't enough investigated.

Objectives: To determine the main factors associated with anxiety/depressive disorders in BD patients.

Methods: The investigation has been realised in accordance with the interdisciplinary program "Stress factors and mental disorders in immune-mediated inflammatory rheumatic diseases".

116 BD patients were enrolled in the study. The majority of patients were men (69,8%), natives of the North Caucasus (51,9%), with mean age (M $\pm$ m) 33,3 $\pm$ 0,98 years. All the patients met the criteria of the International Study Group for BD (1990) classification. The disease activity was assessed by scoring system BDCAF.

ADD were diagnosed by psychiatrist in accordance with the ICD-10 in semi-structured interview. The severity of depression was evaluated by Montgomery-Asberg Depression Rating Scale (MADRS) and anxiety – by Hamilton Anxiety Rating Scale (HAM-A). The severity of stress was evaluated by PSS-10 scale.

Results: ADD were diagnosed in 87 BD patients (75%). The dysthymia (29,3%) and recurrent depressive disorder (21,5%) prevailed in these patients, generalised anxiety disorder (6,03%) and single depressive episode (7,76%) were rare. Cognitive disorders of different severity were diagnosed in 87 (75%) patients. The presence of ADD didn't depend on gender and duration of the disease. The factors associated with ADD were found during Pearson correlations. Then linear regression analysis was done and obtaining prognostic model showed that ADD was associated with: sleep disorders (β =0,401), asthenia (β =0,176), cognitive disorders (β =0,145), chronic stress (β =0,036) and stress severity (PSS-10 score) (β =0,115), age of eye damage (β =0,135), onset of ADD before BD onset (β =0,147), pure quality of life (QoL) estimated by visual analogue scale (VAS)

(β =0,163), gastrointestinal BD symptoms (β =0,101), higher CRP level (β =0,174), younger age of patients (β =-0,053) and early childhood trauma (before 7 years old) (β =0,15) (area under the ROC curve=0,957) (figure 1).

Figure 1 Area under the ROC curve=0957

Conclusions: The results demonstrated high prevalence of ADD in surveyed BD patients. ADD in BD is much more associated with early childhood trauma, chronic severe stress, onset before BD, younger age of patients, older age of eye damage, gastrointestinal involvement, higher CRP level, accompanied by sleep disturbances, asthenia, cognitive disorders and had a negative impact on QoL.

Disclosure of Interest: None declared

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FRI0510 INCREASED EXPRESSION OF V-DOMAIN IG SUPPRESSOR OF T-CELL ACTIVATION (VISTA) ON LEUKOCYTES OF GRANULOMATOSIS WITH POLYANGIITIS (GPA) PATIENTS

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Background: Vascular inflammation in GPA is the result from an inflammatory event combined with a highly specific immune response. Antineutrophil cytoplasmic antibodies (ANCA) specific for GPA are directed against neutrophil granule proteins. Neutrophils are known to play an important role in the pathogenesis of GPA. Under normal conditions, activation of immune cells is positively and negatively regulated by stimulatory and inhibitory checkpoint molecules. The right balance between the expression of both molecules is crucial in fine-tuning the immune response and preventing autoimmunity. Recently, VISTA (V-domain Ig suppressor of T cell activation) has been identified as a potent negative regulator of T cell activation.

Objectives: This study aimed to investigate the expression of VISTA on circulating leukocytes of GPA-patients and compare it with vasculitis control (VC) patients with Giant Cell Arteritis (GCA) and healthy controls (HC).

Methods: In a cross-sectional study, fresh blood samples were obtained from 43 GPA-patients in remission on immunosuppressive treatment, 24 VC and 34 sex and age-matched HC. The frequency of VISTA expression was determined on Th-cells (CD45RO⁻ and CD45RO⁺), NK cells, monocyte subsets (classical/non classical/intermediate) and on neutrophils (suppressive/non suppressive subsets) by flow cytometry.

Results: The proportion of VISTA expressing Th-cells was significantly increased in GPA-patients compared with HCs, this increase could be seen in both, the CD45RO⁻ compartment as well as in the CD45RO⁺ compartment. NK cells from GPA-patients showed an increase in the proportion of VISTA expressing cells when compared to the VCs and HCs. Among monocyte subsets, a slight decrease in the proportion of VISTA on the Intermediate subset could be seen. Interestingly, on neutrophils a significant increase in the proportion of VISTA⁺ cells was seen in GPA-patients in comparison to HCs and VCs. This increase was most pronounced in the suppressive neutrophil subset.

Conclusions: VISTA expression is increased in both naïve and memory Th cells of GPA patients in remission. Interestingly, neutrophils of GPA patients showed higher levels of VISTA and this was most pronounced in the suppressive neutrophil subset. Whether the increased expression of VISTA has functional consequences needs further investigation.