SAT0180

EVALUATION OF FRAILITY IN SJÖGREN'S SYNDROME: CREATION OF A FRAILITY INDEX

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Background: Frailty is a condition characterized by the reduction of the individual's homeostatic reserves, leading to an increased vulnerability to stressors and an increased risk of unfavourable events. The aging of the population and the consequent need to implement new paradigms of care and assistance, have given this tool a growing interest in many medical disciplines¹. In rheumatology, however, the interest is still limited². The Frailty Index (FI), developed on an arithmetical model of deficit accumulation, is an accurate tool for assessing frailty, providing an estimate of the biological aging.

Objectives: Creation of a FI to be used in clinical practice in patients with Sjögren's syndrome (SS) and evaluation of the correlations with patient's age, duration of illness, activity and disease damage at baseline and in the following 5 years.

Methods: The FI is composed by a checklist of non-predefined variables (deficits) constituted by symptoms, signs, diseases, disabilities, and laboratory findings. The deficits must meet these criteria: age-related; associated with negative outcomes; multidimensional (referring to different domains of the health status); present in at least 1%, but not more than 80% of the sample. To each variable is assigned the value of 0 (= no deficit) or 1 (= deficit). The FI is the ratio between deficits presented by the individual and the total number of deficits considered, thus providing a measure of frailty ranging between 0 (no frailty) and 1 (maximum of frailty)³. A FI was developed for patients with SS consisting of 43 items (17 comorbidities, 14 signs and symptoms, 5 disabilities and 7 laboratory findings). Statistical analysis was performed with Spearman's test for correlation assessment, the Mann Whitney test for comparing non-parametric variables was used.

Results: FI was administered to a first small group of 30 female consecutive patients recruited as outpatients at the clinic dedicated to SS. The average age was 57.2 yrs, mean age at diagnosis 52.7 yrs and average disease duration 4.7 yrs. At the time of completing the FI, the average disease activity (ESSDAI) was 3.4, the mean value of the damage (SjSDDI) 1.6 and the average score of FI equal to 0.21. A statistically significant correlation between FI and age has been reported ($p = 0.017$). No significant correlations between frailty and duration, activity and disease damage have been highlighted at the moment.

Conclusion: For the first time a FI was developed for patients with SS consisting of 43 items. The data shows a relationship between age and FI. The correlation is statistically significant, similarly to what is reported in the literature for other conditions. This confirms that FI is indeed an objective marker of aging and even though the sample population is young (average age = 57.2 years), FI maintains its main properties. This tool can be used to assess the health status of patients, making it possible to identify those at greater risk of trajectories or unfavourable outcomes. It is currently being administered the FI to patients with SS whose clinical course will be evaluated in the next 5 years (complications, mortality, hospitalization, institutionalization and disability).

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SAT0181

CONTRACEPTIVE COUNSELING AND USE AMONG WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS AT RISK FOR UNPLANNED PREGNANCY

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Background: Systemic Lupus Erythematosus (SLE) is an autoimmune disease that primarily affects women of reproductive age. Disease activity and medication use can complicate pregnancies in SLE, due to the disease itself and/or exposure to teratogenic medications. Therefore, these patients should be counseled and are candidates for highly effective contraceptive methods.

Objectives: To examine contraceptive counseling and use among SLE patients attending our Rheumatology Department.

Methods: Cross-sectional study in which women aged 15-50 followed in our Rheumatology Centre with SLE diagnosis completed a researcher-administered survey. Premenopausal women who were sexually active were considered at risk of pregnancy. We compared self-reported rates of contraceptive counseling and use, stratified by treatment with teratogenic medications, and by history of thrombosis or antiphospholipid antibodies (aPL). The statistical analysis was performed using SPSS 23.0, and $p < 0.05$ was taken to indicate statistical significance.

Results: 95 women were interviewed, of these, 60 were considered to be at risk for unplanned pregnancy. Their median age was 36 years (range 17-48), and median disease duration 9.9 years (range 0.25-37.0). 85% were aware of the complications associated with pregnancy in their medical condition and 73.3% had received contraceptive counseling. Fifty-six patients (93.3%) reported consistent contraceptive use. Younger patients were more likely to have received contraceptive counseling (35.0 [17-46] years versus 42.5 [20-48] years, $p = 0.021$). Counseling was more frequently reported by patients with higher educational level ($p = 0.026$). Those who were counseled were using more effective contraceptives and in logistic regression contraceptive counseling was a predictor of highly effective contraception use ($OR = 13.1$, $p < 0.0001$).

Women using teratogenic medications or with a history of thrombosis were no more likely to have received contraceptive counseling or to use more effective contraceptives. Those with positive aPL were using more effective contraceptives ($p = 0.024$). In our model, having a high school degree and positive lupus anticoagulant predicted contraceptive counseling ($OR = 12.6$, $p = 0.041$; $OR = 3.1$, $p = 0.02$, respectively).

Conclusion: This study highlights the importance of contraceptive counseling in SLE patients at risk for unplanned pregnancy. A multidisciplinary team including rheumatologists, gynecologists and family physicians is needed to improve the education and provision of adequate contraceptive counseling to these women.

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SAT0182

DYSLIPIDEMIA, HYPERTENSION, LUPUS NEPHRITIS AND HIGHER PREDNISONE USAGE CONTRIBUTE TO EVOLUTION OF CAROTID INTIMA-MEDIA THICKNESS IN MILD SYSTEMIC LUPUS ERYTHEMATOSUS: A 7-YEAR FOLLOW-UP STUDY

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Background: In SLE accelerated progression of carotid plaque and contribution of inflammatory factors for premature vascular changes have been reported. Effect of classical risk factors on progression of carotid intima-