BACKGROUND: Sjögren syndrome (SjS) is an autoimmune disorder characterized by inflammation and destruction of exocrine glands. The presence of autoantibodies (AA) against the Ro52/TRIM21, an RNP complex binding to the stem-loop structure of human cytoplasmic RNA, might be relevant in the SjS pathogenesis. It has been shown that distinguishing between antibody reactivity against Ro60 and Ro52/TRIM21 could be helpful in terms of evaluating clinical course, features and even pre-symptomatic stages of the disease (1).

OBJECTIVES: To evaluate the prevalence of anti-Ro52/TRIM21 antibodies in a cohort of patients diagnosed with primary SjS.

METHODS: In this cross-sectional study we evaluated 179 patients with primary SjS according to the ACR classification criteria who had been admitted between December 2008 and December 2018 to our outpatient clinic. All patients had an ANA titer higher than 1:320 (2) in at least two positive determinations for any pattern. ANA, anti-Ro52/TRIM21, anti-Ro60, anti-La and rheumatoid factor (RF) were tested by immunoblot (Euroimmun, Lübeck, Germany).

RESULTS: In our cohort the median age at diagnosis was 57 years (range: 20–85 years); 89% had a clear dominance of females (n=160, 89%), the most frequently reported ANA patterns were speckled (93%), while only few patients had a homogeneous (6%) pattern. 177/179 were positive for anti-Ro52/TRIM21 (98%), 159/179 (88%) for anti-Ro60, 127/179 for anti-La (79%) and 94/179 (52%) showed RF reactivity. 76/179 (42%) patients showed all four reactivities (anti-Ro52/TRIM21, anti-Ro60, anti-La and RF). Out of these 76 patients, 11 (6%) patients exhibited Raynaud’s syndrome, 25 (13%) exhibited arthritis/arthralgia, 31 (17%) had hypergamma-globulinemia, 13 (7%) had hypocomplementemia and 26% had elevated free kappa/lambda chains, as typical clinical and laboratory features described in SjS.

CONCLUSION: Our results showed that anti-Ro52/TRIM21 but not anti-Ro60 is present in virtually all patients with SjS and has the most prevalent antibody reactivity. This finding needs to be considered in the current classification criteria of SjS (2), which include the presence of anti-Ro60, rather than anti-Ro52/TRIM21. Also, including the anti-Ro52/TRIM21 measurement in larger cohorts and longitudinal studies would also help us in improving the knowledge of its pathogenic role and to define of more focused diagnostic/therapeutic strategies.

REFERENCES

Disclosure of Interests: Larissa Valor: None declared, Hannah Schenker: None declared, Melanie Hagen: None declared, Johannes Knitza: None declared, Georg Schett: None declared.
Figure 2: Correlation of the absolute number of peripheral CD4⁺ cells and of CD6⁺ T cells with the serum levels of complement C3.

REFERENCES


Disclosure of Interests: None declared


SAT0212

ASSOCIATION BETWEEN SELF-EFFICACY AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Self-efficacy for managing chronic conditions assesses the confidence a person has on the ability of successfully perform specific tasks related to a chronic condition in several different situations. Self-efficacy is considered one of the most important modifiable factors in educational interventions that enhance Systemic Lupus Erythematosus (SLE) patients’ mental health status. Low disease self-efficacy is associated with SLE morbidity.

Objectives: To determine the association of several domains of self-efficacy for managing chronic conditions and health-related quality of life (HRQoL) in SLE patients.

Methods: We evaluated patients with SLE from a single center cohort between October 2018 and January 2019. Using a standard protocol, we evaluated demographic characteristics, clinical manifestations and treatments. A score of 50 is the average for Peruvian or Latin American populations. The associations between self-efficacy (six domains) and each domain of LupusQoL were examined using linear regression models, adjusted by gender, age at diagnosis, socioeconomic status, educational level, SLEDAI-2K, SDI, prednisone daily dose, and antimalarial and immunosuppressant use.

Results: A total of 60 patients fit the inclusion criteria. Of them, 54 (90.0%) were female, their mean (SD) age at diagnosis was 37.3 (13.4) years, disease duration was 9.2 (7.2) years. The HRQoL domains most affected were the following: burden to others, intimate relationships, and body image. Self-efficacy was lower than the expected for the general population ranging between 43.1 and 48.6. The six domains of self-efficacy were positively associated with the majority of the domains of HRQoL, as depicted in Table 1.

Conclusion: Low disease self-efficacy in the management of SLE negatively correlated with HRQoL. The impact of the improvement of self-efficacy in the HRQoL should be evaluated prospectively.

REFERENCE


Disclosure of Interests: None declared


SAT0213

PREGNANCY AND UNDIFFERENTIATED CONNECTIVE TISSUE DISEASE: OUTCOME AND RISK OF FLARE IN 100 PREGNANCIES

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Background: Undifferentiated connective tissue disease (UCTD) is a group of systemic autoimmune conditions which do not fulfil the criteria for a definite connective tissue disease (CTD). The interaction between pregnancy and UCTD is still poorly studied and scarcely recognized.

Objectives: The purpose of this study was to evaluate the risk of disease flares or differentiations into a well-defined CTD and also the risk of adverse outcome in pregnancy in patients with UCTD.

Methods: A total of 100 pregnancies in 81 UCTD followed at a single center were included in this analysis. From the time the pregnancy was detected, each patient was evaluated every 4 – 6 weeks and the diagnosis was re-evaluated at each observation; the follow-up was considered completed after the last visit during puerperium. At each visit, patients were assessed by a rheumatologist and by a gynecologist.

Results: Eleven pregnancies (11%) ended with abortion in the first trimester and the remaining 89 (99%) ended with a live birth. Twelve patients (12%) flared during pregnancy or puerperium and three (3%) had major adverse outcome in pregnancy in patients with UCTD.

Conclusion: The impact of pregnancy appears to be less serious in UCTD than in other CTDs, however disease flares and obstetric complications can represent a clinical challenge; disease clinical and serological activity seem important determinants of pregnancy outcomes. Thus, a pre-pregnancy counselling and planning as well as a close monitoring during pregnancy is warranted.


Table 1: Association between several domains of self-efficacy for managing of systemic lupus erythematosus and health-related quality of life (HRQoL).

<table>
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<tr>
<th>Domain</th>
<th>General Self-efficacy</th>
<th>Physical</th>
<th>Mental Health</th>
<th>Social Functioning</th>
<th>Role Functioning</th>
<th>General Health</th>
<th>Overall HRQoL</th>
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