Figure 2: Correlation of the absolute number of peripheral CD4+T cells and of CD8+T cells with the serum levels of complement C3.

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SAT0212

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

Paola Alejandra Zeña Huancas¹, Cristina Reategui Sokolova^{1,2}, Rocio Gamboa Cardenas^{1,3}, Mariela Medina Chinchon¹, Francisco Zevallos Miranda¹, Victor Pimentel Quiroz¹, Claudia Elera-Fitzcarrald^{1,4}, Jose Alfaro Lozano¹, Cesar Pastor Asurza^{1,3}, Risto Perich Campos^{1,3}, Zoila Rodriguez Bellido^{1,3}, Graciela S. Alarcon⁵, Manuel F. Ugarte-Gil^{1,4}. ¹Hospital Nacional Guillermo Almenara Irgoyen, Reumatología, Lima, Peru; ²Universidad San Ignacio de Loyola, Lima, Peru; ³Unidad de Investigación para la Generación y Síntesis de Evidencias en Salud, Lima, Peru; ⁴Universidad Nacional Mayor de San Marcos, School of Medicine, Lima, Peru; ⁵The University of Alabama, Birmingham, USA, School of Medicine, Birmingham, United States of America

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.¹

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 treatment. Self-efficacy was measured with the Spanish version of the Self-Efficacy for Managing Chronic Disease Scale (PROMIS Short Form v1.0) which include six domains: general self-efficacy, managing emotions, managing symptoms, managing daily activities, managing social interactions, managing medications and treatment. A score of 50 is the average for the US general populations with a standard deviation of 10 (such values are not available for Peruvian or Latin American populations). HRQoL was measured with the LupusQoL, disease activity was ascertained with

Table 1. Association between several domains of self-efficacy for managing of Systemic Lupus Erythematosus and the health-related quality of life. Multivariable analyses.

Self-Efficacy Domains	Physical health	Pain	Planning	HR-QoL Domains	Emotional health	Body image	Fatigue
General self-efficacy 4a	B (56) 1.15 (0.26)	1.33 (0.32)	1.08 (0.33)	0.75 (0.38)	1.18 (0.33)	1.26 (0.32)	1.50 (0.29)
p	<0.001	<0.001	0.001	0.009	<0.001	<0.001	<0.001
Self-Efficacy for Managing emotions 8a	B (56) 1.80 (0.29)	2.06 (0.36)	2.04 (0.36)	1.41 (0.43)	1.93 (0.35)	1.75 (0.40)	2.05 (0.35)
p	<0.001	<0.001	<0.001	0.001	<0.001	<0.001	<0.001
Self-Efficacy for Managing symptoms 8a	B (56) 1.27 (0.32)	1.54 (0.38)	1.21 (0.40)	1.04 (0.44)	1.47 (0.37)	1.64 (0.37)	1.44 (0.37)
p	<0.001	<0.001	0.002	0.003	<0.001	<0.001	<0.001
Self-Efficacy for Managing daily activities 8a	B (56) 2.20 (0.26)	2.43 (0.34)	2.08 (0.37)	1.41 (0.45)	1.89 (0.37)	1.92 (0.40)	2.47 (0.31)
p	<0.001	<0.001	<0.001	0.002	<0.001	<0.001	<0.001
Self-Efficacy for Managing social interactions 8a	B (56) 1.18 (0.36)	1.44 (0.43)	1.42 (0.43)	0.95 (0.49)	1.82 (0.39)	2.04 (0.41)	1.33 (0.42)
p	0.001	0.001	0.001	0.052	<0.001	<0.001	0.002
Self-Efficacy for Managing medications and Treatments 8a	B (56) 0.47 (0.34)	0.65 (0.42)	0.39 (0.43)	0.24 (0.43)	0.90 (0.40)	1.21 (0.41)	0.97 (0.40)
p	0.189	0.123	0.355	0.578	0.024	0.003	0.015

SE standard error

the Systemic Lupus Erythematosus Disease Activity Index – 2K (SLEDAI-2K), and damage with the Systemic Lupus International Collaborating Clinics (SLICC)/American College of Rheumatology (ACR) damage index (SDI). 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.

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SAT0213

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

Dina Zucchi¹, Chiara Tani¹, Elena Elefante¹, Linda Carli¹, Alice Parma¹, Francesca Anna Letizia Strigini², Marta Mosca¹. ¹Azienda Ospedaliero Universitaria Pisana, Rheumatology Unit, Department of Clinical and Experimental Medicine, University of Pisa, Italy, Pisa, Italy; ²Division of Gynecology and Obstetrics, Department of Clinical and Experimental Medicine, University of Pisa, Italy, Pisa, Italy

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 differentiation 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 (89%) ended with a live birth. Twelve patients (12%) flared during pregnancy or puerperium and three (3%) had major flares and evolved to systemic lupus erythematosus (SLE) with renal involvement. Obstetric complications were observed in twenty-nine out of the 89 successful pregnancy (33%), including two cases (2%) of pre-eclampsia. We found a significant association between anti-dsDNA antibodies positivity at baseline and disease flare ($p < 0.01$), while disease activity at the beginning of pregnancy was associated with flare ($p < 0.01$) and also with cumulative obstetric complications ($p < 0.05$).

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.

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