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

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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.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

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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 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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Vasculitis

SAT0214

CLINICAL FEATURES OF ANEURYSMAL BEHÇET DISEASE

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Background: Arterial aneurysmatic lesions are one of the unique features of Behçet's disease (BD). However, it is difficult to determine which BD patients will develop an aneurysm.

Objectives: In this study, we aimed to determine the differences between BD patients with and without an arterial aneurysm.

Methods: Data of the 23 BD patients with an arterial aneurysm was published as an abstract in 2013 (1). We retrospectively reviewed the medical records of 441 patients with BD according to International Study Group (ISG) criteria between January 2013 and June 2018. Totally, we determined 45 BD patients with an arterial aneurysm. Six patients with isolated carotid and/or cranial arterial aneurysms who were followed by other clinics excluded from the analysis. Overall, 39 BD patients with an extracranial and extra carotid aneurysm included in the study. Data regarding demographic features, clinical, laboratory and vascular imaging findings were collected.

Results: A total of 39 BD patients (Male: 76.9%) with an arterial aneurysm were analyzed in this study. Mean age, mean age of diagnosis and a median follow-up of patients were 40.9±11.0 years, 29.7±7.7 and 71.8 (2-186) months, respectively. The mean age at the onset of the arterial aneurysm was 36.1±11.5 years. The median time lag between the onset of BD and detection of an aneurysm was 63.6 (0-482) months. The prevalence of male patients in BD with aneurysms, without aneurysms and only mucocutaneous were 76.9%, 52.3%, and 34.3%, respectively. Comparison of BD patients with and without an aneurysm shown in table 1. In multivariate analysis, having a venous thrombosis was the sole risk factor for the development of arterial aneurysm (OR 10.53, 95% CI 1.53-72.71) (Table). Distribution of aneurysms was shown in the figure. At the first diagnosis, a median number of the aneurysm was 1 (1-4), the median diameter of an aneurysm was 39 mm (10-80) and 16 (41%) patients had more than one aneurysm. Type of the firstly detected aneurysm was as follows; 38.5% saccular, 17.9% fusiform, 15.4% pseudoaneurysm and 2.6% dissecting aneurysms. Aneurysm type was not known in 25.6% of patients. The first diagnostic finding was an aneurysmal symptom in the 25% of BD patients.

Conclusion: Aneurysm was the diagnostic symptom in 25% of BD patients with an aneurysms. The median time lag between the onset of BD and detection of an aneurysm was almost 5 years. In aneurysmal BD, there is male sex dominance and having venous thrombosis is the most important risk factor. Although pulmonary arteries have an important role in the BD course, the involvement of the aorta and iliac arteries can be seen frequently.

Figure.. Distribution of aneurysms

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Table.. Clinical features of Behçet disease patients with and without arterial aneurysm

	BD with arterial aneurysm, n=39	BD without arterial aneurysm, n=396	p
Age (mean±SD, year)	40.9±11.0	41.0±11.8	0.971
Age at diagnosis (mean ±SD, year)	29.7±7.7	29.2±9.1	0.504
Male	76.9	52.3	0.003
Smoke,%	36.7	48.0	0.235
Oral ulcers,%	100	99.7	1
Genital ulcers,%	80.6	74.5	0.425
Pathergy,%	34.5	44.8	0.303
Erythema nodosum,%	33.3	44.3	0.20
Papulopustular lesions,%	47.2	54.9	0.374
Ocular involvement,%	28.2	51.2	0.006
Arthritis,%	27.8	28.8	0.9
Gastrointestinal involvement,%	7.7	4.6	0.423
Neurologic involvement,%	5.1	18.7	0.033
Fever,%	24.3	NA	NA
Venous thrombosis,%	51.3	20.1	<0.001

BD: Behçet disease, NA: Non available

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SAT0215

APREMILAST IN REFRACTORY ORAL AND/OR GENITAL ULCERS IN BEHÇET'S DISEASE. MULTICENTER STUDY OF 49 CASES IN CLINICAL PRACTICE

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Background: Oral and/or genital aphthous ulcers are the most common symptoms of Behçet's disease (BD), and are often refractory to conventional treatment. The inhibitor of phosphodiesterase-4 Apremilast (APR) has demonstrated efficacy in the treatment of this manifestations.

Objectives: To assess the efficacy and safety of APR in BD patients with oral and/or genital ulcers refractory to conventional treatment.

Methods: National multicenter open-label study on 49 BD patients treated with APR at maintained standard dose of 30 mg twice daily, with the initial 5-day titration schedule in 38 cases. The main outcome was achievement of oral and/or genital ulcers remission.

Results: We included 49 patients (35 women/14 men), mean age of 44.5 ±13.4 years. Before APR, all patients had received several systemic conventional and/or biological drugs: oral corticosteroids (n=45), colchicine (n=48), NSAIDs (n=21), methotrexate (n=27), azathioprine (n=23), cyclosporine (n=9), dapsone (n=6), adalimumab (n=12), infliximab (n=8), tocilizumab (n=3), etanercept (n=3), sulfasalazine (n=2), cyclophosphamide (n=2) and/or others (pentoxifylline, thalidomide, mycophenolate mofetil, hydroxychloroquine, golimumab, 1 each). The main clinical symptoms for starting APR were oral (n=18) and genital (n=2) aphthous ulcers or both (n=29). After a mean follow-up of 8.3±6.8 months, most of the patients experienced main clinical improvement and prednisone dose was reduced or discontinued (TABLE). In this period of time, 31 patients developed any side-effect, most of them transitory: nausea (n=12), diarrhea (n=11),