We observed a mean corticoid dose reduction of 4.02 mg (Q1 2.5, Q3 5). Dose was not modified in 4 patients after the beginning of Belimumab IV. As exceptions, in 1 patient we added corticoids to treatment (dose of 5 mg/day) and in another one we doubled corticoid dose, until a maximum dose of 20 mg/day.

Belimumab treatment was definitive discontinued in 5 patients because of peripheral venous insufficiency, pregnancy, itchy skin lesions, uncertain drug allergy and primary pulmonary hypertension.

Conclusion: As we observed, an important percentage of patients (in our sample close to 90%) take usually corticoids, with the clinical consequences and development of comorbidities in a long time and adverse events related to this therapy. Diary dose is reduced in 57.9% of our patients, even in those patients who have discontinued Belimumab treatment, in which we observed a dose reduction too.

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AB0464

EFFECTIVENESS AND SAFETY OF ABATACEPT FOR 24 MONTHS FOR TREATING PATIENTS WITH PRIMARY SJÖGREN'S SYNDROME (PSS)

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Introduction: Primary Sjögren's syndrome (SSp) is a systemic autoimmune disease concerning the exocrine glands and internal organs. Therapeutic options mainly include symptomatic and supportive measures, whereas traditional immunosuppressive drugs have not presented efficacy in randomized trials. Abatacept is a T-cell co-stimulation modulator and there are evidences that this drug may be effective for treating Pss.

Objectives: The objective of this trial was to evaluate effectiveness and safety of abatacept for 24 months in the treatment of pSS.

Methods: Observational prospective study for 24 months. It was included 11 patients that filled the American-European Consensus criteria (2002). Patients received abatacept according the weight < than 60 kilos (500mg), 60 kilos to 100 kilos (750 mg) per month for 24 months. It was evaluated Sjögren's syndrome disease activity index (ESSDAI), salivary flow with no stimulation for 15 minutes, Schimer's ophthalmologic evaluation tests, Ocular Staining Score (OSS) e Break up time, quality of life by Medical Outcome Survey Short Form 36 (SF-36) and fatigue by FACIT Fatigue - The Functional Assessment of Chronic Illness Therapy. For statistical analysis was used the Wilcoxon's test for related samples and test T of Student to paired samples. The significance level of 5% was adopted and analyzes were accomplished in the R program (version 3.5.1).

Results: This study was constituted from 11 women between the ages 25 to 81 years (average: 53.73 ± 15.07 years), being the majority afro-descendant women (54.5%). Of this total, 90.9% presented positive antinuclear antibody (ANA), 81.8% positive anti/SSA, and 90.9% positive rheumatoid factor. In relation to ESSDAI, 81.8% of the participants presented scores greater than 5. There was a statistically significant reduction in the ESSDAI IC 2.99 [-0.49; 7.99] (p = 0.013). Between the sub items of the ESSDAI, the ones that demonstrated the greatest modifications were articular and glandular. There was a significant increase in the salivary flow of the participants (dif = -0.90; IC-95%: -1.50; -0.50] after 24 months of treatment. There was no statistical difference between the beginning and after 24 months of treatment in the different evaluations, Schimer's ophthalmologic right eye IC 2.26 [-3.50; 12.5] p=0.423, Break up time OD 0.50 [-1.00; 2.49] p=0.307, OSS right eye IC: 0.50 [-2.50; 5.50] p=0.721. In the SF36 only in the Limitation for Emotional Aspects sub scale reported significant improvement (dif = 36.4; IC95%: -67.1; -5.57; p = 0.025), and FACIT presented no evidences of significant changes between pre and post treatment p = 0.356.

Conclusion: The study demonstrates limitations due to the few number of patients included and for being an open study not controlled, but we observed a statistically significant reduction in the ESSDAI, increase in the salivary flow and in the sub scale Limitation for Emotional Aspects of the SF36, indicating a positive effect in the disease.

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AB0465

EFFICACY AND SAFETY OF IGURATIMOD IN PATIENTS WITH PRIMARY SJÖGREN SYNDROME: A FOLLOW-UP STUDY

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Background: Primary Sjögren syndrome (pSS) is a chronic autoimmune disorder affecting 0.2–3% of the population. However, there are currently no effective systemic therapies. Anti-Ro, anti-La and rheumatoid factor(RF) as well as hyper γ -globulinaemia indicate a degree of B cell hyperactivity. In the recent ten years, iguratimod (T-614) has been used to treat RA as a novel immunomodulatory, which functions by suppressing the production of some inflammatory cytokines, as well as reducing immunoglobulin production by acting directly on human B lymphocytes without affecting B lymphocyte proliferation.

Objectives: We evaluated the effectiveness and safety of iguratimod on pSS patients in this follow up study.

Methods: A total of 21 pSS patients without severe systemic damage needing corticosteroid were recruited to receive iguratimod 25mg Bid for 12 weeks.

Results: Among them, 1 patient and 2 patients withdrew because of kidney dysfunction and ineffectiveness. For those 18 patients who finished the follow up, 94.4% were females and average age were 46.5±13.8 year-old with median disease duration of 22.0 (9.8, 58.5) months. Compared with baseline, ESSDAI score, hyperglobulinaemia and ESR was significant decreased after iguratimod treatment (Table). Two of the 18 patients presented with decreased white blood cell count. This side effect ameliorated in one patient after tapering the dose to 25mg Qd and in another patient after 2 weeks without any intervention.

Table. Effectiveness of iguratimod in pSS

	Baseline (B)	12w	P value (vs. B)	24w	P value (vs.12W)	P value (vs. B)
IgG	23.19±5.50	20.19±5.21	0.009	18.52±4.64	0.064	0.001
IgM	1.27±0.39	0.98±0.42	0.000	0.97±0.39	0.908	0.001
IgA	4.16±1.30	3.51±1.41	0.000	3.29±1.07	0.045	0.000
ESR	26.69	19.62	0.015	15.57	0.929	0.043
	±17.68	±10.89		±11.28		
ESSDAI	4.5±2.5	3.0±2.4	0.001	2.08±1.44	0.237	0.004

Conclusion: This is the first follow study of iguratimod in pSS to show benefit with good tolerance.

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