AB0468

QUALITY OF LIFE IN SYSTEMIC LUPUS WOMEN WITH CUTANEOUS DAMAGE ON THE FACE: COSMETIC CAMOUFLAGE IMPACT

Cristina Costa Lanna¹, Fernando Afranio Palmeira Oliveira², Fabiana Miranda Moura Dos Santos¹, Maria Veloso Rocha Mameluque³, Thiago Loredio e Silva³, Clara Otoni Neves³, Douglas Mansur Guerra³, Maria Fernanda Botelho Teixeira³, Claudia Lopes Santoro Neiva⁴, Ana Flavia Madureira de Pádua Dias⁴, Rosa Weiss Telles⁵. ¹Medical School, Universidade Federal de Minas Gerais, Locomotor Apparatus, Belo Horizonte, Brazil; ²Medical School, Universidade Federal de Minas Gerais, Post-graduation Programme, Belo Horizonte, Brazil; ³Medical School, Universidade Federal de Minas Gerais, Undergraduate student, Belo Horizonte, Brazil; ⁴Santa Casa de Misericórdia, Rheumatology Unit, Belo Horizonte, Brazil; ⁵Medical School, Universidade Federal de Minas Gerais, Internal Medicine, Belo Horizonte, Brazil

Background: Health-related quality of life (HRQoL) can be negatively impacted by visible skin lesions.¹

Objectives: To investigate the effect of cosmetic camouflage on health-related quality of life of systemic lupus erythematosus (SLE) women presenting sequelae of cutaneous manifestations on the face.

Methods: This is a randomized controlled clinical trial (Universal Trial Number: U1111-1210-2554e) with outpatients SLE women according to ACR/1997 and/or SLICC/2012 criteria, aged over 18 years old with sequelae of cutaneous lupus manifestations on the face, recruited in two tertiary centers. Exclusion criteria were: moderate to severe systemic lupus activity (SLEDAI 2k-modified >4), no understanding of the questionnaires or psychological and/or psychiatric treatment initiation or modification during the study. A final sample of 43 patients was divided into group I (cosmetic camouflage n=28) and group II (control n=15). Patients in group I were instructed to use cosmetic camouflage daily; Group II patients did not use any camouflage. SLE Quality of Life (SLEQoL) and Dermatology Quality of Life Index (DLQI) questionnaires were used to evaluate HRQoL, higher scores meaning worse HRQoL. All patients answered the questionnaires at baseline (T0) and after 12 (±2) weeks (T1). The primary end point was a change on HRQoL after camouflage cosmetic use. Continuous variables were described as median (interquartile range). The Wilcoxon signed rank test and the Mann-Whitney U test were used for the analysis as indicated. End points were investigated per-protocol analysis, and a 2-sided p value <0.05 was considered to be significant.

Results: Both groups were similar at baseline regarding age [group I: 45.0 (37.3-55.7) years old versus group II: 50.0 (43.0-55.0) years old, p=0.575], disease duration [group I: 17.5 (7.3-26.5) years versus group II: 15.0 (9.0-17.0) years, p=0.452] and modified SLEDAI-2k [group I: 0 (0-2) versus group II: 2 (0-2), p=0.301]. Also, they were similar considering the sociodemographic, clinical and treatment characteristics of the disease. The DLQI and SLEQoL scores decreased in the cosmetic camouflage group from baseline: DLQI [T0: 8.5 (4.0-16.0) versus T1: 3.0 (1.0-7.5), p=0.008]; SLEQoL [T0: 118.0 (91.0-154.3) versus T1: 95.5 (76.0-135.0), p=0.003]; while there was no variation in the control group: DLQI [T0: 8.0 (3.0-12.0) versus T1: 7.0 (4.0-12.0), p=0.196]; SLEQoL [T0: 89.0 (65.0-127.0) versus T1: 95.5 (65.0-164.0), p=0.532]. The difference on the variations of HRQoL scores between groups I and II was statistically significant: ΔDLQI [group I: -3.0 (-10.8-0.0) versus group II: 1.0 (-1.0-6.0), p=0.003] and ΔSLEQoL [group I: -14.5 (-33.0-0.0) versus group II: 3.0 (-8.0-10.0), p=0.009]. The SLEQoL score variations were on physical function (p=0.033), humor (p=0.033) and self-image (p=0.031) domains.

Conclusion: In this group of SLE women with low systemic disease activity and sequelae of cutaneous manifestations on the face, we observed an improvement of HRQoL after daily use of cosmetic camouflage. It is an effective intervention that should be recommended by the rheumatologists.

REFERENCES

- [1] Klein R, et al. Quality of life in cutaneous lupus erythematosus. J Am Acad Dermatol. 2011; 64 (5): 849-58.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.4837

AB0469

THE EFFECTS OF ACUPUNCTURE ON XEROSTOMIA, XEROPHTHALMIA AND ANTIBODY MODIFICATION IN PATIENTS WITH SJÖGREN SYNDROME: A META-ANALYSIS

Tzu-Hao Li^{1,2,3,3}, Yen-Ying Kung^{3,4}, Chang-Youh Tsai^{3,5}. ¹Division of Allergy, Immunology, and Rheumatology, Department of Medicine, Chiayi Branch, Taichung Veterans General Hospital, Chiayi City, Taiwan, Republic of China; ²Institute of Clinical Medicine, National Yang-Ming University, Taipei City, Taiwan, Republic of China; ³Faculty of Medicine, National Yang-Ming University, Taipei, Taiwan, Republic of China; ⁴Center for Traditional Medicine, Taipei Veterans General Hospital, Taipei, Taiwan, Republic of China; ⁵Division of Allergy, Immunology, and Rheumatology, Department of Medicine, Taipei Veterans General Hospital, Taipei City, Taiwan, Republic of China

Background: Xerostomia and xerophthalmia are common chief complaints among patients with Sjögren syndrome (SS) but there has been no satisfying pharmacy to relieve the associated symptoms; hence the effectiveness of other non-pharmacological interventions such as acupuncture should be accessed.

Objectives: To access the therapeutic effects of acupuncture on xerostomia and xerophthalmia in patient with SS.

Methods: We conducted a meta-analysis of randomized clinical trials (RCTs) which evaluated the effectiveness of xerostomia and xerophthalmia in SS. PubMed, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), Chongqing Weipu Database (CQVIP), China Academic Journals Full-text Database, AirtelLibrary, Chinese Electronic Periodicals Service (CEPS), China National Knowledge Infrastructure (CNKI) Database were searches through Oct, 2018 to select studies. Data for evaluation of subjective and objective xerostomia was extracted and was assessed with random-effects meta-analysis.

Results: After searching, a total of 680 references were yielded and five RCTs were included, covering 460 patients dry mouth resulted from SS, among whom 229 patients received acupuncture and 231 patients were control group. Acupuncture group was associated with higher subjective response rate (odds ratio 3.036, 95% confidence interval [CI] 1.828 – 5.042, P < 0.001, Fig. 1) and increased salivary flow rate (weighted mean difference [WMD] 3.066, 95% CI 2.969 – 3.164, P < 0.001, Fig. 2), as an objective marker. Regarding xerophthalmia, acupuncture group revealed less dry eye visual analog scale (VAS, WMD -1.035, 95% CI -1.457 - -1.673, P < 0.001, Fig. 3), better Schirmer test (WMD 2.357, 95% CI 1.021 – 3.692, P = 0.001, Fig. 4) and trend of longer break-up time (WMD 4.927, 95% CI -0.055 – 9.908, P = 0.053, Fig. 5). In addition, two studies examined IgG levels, which were lower in the acupuncture group (WMD -166.857, 95% CI -233.138 - -100.576, P < 0.001, Fig. 6).

Conclusion: In the present meta-analysis, acupuncture improves both subjective and objective markers of xerostomia and xerophthalmia in patients with SS and is considered as an option of non-pharmacological treatment.

REFERENCES

- [1] Vivino FB. Sjogren's syndrome: Clinical aspects. Clin Immunol. 2017;182:48-54.
- [2] Kuklinski E, Asbell PA. Sjogren's syndrome from the perspective of ophthalmology. Clin Immunol. 2017;182:55-61.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.1765

AB0470

IMMUNOREGULATORY THERAPY EFFECTIVELY PROMOTES THE BALANCE BETWEEN TREG CELLS AND PRO-INFLAMMATORY LYMPHOCYTES IN SYSTEMIC LUPUS ERYTHEMATOSUS

Xiaoqing Liu¹, Nalin Lai², Ting Cheng², Xiaojuan Mao³, Li Xiaofeng³. ¹The Second Hospital of Shanxi Medical University, Department of Rheumatology, Taiyuan, China; ²The Second Hospital of Shanxi Medical University, Department of Rheumatology, Taiyuan, China; ³The Second Hospital of Shanxi Medical University, Department of Rheumatology, Taiyuan, China

Background: Recent studies have reported that some drugs such as low-dose interleukin-2, rapamycin, metformin, retinoic acid and coenzyme Q10 could promote the proliferation and functional recovery of regulatory T cells (Treg) in patients with autoimmune diseases. However, the effects on the balance of Treg cells and pro-inflammatory lymphocytes and long-term efficacy have rarely been reported.