n	Manifestations	Haematological	Immunological	Steroid at lymphoma diagnosis*	Immunosuppressant at lymphoma diagnosis*
1	Rash, photosensitivity, arthritis, pleuritis, pericarditis	Leucopenia	ANA, DNA, SS-A, low C	Yes	Azathioprine (AZA)
2	Arthritis	Haemolytic anaemia	ANA, Sm, SS-A	No	No
3	Rash, photosensitivity, discoid, oral ulcers, pericarditis	Lymphopenia	ANA, RNP	Yes	No
4	Rash, arthritis, epilepsy, fever, adenopathies	Leucolymphopenia	ANA, DNA, Sm, low C	Yes	Mycophenolate (previous AZA)
5	Discoid, photosensitivity, fever, hemophagocytic syndrome	Leucolymphopenia thrombocytopenia		Yes	Previous cyclophosphamide
6	Oral ulcers	Platelets <20000, haemolytic anaemia	ANA, SS-A, low C	Yes	Rituximab
7	Rash, photosensitivity	Leucolymphopenia	ANA, SS-A, SS-B, low C	Previous	No
8	Arthritis, epilepsy, CNS vasculitis, stroke, pleuritis, pericarditis	Thrombocytopenia	ANA	Yes	No
9	Arthritis, stroke, glomerulonephritis	Haemolytic anaemia, thrombocytopenia	ANA, DNA, RNP, SS-A, low C	Yes	Mycophenolate

*Mean time with immunosuppressant previous to lymphoma was 2 years and with steroid 12 years

Disclosure of Interests: None declared

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AB0537

CHRONIC DAMAGE CONTRIBUTION TO COGNITIVE IMPAIRMENT IN PRIMARY ANTIPHOSPHOLIPID SYNDROME

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Background: There is a gamut of affections at neurological level in patients with primary APS (PAPS) including cognitive impairment (CI). It presents in middle age population carrying a high risk of dementia.

Objectives: To analyze the impact of chronic damage in CI and its associated factors in patients with PAPS.

Methods: Cross-sectional study in patients with PAPS (Sidney criteria). Demographic, clinical data, comorbidities and treatment were investigated. For the diagnosis of CI, MoCA version 8.1 questionnaire was employed and HAD questionnaire for depression screening. Patients were divided into 2 groups: with and without CI. Chronic damage was measured with DIAPS, considering chronic damage as the damage established for over 6 months and with a score ≥ 1 . Descriptive statistics, and chi square test were used.

Results: Sixty PAPS patients were included, 76.7% were females. Clinical characteristics, associated risk factors and cognitive assessment by domain in both groups are shown in table 1. Only 1 patient presented depression and 3 had anxiety/depression by HAD test. Mild CI was present in 61.7%, moderate CI in 6.7% and no CI in 31.7%. Median DIAPS score was 3, Interquartile Range 2-5.75. Thirty patients with CI had a DIAPS score ≥ 3 (p=0.007). Persistence of positivity for aCL was associated to CI (p=0.004).

Conclusion: The high score of DIAPS and persistence of aCL were associated with CI in PAPS. Chronic stress generated by accumulated chronic damage coupled with APS vasculopathy may contribute to cognitive deterioration. Prevention of chronic damage as well as a cognitive intervention are necessary in order to decrease CI.

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Table 1. Demographic characteristics, risk factors and cognitive evaluation in PAPS patients.

	Without CI (n=19)	With CI (n=41)
Demographic factors		
Age (years)	48.1 $\pm$ 14.7	49.0 $\pm$ 12.8
Education (years)	13.8 $\pm$ 3.5	12.0 $\pm$ 4.3
Disease characteristics		
Age at diagnosis (years)	36.0 $\pm$ 12.5	35.7 $\pm$ 10.9
Course (months)	229.9 $\pm$ 182.6	222.8 $\pm$ 144.8
Stroke history (%)	15.8	41.0
+aCL (%)*	73.7	92.0
B2GPI-1 (%)	52.6	35.9
Triple aPL (%)	23.1	42.1
Use of drugs associated to cognitive impairment		
Benzodiazepines (%)	10.5	20.5
Cognitive impairment by domain		
Cognitive alteration (%)	63.2	76.9
MoCA test score	26.8 $\pm$ 1.2	22.1 $\pm$ 2.8
Executive-Visuospatial (Mdn, range)	5, 3 – 5	4, 2 – 5
Identification (Mdn, range)	3, 3 – 3	3, 1 – 3
Attention (Mdn, range)	6, 4 – 6	5, 1 – 6
Language (Mdn, range)	2, 1 – 3	2, 0 – 3
Abstraction (Mdn, range)	2, 1 – 2	2, 0 – 2
Deferred memory (Mdn, range)	3, 0 – 5	1, 0 – 5
Orientation (Mdn, range)	6, 5 – 6	6, 5 – 6
Dementia risk (%)	5.3	46.2

*p < 0.05

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AB0538

INFLUENCE OF IMMUNOLOGICAL FEATURES, DISEASE ACTIVITY AND FATIGUE ON THE HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PRIMARY SJOGREN'S SYNDROME

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Background: Studies show that the health-related quality of life (HRQoL) is significantly reduced in patients with primary Sjogren's syndrome (pSS). However, potential predictors of HRQoL in these patients are not well known.

Objectives: To investigate potential influence of main immunological features, fatigue and disease activity on the HRQoL in patients with pSS.

Methods: We studied 41 consecutive in- and outpatients with pSS diagnosed according to the AECG criteria in the Clinic of Allergy and Immunology. The SF-36 questionnaire has been used to assess HRQoL. The SF-36 values have been compared with the population based reference values. Fatigue was assessed using Fatigue Severity Scale (FSS). ESSDAI was used for the evaluation of systemic involvement and disease activity and ESSPRI for the evaluation of the patient-reported outcomes.

Results: There were 38/41 female patients. The mean age was 56.2 $\pm$ 13.5 years and the mean disease duration was 3.9 $\pm$ 5.8 years. HRQoL was reduced in almost all SF-36 domains in the comparison to healthy population: physical functioning (PF) (p=0.0161); role physical (RP) (p=0.0005); social functioning (SF) (p=0.0234); role emotional (RE) (p=0.0421). The mean value of FSS score was 4.6 $\pm$ 2.2, with 53.6% of patients having FSS score more than 4.8 (which is considered to be pathological). There were no significant differences in HRQoL depending on the presence of ANA (p=0.44), anti-SSA Abs (p=0.0756), anti-SSB Abs (p=0.218), cryoglobulins (p=0.8), complement consumption (p=0.122). Patients with elevated values of RF had significantly higher HRQoL (p=0.00453). Serum IgG concentrations positively correlated with HRQoL (rho=0.488, p=0.00139), and especially with the domains of SF (rho=0.502, p=0.0005) and PF (rho=0.491, p=0.00129). We found a significant negative correlation between HRQoL and FSS score (rho=-0.794, p<0.001). The mean ESSDAI score was 3.8 (0-23), and 75.6% of patients had some level of disease activity according to ESSDAI. Patients with low disease activity had higher HRQoL compared to those with moderate disease activity in following SF-36 domains: physical composite score (PCS) (p=0.0148), PF (p=0.0328), RP (p=0.00697) and vitality (VT) (p=0.05). The mean ESSPRI score value was 5.1 $\pm$ 2.7 (dryness scale – 6.1, fatigue scale – 5.4, limb pain scale – 3.8). ESSPRI score negatively correlated with HRQoL (rho=-0.763, p<0.001) in all SF-36 domains.

Conclusion: Our study identified ESSDAI, ESSPRI and FFS scores, serum RF and IgG concentrations as potential predictors of HRQoL in patients with pSS.