2,5±4,1 and ESSPRI 5,8±2,5. A total of 10 patients (23%) had peripheral neuropathy.
For part I: 19 patients (43%) may have neuropathic pain. Overall, patients with neuropathic pain were similar to those without, even considering previous diagnosis of peripheral neuropathy. The exception was the ESSPRI score, in which patients with neuropathic pain had a higher score (6,9±2,4 vs 4,9±2,9, p-value 0.02). As for the individual components of the questionnaire: numbness mean was 37,2, tingling means was 33,7 and increased pain due to touch mean was the lowest with 25,5. None of them was significantly associated with ESSPRI.
For part II: 59% of patients may have neuropathic pain. Anti-Ro positivity was lower among patients with neuropathic pain (42% vs 58%, p-value 0.04), biopsy score distribution was different with a predominance of FS 1 in the group with neuropathic pain (88% vs 12%, p-value=0.03) and ESSPRI was again higher in patients with neuropathic pain (6,9±1,4 vs 4,5±2,9; p-value=0.008). Of the individual items: tingling and numbness, pins/needles and itching, burning, painful cold and electric shocks were reported in 57%, 48%, 45%, 34% and 27% respectively.
Finally, 36% (16) of the total of patients were positive for neuropathic pain for both parts of the questionnaire.
Conclusion: The prevalence of neuropathic pain appears to be common among pSS patients, in particular in seronegative patients and associated with lower focus score on salivary gland biopsy.
Interestingly, there was no association between neuropathic pain and the previous diagnosis of peripheral neuropathy. This may result of peripheral neuropathy no longer active, and therefore asymptomatic, but may also account for undiagnosed peripheral neuropathy in the group of neuropathic pain or other more general causes of neuropathic pain.

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Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.457

AB0549 NEUROPSYCHIATRIC DISEASE IN SYSTEMIC LUPUS ERYTHEMATOUS AND PRIMARY SJÖGREN'S SYNDROME: THE ADAPTATION OF A QUESTIONNAIRE

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Background: Systemic Lupus Erythematous (SLE) and Primary Sjögren Syndrome (pSS) are systemic autoimmune diseases, both associated with neurological and psychiatric manifestations. In SLE there are several questionnaires used for neuropsychiatric screening and evaluation, however for pSS there are no specific tools available. Their development is required in order to standardize symptom assessment and allow for accurate disease prevalence estimation.
Objectives: The main objective of this project is to assess the prevalence of neurological and psychiatric manifestations in our cohort of SLE and pSS patients through the adaptation to Portuguese of a screening questionnaire developed by Mosca et al 2010(1) and its relationship to quality of life.
Methods: A cross sectional study was performed by applying a screening questionnaire, adapted from Mosca et al (1), to patients with SLE and pSS. The outcomes were evaluated both as binary (neurologic (ND≥9 pts) and psychiatric (PD≥10 pts) disease versus no disease) and continuous variables (score average) and in relationship to demographic data, disease scores (SLEDAI and SLICC, and ESSDAI and ESSPRI) and a quality of life instrument (VAS score).
Results: A total of 70 participants (16 pSS and 54 SLE patients) participated in the study. Neurological disease was present in 63% and 48% and psychiatric disease in 25% and 15% of pSS and SLE patients, respectively. There was a statistically significant association between the presence of neurological and psychiatric disease and quality of life (pSS PD 20 vs 75, p-value 0.004; SLE ND 60 vs 80, p-value 0.001 and PD 50 vs 76.5, p-value 0.008). There was a trend for higher ESSPRI scores, with higher psychiatric scores (0.54 Spearman correlation coefficient; p-value=0.03). SLE higher neurological scores correlated with older age (0.34 Spearman correlation coefficient, p-value=0.01).
Conclusion: The questionnaire yielded a frequency of neurological and psychiatric disease similar to literature, as well as correlation to quality of life. This study represents the first step in the validation process for the Portuguese language but results should be regarded with caution considering this questionnaire was designed for screening and not for diagnosis.

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Acknowledgement: We would like to thank Dr José Miguel Jara, psychiatrist in Hospital Curry Cabral and Dr Manuel Gonçalves Pereira, from the Department of Mental Heatlh, Faculty of Medical Sciences – NOVA University, Lisbon, for help adapting the psychiatric questions. We would like also to thank Professor Brian Claggett for help in statistical issues, as well as the Harvard Medical School Portuguese Clinical Research Training.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.7839

AB0550 PHENOTYPE OF BIOPSY-PROVEN PATIENTS WITH PRIMARY SJÖGREN SYNDROME LACKING RO AUTOANTIBODIES: HIGH FREQUENCY OF DRYNESS SYMPTOMS WITH LOW SYSTEMIC ACTIVITY (BIG DATA SJÖGREN PROJECT)

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Methods: The International Big Data Sjögren Project was designed in 2014 to take a "high-definition" picture of the primary SjS at diagnosis (2002 criteria) by merging international databases. 2716 FLS+/Ro- patients were compared with 8315 Ro+ patients