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 This may result of peripheral neuropathy no longer active, and therefore asymptomatic, but may also account for undiagnosed peripheral neuropathy in the group of neuropathic pain or other more general causes of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.

REFERENCES

- [1] Backonja M-M, Krause SJ. Neuropathic Pain Questionnaire—Short Form. *Clin J Pain*. 2003;19:315–6.
- [2] Bouhassira D, Attal N, Alchaar H, Boureau F, Brochet B, Bruxelle J, et al. Comparison of pain syndromes associated with nervous or somatic lesions and development of a new neuropathic pain diagnostic questionnaire (DN4). *Pain*. 2005;114(1–2):29–36.

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

Inês Rego de Figueiredo, Maria Moraes-Fontes. *Unidade de Doenças Autoimunes/Medicina 7.2, Hospital de Curry Cabral, Centro Hospitalar Universitário Lisboa Central (CHULC), Lisboa, Portugal*

Background: Systemic Lupus Erythematosus (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.

REFERENCES

- [1] - Mosca M, Govoni M, Tomietto P, Aringer M, Boumpas D, Cervera R, et al. The development of a simple questionnaire to screen patients with SLE for the presence of neuropsychiatric symptoms in routine clinical practice. *Lupus*. 2011

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 Health, 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)

Soledad Retamozo¹, Nihan Acar-Denizli², Wan Fai Ng³, Ildiko Fanny Horváth⁴, Astrid Rasmussen⁵, Raphaële Seror⁶, Li Xiaomei⁷, Chiara Baldini⁸, Jacques-Eric Gottenberg⁹, Pulukool Sandhya¹⁰, Luca Quartuccio¹¹, Roberta Priori¹², Gabriela Hernandez-Molina¹³, Berkan Armagan¹⁴, Aike A. Kruize¹⁵, Seung-Ki Kwok¹⁶, Marika Kvarnstrom¹⁷, Sonja Praprotnik¹⁸, Damien Sene¹⁹, Roberto Gerli²⁰, Roser Solans-Laque²¹, Maureen Rischmueller²², Thomas Mandl²³, Yasunori Suzuki²⁴, David Isenberg²⁵, Valeria Valim²⁶, Agata Sebastian²⁷, Gunnel Nordmark²⁸, Hendrika Bootsma²⁹, Hideki Nakamura³⁰, Roberto Giacomelli³¹, Valerie Devauchelle-Pensec³², Benedikt Hofauer³³, Michele Bombardieri³⁴, Virginia Fernandes Moça Trevisani³⁵, Daniel Hammenfors³⁶, Sandra Pasoto³⁷, Tamer A. Gheita³⁸, Fabiola Atzeni³⁹, Jacques Morel⁴⁰, Cristina Vollenweider⁴¹, Sandra Consani-Fernández⁴², Xavier Mariette⁴³, Manuel Ramos-Casals⁴⁴, Pilar Brito-Zerón⁴⁵. ¹IUCBC, INICSA-UNC-CONICET, Córdoba, Argentina; ²Mimar Sinan Univ, Istanbul, Turkey; ³Newcastle Univ, Newcastle, United Kingdom; ⁴Debrecen Univ, Debrecen, Hungary; ⁵OMRF, Oklahoma City, United States of America; ⁶Université Paris Sud, INSERM, Paris, France; ⁷Anhui Provincial Hosp, Hefei, China; ⁸Pisa Univ, Pisa, Italy; ⁹Strasbourg Univ, CNRS, Strasbourg, France; ¹⁰Christian Med College and Hosp, Vellore, India; ¹¹Hosp "Santa Maria della Misericordia", Udine, Italy; ¹²Sapienza Univ, Rome, Italy; ¹³INCMSZ, Mexico, Mexico; ¹⁴Hacettepe Univ, Ankara, Turkey; ¹⁵Univ Medical Center, Utrecht, Netherlands; ¹⁶Catholic Univ of Korea, Seoul, Korea, Rep. of (South Korea); ¹⁷Karolinska Institute, Stockholm, Sweden; ¹⁸Univ Medical Centre, Ljubljana, Slovenia; ¹⁹Univ Paris VII Publique, Paris, France; ²⁰Perugia Univ, Perugia, Italy; ²¹Vall Hebron, Barcelona, Spain; ²²Western Australia Univ, Crawley, Australia; ²³Malmö Hosp, Lund Univ, Lund, Sweden; ²⁴Kanazawa Univ Hosp, Ishikawa, Japan; ²⁵University College, London, United Kingdom; ²⁶Federal Univ Espírito Santo, Vitória, Brazil; ²⁷Wroclaw Medical Hosp, Wroclaw, Poland; ²⁸Uppsala Univ, Uppsala, Sweden; ²⁹Univ Medical Center, Groningen, Netherlands; ³⁰Nagasaki Univ, Nagasaki, Japan; ³¹L'Aquila Univ, L'Aquila, Italy; ³²Brest Univ Hosp, CERAINO, Brest, France; ³³Technische Univ, München, Germany; ³⁴Queen Mary Univ, London, United Kingdom; ³⁵Federal Univ Sao Paulo, Sao Paulo, Brazil; ³⁶Haukeland Univ Hosp, Bergen, Norway; ³⁷Hospital das Clínicas, USP, São Paulo, Brazil; ³⁸Cairo University, Cairo, Egypt; ³⁹Messina and Milan Univ, Milan, Italy; ⁴⁰Montpellier Univ Hosp, Montpellier, France; ⁴¹German Hosp, Buenos Aires, Argentina; ⁴²Hospital Maciel, UdelaR, Montevideo, Uruguay; ⁴³H. Clinic, IDIBAPS, Barcelona, Spain; ⁴⁴H. CIMA- Sanitas, Barcelona, Spain **Objectives:** To analyze the clinical phenotype of primary Sjögren syndrome (SjS) with focal lymphocytic sialadenitis (FLS) without Ro autoantibodies (FLS+/Ro-).

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

Results: FLS+/Ro- patients were predominantly White (82% vs 77%), had a higher frequency of oral (97% vs 92%) and ocular (95% vs 91%) dryness, a lower frequency of ANA (60% vs 87%), hypocomplementemia (13% vs 23%), rheumatoid factor (26% vs 56%), cryoglobulins (5% vs 9%), a lower mean ESSDAI score (4.6 vs 6.6), and a lower systemic activity in the constitutional, lymphadenopathy, glandular, cutaneous, renal, hematological and biological domains ($p < 0.001$ for all comparisons). Abnormal salivary flows and ANA remained significant independent variables after adjustment by age and gender.

Conclusion: Biopsy-proven primary SjS with negative anti-Ro antibodies is characterized by high frequency of sicca symptoms, mild immunological profile and low systemic activity.

Disclosure of Interests: Soledad Retamozo: None declared, Nihan Acar-Denizli: None declared, Wan Fai Ng: None declared, Ildiko Fanny Horvath: None declared, Astrid Rasmussen: None declared, Raphaële Seror Grant/research support from: Pfizer, Consultant for: Bristol-Myers Squibb, Pfizer, Amgen, Eli Lilly, Roche, Celgene, GlaxoSmithKline, MedImmune, Xiaomei Li: None declared, Chiara Baldini: None declared, Jacques-Eric Gottenberg Grant/research support from: Bristol-Myers Squibb, Grant/research support from: Bristol-Myers Squibb, Consultant for: Bristol-Myers Squibb, Lilly, Pfizer, Sanofi-Genzyme, UCB Pharma, Consultant for: Bristol-Myers Squibb, Eli Lilly, UCB, Sanofi-Genzyme, Pfizer, Pulukool Sandhya: None declared, Luca Quartuccio: None declared, Roberta Priori: None declared, Gabriela Hernandez-Molina: None declared, Berkan Arman: None declared, Aike A. Kruijs: None declared, Seung-Ki Kwok: None declared, Marika Kvamstrom: None declared, Sonja Praprotnik: None declared, Damien Sene: None declared, Roberto Gerli: None declared, Roser Solans-Laqué: None declared, Maureen Rischmueller Consultant for: Abbvie, Bristol-Meyer-Squibb, Celgene, Glaxo Smith Kline, Hospira, Janssen Cilag, MSD, Novartis, Pfizer, Roche, Sanofi, UCB, Thomas Mandl: None declared, Yasunori Suzuki: None declared, David Isenberg: None declared, Valeria Valim: None declared, Agata Sebastian: None declared, Gunnel Nordmark: None declared, Hendrika Bootsma: None declared, Hideki Nakamura: None declared, Roberto Giacomelli Grant/research support from: Pfizer, Actelion, Speakers bureau: Actelion, Bristol-Myers Squibb, Merck Sharp & Dohme, Abbvie, Pfizer, Sobi, Roche, Valerie Devauchelle-Pensec Grant/research support from: Roche-Chugai, Speakers bureau: MSD, BMS, UCB, Roche, Benedikt Hofauer Consultant for: Consultant for Galvani Bioelectronics for the area of sleep disorders., Michele Bombardieri Grant/research support from: Celgene, Consultant for: Medimmune, Virginia Fernandes Moça Trevisani: None declared, Daniel Hammenfors: None declared, Sandra Pasoto: None declared, Tamer A Gheita: None declared, Fabiola Atzeni: None declared, Jacques Morel: None declared, Cristina Volleneider: None declared, Sandra Consani-Fernández: None declared, Xavier Mariette Consultant for: Honorarium from Bristol-Myers Squibb, GlaxoSmithKline, Gilead, Janssen, Pfizer, UCB, Manuel Ramos-Casals: None declared, Pilar Brito-Zerón: None declared
DOI: 10.1136/annrheumdis-2019-eular.2259

AB0551

SEXUALITY ASSESSMENT IN LATIN AMERICAN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Ileana Cecilia Reynosa-Silva¹, Griselda Serna-Peña¹, Iris Jazmin Colunga-Pedraza¹, Miguel Angel Villarreal-Alarcón¹, Sergio Andrés Castillo-Torres², Dionicio Ángel Galarza-Delgado¹, Rita Pineda-Sic¹. ¹Hospital Universitario Dr José Eleuterio González, Rheumatology, Monterrey, Mexico; ²Hospital Universitario Dr José Eleuterio González, Neurology, Monterrey, Mexico

Background: The influence of systemic lupus erythematosus (SLE) in sexual behavior has been one of the less studied areas, being a forgotten part of quality of life, and not routinely evaluated by a rheumatologist. The seeming lack of interest in sexual problems is explained by the underlying difficulty to talk about this topic, the uncertainty of the role and capability of the rheumatologist to treat any difficulties in this area.

Objectives: Determine the prevalence of sexual assessment in women with SLE by their rheumatologist in the daily practice, as well as their characteristics and the possible difficulties that doctors deal with during this process.

Methods: A cross-sectional study, where women between 18 and 60 years with SLE diagnosis (according to SLICC 2012 criteria) were evaluated consecutively at the rheumatology clinic at Hospital Universitario "Dr. José Eleuterio González". 102 women with SLE were asked two questions: "Question 1. In the last year, has your rheumatologist asked about your sexual life?", and "Question 2. In case of having a trouble or disorder in your sexual life, would you ask your rheumatologist about it? (if not, why?)". Demographic and disease associated variables were analyzed with Chi-square test and Mann-Whitney U test.

Results: Baseline characteristics according to answers to each question are shown in Table 1. Most of the patients (62.74%, n=64) denied being asked about their sexual life in the last year; in this group, the prevalence of menopause was significantly higher than in the group that had been asked about this (30% vs 11%, $p=0.025$). Whilst, 82% (n=89) of patients said they were willing to talk about this topic with their doctor. The patients that answered "no" to the second question had the following characteristics: older age (45.5 ± 10.5 vs 35.0 ± 11.2 years; $p=0.002$), were in their menopause (46% vs 19%; $p=0.042$), had fibromyalgia (39% vs 10%, $p=0.015$), and had children (92% vs 64%, $p=0.024$). When asking the reason why they wouldn't ask, 70% (n=9) said they were ashamed to, 23% (n=3) ignored if this belonged to the rheumatologist and 7% (n=1) because of lack of time at consultation.

Table 1. Demographic characteristics.

	Question 1.			Question 2.		
	Yes (n=38)	No (n=64)	p*	Yes (n=89)	No (n=13)	p*
Age (years), mean $\pm$ SD	33.7 $\pm$ 9.0	37.9 $\pm$ 12.8	0.133	35.0 $\pm$ 11.2	45.5 $\pm$ 10.5	0.002
Menopause, n (%)	4 (10.5)	19 (29.7)	0.025	17 (19.1)	6 (46.2)	0.042
Has children, n (%)	25 (65.8)	44 (68.8)	0.757	57 (64.0)	12 (92.3)	0.024
Education (less than 10 years), n (%)	19 (50)	39 (60.9)	0.281	48 (53.9)	10 (76.9)	0.118
Fibromyalgia, n (%)	5 (13.2)	9 (14.1)	0.898	9 (10.1)	5 (38.5)	0.015
Depression, n (%)	5 (13.2)	4 (6.3)	0.243	7 (7.9)	2 (15.4)	0.408

*- p value was obtained by Chi-square test. SD – Standard deviation.

Conclusion: Rheumatologists rarely approach or evaluate the sexuality topic with their patients. However, in our population, patients are willing to talk about this with their doctor. Sexuality must be assessed in all patients; but special attention must be paid to women with SLE and menopause, children, fibromyalgia and/or age over 35, because they're prone to not discuss this topic with their doctor.

REFERENCES

- Perdriger A, Solano C, Gossec L. Why should rheumatologists evaluate the impact of rheumatoid arthritis on sexuality? *Jt Bone Spine*. 2010;77:493-495. doi:10.1016/j.jbspin.2010.07.005
- Tseng J-C, Lu L-Y, Hu J-C, et al. The Impact of Systemic Lupus Erythematosus on Women's Sexual Functioning. *J Sex Med*. 2011. doi:10.1111/j.1743-6109.2011.02464.x

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.2840