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, lymphadenopathic, 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 Horváth: 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 Kvarnstrom: 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 Vollenveider: 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

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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.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.2840