Cardiovascular Risk Factors and Framingham Risk Score in Primary Sjögren Syndrome Patients: A Comparative Study with MatchedControls

Joana Silva1, Daniela Faría1, Joana Neves2, Marcos Cerqueira2, Joana Rodrigues1, Soraia Azevedo1, José Tavares-Costa1, Filipa Teixeira1, Carmo Afonso1, Daniela Peixoto1.

Background: The association between cardiovascular (CV) risk and chronic systemic inflammatory diseases has been an issue of debate. There is compelling evidence of increased CV morbidity in conditions such as rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) (1). Primary Sjögren’s syndrome (pSS) is a chronic immune-mediated disease characterized by glandular and systemic manifestations, sharing clinical and immunological similarities with RA and SLE. However, in pSS patients the weight of cardiovascular disease attributable to traditional CV risk factors remains unclear.

Objectives: To determine the prevalence of traditional CV risk factors and long-term CV events based on the risk prediction tool of the Framingham risk score (FRS) in pSS patients.

Methods: The study included patients diagnosed with pSS, fulfilling both the 2016 ACR/EULAR and 2002 AECG criteria for the disease, followed-up at our Rheumatology department and 49 age and sex-matched controls. Inclusion criteria were age 30 to 74 and no history of CV events in order to calculate the FRS. In total, 46 out of 54 patients were eligible for the study. Data on the prevalence of traditional CV risk factors (diabetes, arterial hypertension and smoking), systolic blood pressure (SBP) values, total and high-density lipoprotein (HDL) cholesterol levels were collected and compared between groups. The 10-year risk for CV events according to FRS was calculated and means of patients and controls were compared. Parametric and nonparametric tests were used and the level of significance was defined as p<0.05.

Results: The mean age of pSS patients and healthy individuals was 58.0±11.6 and 54.1±13.6 years, respectively. The prevalence of arterial hypertension was higher in pSS patients than controls (52.2% versus 24.5%, p=0.005). The prevalence of diabetes and smoking did not differ significantly between the two groups (p=0.674 and p=0.949, respectively). The SBP values, total and HDL cholesterol levels were also similar between pSS patients and healthy subjects (p=0.063, p=0.413 and p=0.217, respectively). Mean 10-years risk for CV events assessed by FRS was 11.8±8.3 for pSS patients and 7.8±8.4 for matched controls, with statistically significant difference (p=0.013).

Conclusion: In our study, pSS patients had a higher prevalence of arterial hypertension, which is in agreement with the M. Juarez et al (1) study. Although there were no significant differences in the other traditional CV risk factors, the results showed an increased 10-year risk for major CV events based on FRS assessment in pSS patients in comparison to age and sex-matched controls.

References

Disclosure of Interests: None declared


The Controversial Rowell Syndrome: To Be or Not to Be?

Daisy AM Vaidas-Voryevo1, Ioana Felea1, Laura Damian1, Cristina Pamfil2, Simona Rednic1,2- Emergency County Hospital Cluj, Rheumatology, Cluj-Napoca, Romania; 2University of Medicine and Pharmacy Iuliu Hatieganu, Rheumatology, Cluj-Napoca, Romania.

Background: Rowell syndrome is a rather rare and highly debated entity, initially defined by Rowell et al as discoid lupus associated with antibodies (P < 0.01). In multivariate analysis, there were significant associations between Apgar scores at five minutes and the titre of anti-dsDNA antibodies (P < 0.01, Table 1).

Abstract AB0561 Table 1. Multivariate analysis of risk factor for Apgar score at 5 minutes

Disclosure of Interests: None declared


Trauma and SLE-Considerations Regarding a Group of Patients from Romania

Ana Alwina Stan, Monica Copotoiu. Tirgu-Mures Emergency Clinical County Hospital, Rheumatology, Tirgu-Mures, Romania

Background: Systemic lupus erythematosus (SLE) represents a complex disease, which hasn’t got a clear etiologystablished yet. Many genetic-susceptibility factors, environmental triggers, antigen-antibody (Ab) responses, B-cell and T-cell interactions, and immune clearance processes interact to generate and perpetuate autoimmunity. One of the triggers could be trauma-surgeries, serious infections or accidents.

Objectives: To assess the presence of history of trauma in patients diagnosed with SLE admitted in our Department, as well as the association with different co-morbidities.

Methods: We included 62 patients, admitted in the Rheumatology Department of the Tirgu-Mures Emergency Clinical County Hospital between 01.01.2018-29.01.2019, previously diagnosed with SLE. We performed a retrospective analysis of their medical documents, looking for evidence of traumatic risk factors.

Results: The majority of the patients were female (17=88.70%) and had some kind of trauma before being diagnosed with SLE (17=97.41%). Among the operations the most frequent were hysterectomy with bilateral oophorectomy and classical appendectomy, respectively (6=9.67%) followed by cholecystectomy and tonsillectomy (2=3.22%). There were also one case of cerebral injury following a car accident and a complicated peritonitis-related to IUD extraction. The majority of co-morbidities was represented by neurologic involvement (16=25.80%), followed by thyroid (13=20.96%) and renal involvement (12=19.35%).

Conclusion: Patients with SLE from our department have a significant history of traumatic triggers, mainly open surgeries, which might explain the development of autoimmunity. They also have various organ involvement that sometimes warrants aggressive measures. Further studies have to be conducted in order to better examine the possible link between traumatic events and development of this multifaceted disease.

Disclosure of Interests: Ana Alwina Stan Grant/research support from: Novartis, Monica Copotoiu Grant/research support from: Novartis

ERNESTO IN THE USUAL PRACTICE OF PATIENTS WITH INFLAMMATORY MYOPATHIES AT THE DONOSTIA UNIVERSITY HOSPITAL


ABSTRACT

Purpose: In the usual practice of inflammatory myopathies (IM) in the Donostia University Hospital in San Sebastián, Spain, we describe the clinical characteristics, treatment, and outcomes of patients with IM.

Methods: A retrospective study of all patients diagnosed with IM between 2010-2019 was performed. The clinical, laboratory, and treatment data were collected and analyzed.

Results: A total of 42 patients were diagnosed with IM. The most common myopathy was polymyositis (PM)/dermatomyositis (DM), followed by inclusion body myositis (IBM), and then idiopathic inflammatory myopathy (IIM).

Conclusion: The clinical characteristics and treatment management of IM in the usual practice of the Donostia University Hospital were described.

Disclosure of Interests: None declared


BACKGROUND

IM are a heterogeneous group of acquired diseases, characterized by the presence of muscle weakness and inflammatory infiltrates of mononuclear cells in the muscle biopsy. The most common IM are IIM, which include PM, DM, IBM, and IIM.

Objectives: In our cohort, we aimed to describe the clinical characteristics, treatment, and outcomes of patients with IM at the Donostia University Hospital in San Sebastián, Spain.

METHODS: A retrospective study of all patients diagnosed with IM between 2010-2019 was performed. The clinical, laboratory, and treatment data were collected and analyzed.

RESULTS: A total of 42 patients were diagnosed with IM. The most common myopathy was PM/DM, followed by IBM and IIM. The median age at diagnosis was 57 years, and the female-to-male ratio was 71.4:28.6.

CONCLUSION: The clinical characteristics and treatment management of IM in the usual practice of the Donostia University Hospital were described.