Conclusion: Our results add evidence for the presence of polyautoimmunity and major organ involvement in SjS. We found a slightly lower proportion of polyautoimmunity and major organ involvement compared to recently reported data (2). Nonetheless, extra-glandular organ involvement should be assessed in order to elucidate cumulative damage and how it might impact outcome, prognosis and therapeutic approaches in SjS.

REFERENCES


Disclosure of Interests: Larissa Valor: None declared, Hannah Schenker : None declared, Melanie Hagen: None declared, Johannes Kntiza: None declared, Jürgen Rech Grant/research support from: Bristol-Myers Squibb and Celgene (greater than $10,000), Consultant for: Bristol-Myers Squibb, Celgene, Chugai, GlaxoSmithKline, Janssen, Eli Lilly, Novartis, Roche, Sanofi Aventis, and UCB (in total more than $10,000), Speakers bureau: Bristol-Myers Squibb, Celgene, Chugai, GlaxoSmithKline, Janssen, Eli Lilly, Novartis, Roche, Sanofi Aventis, and UCB (in total more than $10,000), Georg Schett: None declared


DISEASE PATTERN IN EARLY AND NON-EARLY SYSTEMIC LUPUS ERYTHEMATOSUS

Sadovici-Bobeiucă Victoria1, Maria Garabaj2, Lucia Mazur-Nicolet2, Mariana Cebanu1, Virginia Salanu, Minodora Mazur1. 1State University of Medicine and Pharmacy ‘Nicolae Testemitanu’, Rheumatology, Chișinău, Moldova, Republic of Moldova, Republic of

Background: Systemic lupus erythematosus (SLE) is an autoimmune disease with a high degree of variability at onset, creating challenges in the accurate estimation of its pattern in early stages.1 Objectives: To evaluate the pattern of the disease in patients with early and non-early systemic lupus erythematosus from physician’s perspective. Methods: Performed case-control study included SLE patients that fulfilled SLICC classification criteria, 2012. The research included two groups: patients with early SLE – 1st group (disease duration ≤24 months) and non-early SLE – 2nd group (disease duration 24 months). The pattern of the disease activity was assessed by SLEDAI-2K, SLAM, PGA and PhGA for SLE activity, SLICC/ACR DI for disease irreversible changes and SF-8 for the quality of life (QoL). We correlated disease activity scores within groups and activity indices with the QoL using intra- and inter-class correlation coefficients. Results: A total of 101 SLE patients was analyzed. First group (early SLE) included 34 patients while the second group (non-early SLE) included 67 patients. The disease duration ± SD (range) was 12.42±8.70 (0.1-24) and 146.41±81.64 (31-432) months, respectively. The disease activity was high in both groups. The QoL was appreciated as low, compared to general population, by both components, in 2 groups. The damage index was higher in the 2nd group, which can be explained by longer disease duration and development of irreversible changes during the course of lupus. The PhGA showed stronger and higher correlation with disease activity and QoL in patients with longer disease duration. These can be explained by the more accurate assessment of patients that have longer disease duration, while the unpredictable evolution and the assessment of early SLE is being challenging for the physician. Also, physician’s judgment was influenced by the presence of irreversible organ damage in patient with longer disease, while in early disease course they where concerned mostly about disease activity.

Conclusion: The clinical picture of SLE was characterized by high disease activity and low QoL in both, early and non-early lupus, while occurrence of irreversible organ changes was more characteristic for the longer disease. The disease parameters (activity, damage and QoL) correlated with PhGA mostly in patients with non-early SLE, the appreciation of the disease pattern being challenging in the early disease course.

REFERENCES

**AB0569**

**THE EFFECT OF CUTANEOUS AND MUSCULOSKELETAL SYMPTOMS ON QUALITY OF LIFE IN PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN RENAISSANCE COHORT**

Lyubov Vorobyova, Elena Aseeva, Sergey Solovyev, V.A.Nasonova Research Institute of Rheumatology, Intensive care department, Moscow, Russian Federation

**Background:** Cutaneous and musculoskeletal symptoms is one of the most frequent clinical complaints of patients with systemic lupus erythematosus (SLE) and has been found to occur in up to 70%-95% of patients during the course of the disease. For these reasons, SLE can affect different aspects of the patient's life, leading to an impairment of HRQoL.

**Objectives:** The aim of the current study was to assess the effect of cutaneous and musculoskeletal symptoms on HRQoL in a cohort of patients with systemic lupus erythematosus in Russian Federation (RENAISSANCE).

**Methods:** Consecutive patients who fulfilled SLICC 2012 criteria for SLE were recruited. Health-related quality of life (HRQoL) was assessed by the validated specific questionnaires LupusQoL-Russian. Disease activity was evaluated by the SLEDAI-2K, and chronic damage by the Systemic Lupus International Collaborating Clinics Damage Index score (SDI).

**Results:** 328 Russian SLE patients were enrolled in the study (M/F 30/298, mean age 34.4±11.5 years, mean disease duration 106.3±97.9 months; mean SLEDAI 2K 9.6±8.0; mean SDI 0.2±0.6. Musculoskeletal symptoms were associated with significantly poorer HRQoL. Cutaneous and mucosal lesion symptom (N=147) had a significant impact on the scales of the LupusQoL questionnaire compared with the patients without skin and mucosal lesions (p<0.05). When evaluating HRQOL in patients with SLE and musculoskeletal symptoms on scale LupusQoL, there was a decrease of almost all scales LupusQoL.

**Conclusion:** Cutaneous and musculoskeletal symptoms in SLE patients were associated with significantly poorer HRQoL.

<table>
<thead>
<tr>
<th>LupusQoL</th>
<th>No involved skin and mucosal lesions (N=181)</th>
<th>Involved skin and mucosal lesions (N=147)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>68.03±23</td>
<td>65.03±23.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Pain</td>
<td>66.2±26.7</td>
<td>62.6±21.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Planning</td>
<td>72.19±25</td>
<td>67.2±24</td>
<td>0.07</td>
</tr>
<tr>
<td>Intimate relationship</td>
<td>64.2±24.6</td>
<td>61.2±24.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Burden to others</td>
<td>68.1±27.4</td>
<td>58.5±28.9</td>
<td>0.002</td>
</tr>
<tr>
<td>Emotion health</td>
<td>78.4±29</td>
<td>65.9±32</td>
<td>0.001</td>
</tr>
<tr>
<td>Body image</td>
<td>59.5±29</td>
<td>52.9±26</td>
<td>0.03</td>
</tr>
<tr>
<td>Fatigue</td>
<td>71.7±24</td>
<td>57.4±29</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

**Disclosure of Interests:** None declared


---

**AB0570**

**CLINICAL STUDY OF THE DISEASE ACTIVITY AND IMMUNE SCREENING OF PRIMARY SJOGREN’S SYNDROME**

Yin Xufang, Zhang Mingxing, Ming Yan, Li Xiao-Feng. The Second Hospital of Shanxi Medical University, Taiyuan, China

**Objectives:** To evaluate the change features of peripheral blood lymphocyte subsets and disease activity in patients with primary Sjogren’s syndrome before and after treatment.

**Methods:** A total of 30 patients with primary Sjogren’s syndrome in the Department of Rheumatology from the Second Hospital of Shanxi Medical University from January 2016 to December 2018 were enrolled. According to the treatment time of patients, they were divided into baseline group, 0-3 months group, 3-6 months group, 6-12 months group, and the absolute counts of T, B, NK, Th1, Th2, Th17 and regulatory T cells (Tregs) in peripheral blood of patients before and during the treatment were measured by flow cytometry. The ratio of various cells to Tregs was calculated as well.

**Results:** The primary Sjogren’s syndrome disease activity was assessed according to the Sjogren’s syndrome disease activity index (ESSDAI) score and compared with 30 healthy people.

**Conclusion:** The Tregs counts in the disease group were significantly lower than those in the healthy control group (P<0.05), and the ratio of pro-inflammatory lymphocytes to Treg cells (Th17/Treg) was higher (P<0.05). Tregs counts in peripheral blood of patients with primary Sjogren’s syndrome has increased significantly after 3-month treatment. The inflammatory index ESR was significantly lower (P<0.05), the ESSDAI score was significantly lower (P<0.05), and the high remission rate was maintained. However there was no statistically significant increase in Treg cell growth before treatment at 3-6 months and 6-12 months, (P>0.05).

![Figure 1](http://ard.bmj.com/Ann Rheum Dis: first published as 10.1136/annrheumdis-2019-eular.4520 on 27 May 2019. Downloaded from http://ard.bmj.com/) The Tregs counts in the disease group were significantly lower than those in the healthy control group (P<0.05), and the ratio of pro-inflammatory lymphocytes to Treg cells (Th17/Treg) was higher (P<0.05). Tregs counts in peripheral blood of patients with primary Sjogren’s syndrome has increased significantly after 3-month treatment.

![Figure 2](http://ard.bmj.com/) The inflammatory index ESR was significantly lower (P<0.05), the ESSDAI score was significantly lower (P<0.05), and the high remission rate was maintained.

**Conclusion:** The imbalance between pro-inflammatory lymphocytes and Tregs caused by the significant decrease of Tregs may be the cause of primary Sjogren’s disease activity. We propose to promote the growth of Tregs and maintain the balance between pro-inflammatory lymphocytes and Tregs which provides a new idea for disease relief of primary Sjogren’s syndrome.