Burden to others	60,4±27,2	39,5 ±23,1	<0,0001	57,7±27,3	42±29,9	0,001
Emotion health	70,8±21,2	37,9±22	<0,0001	66,6±24,2	40,1±20,3	<0,0001
Body image	69,8±25,7	48±27,6	<0,0001	67±26,8	45,7±28,6	0,001
Fatigue	67,9±22,4	40±22,4	<0,0001	64,4±24,3	41±21,7	<0,0001

Disclosure of Interests: None declared

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AB0569

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

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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 observed in 142 patients, cutaneous and mucosal lesion symptoms -147 patients, respectively. When comparing HRQOL in patients with lesions skin and mucosal revealed (Table 1) significant decline HRQoL on the scales "Planning" (58.5 ± 28.9), "Intimate Relationships" (65.9 ± 32.1), "Burden to other" (52.9 ± 26) and "Body Image" (57.4 ± 29.1) of the LupusQoL questionnaire compared with the patients without skin and mucosal lesions (p≤0.002; p≤0.001; p≤0.03; p≤0,0001 respectively). When evaluating HRQoL in patients with SLE and musculoskeletal symptoms (Table 2) reduction of almost all scales LupusQoL.

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

Table 1. Dependence of indicators of the scales of the LupusQoL on the presence of the skin and mucosal lesions (p <0.05).

LupusQoL	No involved skin and mucosal lesions (N=181)	Involved skin and mucosal lesions (N=147)	P
Physical health	68,03±23	65,03±23,5	0,2
Pain	66,2±26,7	62,6±21,8	0,2
Planning	72,19±25	67,2±24	0,07
Intimate relationship	64±24,6	61±24,8	0,3
Burden to others	68,1±27,4	58,5±28,9	0,002
Emotion health	78,4±29	65,9±32	0,001
Body image	59,5±29	52,9±26	0,03
Fatigue	71,7±24	57,4±29	<0,0001

Table 2. The dependence of the indicators of the questionnaire scales LupusQoL from musculoskeletal symptoms (p <0.05).

LupusQoL	No musculoskeletal symptoms (N=186)	musculoskeletal symptoms (N=142)	p
Physical health	69,6±23	62,8±22,6	0,008
Pain	67,2±28	62,8±22,6	0,1
Planning	74,5±24	64±23,7	0,001
Intimate relationship	45,9±7,6	44±7,5	0,04

Burden to others	68±28,4	58,3±27	0,02
Emotion health	77±29,9	67,2±31	0,01
Body image	58,6±27	54±28,6	0,02
Fatigue	65,2±25	59,3±23	0,03

Disclosure of Interests: None declared

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

Results: The Tregs counts in the disease group were significantly lower than those in the healthy control group (p<0.05), and the ratio of proinflammatory lymphocytes to Tregs (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,at the same time, 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 The. Tregs counts in the disease group were significantly lower than those in the healthy control group (p<0.05), and the ratio of proinflammatory lymphocytes to Tregs (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 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.