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.

Disclosure of Interests: None declared
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AB0571 BENEFICIAL EFFECTS OF VACCINATION ON REDUCING RISKS OF INFLUENZA INFECTION IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: In patients with systemic lupus erythematosus (SLE), infection is a major cause of morbidity and mortality. Influenza is one of the most common infectious diseases which can be prevented in a certain degree by vaccination, while in fact, influenza vaccination rates of SLE are really low in China.

Objectives: To investigate the influenza vaccination rate of SLE patients and the reasons for nonadherence to vaccination. To evaluate beneficial effects and safety of influenza vaccination.

Methods: A cross section study was performed among patients with SLE regular follow-up in Distinct HealthCare between June 1 and November 31. Vaccination status and influenza infection condition were surveyed. Demographic information, clinical features and laboratory characters were collected and systemic lupus erythematosus disease activity index (SLE-DAI) was documented.

Results: 109 SLE patients were recruited, including 42 immunized with trivalent or quadrivalent split virion influenza vaccine and 67 non-vaccinated. There were no significant differences in demographic and clinical characteristics ($p>0.05$). The influenza vaccination rate was 38.5%. Influenza infection rates in the vaccinated and non-vaccinated were 7.1% (3/42) and 23.9% (16/67), respectively, with statistic difference ($p<0.05$). Reasons that non-vaccinated patients reported for nonadherence included refused by the community health workers due to basic disease of SLE (32.3%), vaccine shortages (27.7%), concerns for potential side effects (23.1%) and insufficient patient education (16.9%). No systemic adverse reactions were observed and no significant increase of disease activity was found in vaccinated patients.

Conclusion:

- 1. Split virion influenza vaccine is effective in reducing risks of influenza infection in patients with SLE, and also safe.
- 2. Influenza vaccination is insufficient in SLE patients.
- 3. Education of the community health workers and patients is important to increase influenza vaccination rate.

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AB0572 INVASIVE MYCOSES IN PATIENTS WITH CONNECTIVE TISSUE DISEASE FROM SOUTHERN CHINA: CLINICAL FEATURES AND ASSOCIATED FACTORS

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Background: Invasive fungal disease (IFD) was well studied in patients with AIDS and organ transplant recipients. A few researches illustrated that patients with connective tissue disease (CTD) were also predisposed

to IFD. However, few researches were designed to focus on invasive mycosis (IM) in patients with CTD.

Objectives: To investigate the clinical features and associated factors of IM in patients with CTD from Southern China.

Methods: A retrospective study CTD was performed. Demographic and clinical data were recorded. Associated factors were analyzed by logistic regression analysis.

Results: A total of 32 patients with CTD were included. The incidence of IM was 0.5% in patients with CTD (32/6911) and the highest in patients with ANCA-associated vasculitis (AAV) (7/480, 1.5%). Molds were isolated in 20 sputum specimens (20/29, 69.0%). *Aspergillus* spp. (81.3%) were the leading strain. Positivity of serum G-test and GM-test was 47.8% (11/23) and 34.6% (9/26), respectively. GM-test was positive in BALF from seven patients. Lung was commonly involved (30/32, 93.8%). Pulmonary nodules (46.7%) and cavitory lesions (36.7%) were common. Ten patients died (31.3%), including three with AAV (42.9%) and seven with SLE (36.8%). Multivariate logistic regression analysis showed that lymphopenia [odds ratio (OR) =3.28, 95% confidential interval (CI) 1.29-8.38, $P=0.01$] and median-to-high dose of glucocorticoid (GC) [OR=3.40, 95% CI 1.04-11.13, $P=0.04$] was associated with IM in patients with CTD. Patients with lymphopenia experienced higher risk of co-infection (50.0% vs 0%, $P=0.01$) and mortality (45.5% vs 0%, $P=0.01$) compared with patients with normal lymphocyte count.

Conclusion: IM tended to develop in patients with AAV, resulting in high mortality. Sputum culture could be an effective and non-invasive method to diagnose IM. Lymphopenia, and median-to-high dose of GC are associated with IM in patients with CTD.

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Vasculitis

AB0573 ASSESSMENT OF PRESENCE, SEVERITY AND RISK FACTORS OF POST-THROMBOTIC SYNDROME IN VASCULAR BEHÇET DISEASE: MUTICENTERED RETROSPECTIVE STUDY

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Background: DVT(deep venous thrombosis) is the most common form of vascular Behçet Disease(VBD).Post-trombotic syndrome(PTS) developing after a thrombotic event in lower extremity is the most important complication of DVT and affects negatively patients' quality of life.

Objectives: We aimed to assess presence,severity and risk factors of Pts and venous disease spesific quality of life in VBD

	Post-thrombotic Syndrome		P Value
	No	Yes	
BSAS score (n:93)	10 (0-47)	20 (1-69)	.002
Standing time (hours)	8.09±3.9	8.24±3.97	.856
VCSS score (n:85)	2.27±1.64	6.54±4.09	.000
VDS			.003
0	18 (50%)	11 (19.3%)	
1	15 (41.7%)	34 (59.6%)	
2	3 (8.3%)	12 (21.1%)	
Veines QoL total score (n:93)	97.19±17.8	77.75±17.3	.000
Veines symptom score	44.3±9.9	35.2±9.1	.000
CEAP	1.53±1.34	2.94±1.83	.000
DVT			.888
1	24 (40%)	36 (60%)	
2 and over	12 (36.7%)	21 (63.3%)	
Treatment			.817
IS	13 (39.4%)	20 (60.6%)	
IS+AC	17 (36.2%)	30 (63.8%)	
Treatment duration (months)	39 (1-200)	36 (3-256)	.600
IS	12 (1-60)	12 (1-156)	.772
AK	15 (40.5%)	22 (59.5%)	.872
Duration of thrombosis (years)	<5	20 (36.4%)	35 (63.6%)
>5	18 (42.5%)	24 (57.5%)	.357
Compression stocking treatment	Yes	12 (24.5%)	27 (75.5%)

Methods: This study included 96 BD patients (Female/Male:18/78,mean age: 38.8±8.74)with DVT from 3 tertiary Rheumatology centers in Turkey. When vascular involvement developed, mean age was 32.7±8.65(female: 35.4±10.7; male: 32.09±8; $p>.005$) Villalta scale is used to assess PTS and according to scale; PTS is present if score >4 and degree of PTS mild, moderate and severe if score 5-9,10-14,>14 respectively. The Venous Disability Score(VDS) and the Venous Clinical Severity Score