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AB0660 SEXUAL HEALTH IMPAIRMENT IN WOMEN WITH IDIOPATHIC INFLAMMATORY MYOPATHIES

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Background: Idiopathic inflammatory myopathies (IIM) are a group of disorders characterized by skeletal muscle inflammation that can cause functional impairment including sexual dysfunction.

Objectives: To assess sexual function, pelvic floor function and sexual quality of life of women with IIM compared to age-/sex-matched healthy controls (HC). To subanalyze sexual function in sexually active individuals.

Methods: In total 27 women with IIM [mean age: 54.2, disease duration: 7.3 years, dermatomyositis (DM, 10)/polymyositis (PM, 13)/necrotizing myopathy (IMNM, 3)/inclusion body myositis (IBM, 1)], who fulfilled the Bohan/Peter 1975 criteria for DM/PM, and 27 healthy women (mean age: 54.2) filled in 11 well-established and validated questionnaires assessing sexual function, pelvic floor function, quality of life, fatigue, physical activity and depression. Data are presented as mean±SEM.

Results: Compared to HC, patients with IIM had significantly higher prevalence and greater severity of sexual impairment (FSFI, BISF-W), dysfunction of pelvic floor (PISQ-12), and worse sexual quality of life (SQoL-F) (table 1). There were no significant differences in sexual function between PM and DM. Even sexually active IIM patients reported significantly greater sexual health impairment compared to sexually active HC. Sexual health impairment in IIM was associated with laboratory markers of disease activity, health status, physical activity, fatigue and depression (table 2).

Table 1.

Questionnaire: score range	IIM (n=27)	HC (n=27)	p-value	IIM SA (n=16)	HC SA (n=16)	p-value
FSFI :2(worst)-36 (best)	15.7 ±2.5	23.0 ±2.2	p=0.0296	23.8±2.6	29.6±0.8	ns
BISF-W:-16(worst)-75(best)	15.9 ±3.5	27.4 ±3.5	p=0.0212	25.2±4.3	39.2±2.3	p=0.0151
SQoL-F: 0(worst)-100(best)	21.5 ±4.5	83.3 ±2.9	p<0.0001	31.9±6.4	85.7±3.0	p<0.0001
PISQ-12: 0(best)-48 (worst)	14.0 ±1.0	8.7±0.9	p=0.0007	11.4±1.1	9.2±1.0	ns
PFIQ7: 0(best)-300 (worst)	20.5 ±6.9	6.0±2.1	ns	17.6±10.8	10.4±4.2	ns

Abbreviations: FSFI: Female Sexual Function Index; BISF-W: Brief Index of Sexual Function for Women; SQoL-F: Sexual Quality of Life Questionnaire; PISQ-12: Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire short form; PFIQ7: Pelvic Floor Distress Inventory Questionnaire, SA: sexually active; ns: not significant

Table 2.

Parameter: score range	Correlated parameters	r	p-value
FIS (fatigue): 0(best)-160(worst)	FSFI (sexual function)	-0.406	p=0.0353
	BISF-W (sexual function)	-0.424	p=0.0272
	SQoL-F (sexual quality of life)	-0.562	p=0.0027
	PISQ-12 (pelvic floor function)	0.459	p=0.0157
HAP (physical activity): 0(worst)-94 (best)	FSFI (sexual function)	0.429	p=0.0252
LD	FSFI (sexual function)	-0.411	p=0.0327
	BISF-W (sexual function)	-0.466	p=0.0141
BDI II (depression): 0(best)-63(worst)	PISQ-12 (pelvic floor function)	0.322	p=0.0400
HAQ (health status): 0(best)-3(worst)	PISQ-12 (pelvic floor function)	0.477	p=0.0117
	BISF-W (sexual function)	-0.411	p=0.0329

Abbreviations: FIS: Fatigue Impact Scale; BDI-II: Beck's Depression Inventory II; HAP: Human Activity Profile; HAQ: Health Assessment Questionnaire; LD: lactate dehydrogenase

Conclusion: Women with IIM reported significantly impaired sexual function, sexual quality of life and pelvic floor function than age-matched HC.

Worse scores in IIM were associated with disease activity/health status, physical activity, fatigue and depression.**Acknowledgement:** Supported by AZV-16-33574A, MHCR 023728.

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AB0661 ASSOCIATION OF ANTI-MDA-5 AUTOANTIBODY WITH AUTOIMMUNE ASSOCIATED HEMOPHAGOCYTIC SYNDROME IN DERMATOMYOSITIS

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Background: Autoimmune associated hemophagocytic syndrome (AAHS) is a rare complication in dermatomyositis (DM). We previously demonstrated by multi-variate analysis that one of factors associated with mortality in AAHS is DM (OR 5.57 [95% CI 1.08–28.65], P 0.05) among connective tissue diseases (1).

Objectives: To find out underlying immunological characteristics, we examined the DM patients with AAHS.

Methods: We examined 31 new onset patients with idiopathic inflammatory myopathies (IIM) including clinically amyopathic dermatomyositis (CADM) admitted to our hospital between January 2009 and December 2018. Three patients had been diagnosed as AAHS proven by bone marrow aspiration. We examined these patient clinical and laboratory characteristics.

Results: Two patients were diagnosed as DM and one was CADM. We found that these 3 patients were associated with interstitial pneumonia. Laboratory tests of all 3 patients showed hyperferritinemia and high titer of anti-MDA5 antibody. All patients were diagnosed as AAHS by bone marrow aspiration smears. Two of them died on the 12th and on the 75th hospital day, respectively, in spite of intensive therapies.

	age/sex	diag.	CK (n)	ferritin (n)	antibodies			
					MDA5	Ro	PM-SCL100	others*
1	63/F	DM	8430 (36-216)	59,877 (5-120)	>150	+	-	-
2	50/M	CIDM	32 (59-248)	11,498(23-250)	>150	±	±	-
3	57/F	DM	277 (41-153)	4,876 (5-120)	>150	+	-	-

* examined antibodies against Jo1, SRP, Mi2, Ku, PL-7, OJ, EJ, Tif1-γ.

Conclusion: Anti-MDA5 may relate not only interstitial pneumonia but also AAHS.

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