Results: Pathological changes of the one or two systems were noted in 19.51% of patients, between three and four systems - in 24.4%, and in some cases - five (7.32%) and six systems (2.44%).

The mean values of CI among patients with SLE were 2.6 ± 0.3 points and did not differ significantly depending on the duration of the disease (2.5 ± 0.7 points before 3 years and 2.4 ± 0.3 points after 3 years; $p > 0.05$), as well as did not differ in female and male patients (2.6 ± 0.3 and 2.8 ± 0.5 respectively, $p > 0.05$). The IC was higher in the cases of development of SLE before the age of 7 years than in older patients (3.6 ± 0.5 vs 2.4 ± 0.3 respectively, $p < 0.05$).

The activity of the pathological process significantly influenced the indicators of the CI: 2.4 ± 0.4 with its minimal activity; 2.7 ± 0.4 with an average degree of activity and 3.0 ± 0.6 with a high degree ($p < 0.05$). The frequency of the smallest CI (0 or 1) turned out to be associated with the lowest activity of the disease.

The CI with ANA-positivity association was defined: 2.8 ± 0.3 points among patients with ANA that has twice exceeded the CI of ANA-negative patients (1.4 ± 0.5), $p < 0.05$. Its highest level (like 4, 5 and 6 points) was registered only among the ANA-positive patients.

In patients with SLE with high CI, changes in the system of coagulation due to elevated fibrinogen levels predominated (3.7 ± 0.4 g/l vs 2.8 ± 0.3 g/l ($p < 0.05$). Similar changes were recorded with the atherogenic coefficient increased (2.7 ± 0.7 vs 1.3 ± 0.5 ; $p < 0.05$).

Conclusion: According to the research, it was found that in children and adolescents with SLE the formation of lesions of systems and organs occurs while maintaining the activity of the process, especially immunological (ANA-positivity). Disruption of lipid metabolism and blood coagulation were associated with the formation of comorbid states.

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AB1050

TOCILIZUMAB MODIFIES CLINICAL MANIFESTATIONS AND LABORATORY FEATURES OF SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS ASSOCIATED MACROPHAGE ACTIVATION SYNDROME

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Background: Previous studies including a systematic literature review revealed clinical manifestations and laboratory features of systemic juvenile idiopathic arthritis (s-JIA) associated macrophage activation syndrome (MAS) could be modified in patients treated with tocilizumab (TCZ) ^{1,2}.

Objectives: To clarify whether TCZ modifies clinical manifestations and laboratory features of s-JIA associated MAS, and to assess performance of the 2016 MAS classification criteria for patients with s-JIA associated MAS while treated with TCZ in the real world.

Methods: A combination of expert consensus and analysis of real patient data was conducted by a panel of 15 pediatric rheumatologists. Clinical manifestations and laboratory features of s-JIA associated MAS at the MAS diagnosis in 12 patients while treated with TCZ and 18 patients not treated with TCZ were evaluated. Possible MAS was defined as having characteristic laboratory features but lack of clinical features of MAS, or atypical MAS, or early treatment that prevented fulminant MAS ^{3,4}.

Results: Among 12 patients while treated with TCZ, only 2 patients were diagnosed with definite MAS, and other 10 patients were diagnosed with possible MAS. On the other hand, among 18 patients not treated with TCZ, 10 patients were diagnosed with definite MAS, and other 8 patients were diagnosed with possible MAS. MAS classification criteria could classify the patients diagnosed with definite MAS while treated with TCZ as having MAS as well as the patients not treated with TCZ (100% and 100%, respectively). However, this criteria were less likely to classify the patients diagnosed with possible MAS while treated with TCZ as well as the patients not treated with TCZ (60% and 75%, respectively).

Furthermore, the patients with possible MAS while treated with TCZ were less likely febrile and significantly less often had rash, and had notably lower ferritin levels (587 versus 8518 ng/ml; $P = 0.0021$), compared to the patients with possible MAS not treated with TCZ. Other laboratory features of MAS including lower platelet counts, lower fibrinogen were more pronounced in patients treated with TCZ.

Conclusion: These findings show TCZ could modify clinical manifestations and laboratory features of s-JIA associated MAS. When evaluating s-JIA patients while treated with TCZ, care must be taken to not underdiagnose MAS based on MAS classification criteria.

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AB1051

TRANSITION CARE IN A NEW PEDIATRIC RHEUMATOLOGY CENTER IN BRAZIL: CARING FOR ADOLESCENCE BEYOND RHEUMATISM

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Background: Transition care is the planned transfer of adolescents with chronic health conditions from children-centered to adult-oriented health systems. Its challenges include gaps in continuity of care, poor adherence, delays in adult services attendance, differences between pediatric and adult centers, difficulties in autonomy over care and unstable medical conditions. EULAR/PRES recently published recommendations, standards and quality indicators on transitional care for young people with rheumatic diseases, which serve as a guide for transitional outpatient clinics. In Brazil, few centers focus on transition from pediatric rheumatology. The Pediatric Rheumatology Unit of Hospital Geral de Fortaleza is a reference in North and Northeast of the country, intending to be pioneer in transitional medicine in region.

Objectives: To evaluate the adolescents and their families' perception regarding follow-up and autonomy in health care, as well as to identify the main risks inherent to this age group.

Methods: A longitudinal and descriptive study was carried out through interviews, questionnaires and medical records analyzes. Adolescents between 15 and 18 years old, regularly followed, who had at least three planned visits/year were included. Patients with cognitive impairment or without definite diagnosis were excluded. Epidemiological and clinical data were collected; self-management and health care utilization skills were evaluated by Transitional Readiness Assessment Questionnaire (TRAQ), a self-administered questionnaire.

Results: Eighty two patients were recruited into the transitional service (61 female [74.4%]). Patients' ages ranged from 15.0 to 18.7 years (median 16.9). Regarding religion, 41 patients (54.7%) were Catholic and 27 were Protestant (36%). Concerning to ethnicity, most of them declared themselves brown (61%) or white (22%). Fifty-nine adolescents (72%) considered themselves able to take care of their own follow-up, whereas 39 relatives (50%) considered the patient capable of doing so. The most frequent diseases were juvenile idiopathic arthritis (31.7%) and systemic lupus erythematosus (29.3%), of which 37 (45.1%) were in remission. Median disease duration and follow-up were 48.5 (5 - 180) and 34.5 (1 - 175) months, respectively. The median TRAQ value was 3.27 (1.61 - 4.55). There were 191 transitional visits (median 2.0 visits/patient). Fifty three patients had 2 or more visits, out of which 42 (79.2%) had at