Variant	Amino acid Change	rs Code	Significant associations	p
c.442G>C	p.Glu148Gln	rs3743990	Provenience from Egypt	0.006
c.808A>G	p.Asn270Asp	/	Provenience from Sicily	0.008
c.866C>T	p.Ala289Val	rs104895132	Provenience from Campania	<0.001
c.1105C>T	p.Pro365Ser	rs11466023	Provenience from Abruzzo	<0.001
c.1322G>A	p.Arg441Gln	/	Provenience from Abruzzo	<0.001
c.1437 C>G or A	p.Phe479Leu	rs104895083	Provenience from Sicily	<0.001
c.1503C>T	p.Arg501=	rs76464258	Provenience from Abruzzo	<0.001
c.1518 C>T	p.Ile506=	rs104895099	Pleural effusion	<0.001
c.1772T>C	p.Ile591Thr	rs11466045	Provenience from Lombardy	0.03
c.1818C>G or T	p.Thr606=	rs10489521	Provenience from Emilia Romagna	<0.001
c.2040G>A	p.Met680Ile	rs28940580	Provenience from Sicily	<0.001
c.2080A>G	p.Met694Val	rs61752717	Provenience from North Africa	0.02
c.2082G>A	p.Met694Ile	rs28940578	Provenience from Sicily	0.03
c.2177T>C	p.Val726Ala	rs28940579	Provenience from Sicily	<0.001
c.2230G>T	p.Ala744Ser	rs61732874	Provenience from Sicily	0.003
c.2282G>A	p.Arg761His	rs104895097	Provenience from Sicily	0.002
			Provenience from Campania	<0.001
			Provenience from Egypt	<0.001

Table 4. Significant associations between pathogenic or uncertain significance variants and geographical provenience and clinical data of *MEFV* gene-tested patients.

Variant (nucleotide)	Amino acid Change	rs Code	Clinical significance	p
c.305 G>A	p.C102Y	/	Peritoneal effusion	<0.001
c.362G>A	p.R121Q	rs4149584	Lymphadenopathy	0.01
			Provenience from Emilia Romagna	<0.001
			Provenience from Campania	<0.001
c.369C>T	p.T123=	rs104895260	Provenience from Campania	<0.001
			Buccal aphthosis	0.01

Table 5. Significant associations between pathogenic or uncertain significance variants and geographical provenience and clinical data of *TNFRSF1A* gene-tested patients.

Conclusion: Our data report *MEFV* and *TNFRSF1A* genotypes identified in a cohort of patients referring to an Italian center, affected by periodic fever and other systemic symptoms. Only the *MEFV* variant p.Ala744Ser appeared to be significantly correlated with the Eurofever classification score.

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AB1107 COMPLEMENTARY AND ALTERNATIVE MEDICINE USAGE IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

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Background: Familial Mediterranean Fever (FMF) is the most common hereditary, chronic autoinflammatory disease. Colchicine is the mainstay of the treatment, which reduces frequency of attacks and amyloidosis risk. Complementary and alternative medicine (CAM) therapies can be a non-mainstream treatment choice in chronic diseases. Frequency of use of CAM therapies among patients with FMF is not established yet.

Objectives: In the current study we aimed to identify the prevalence of the patients using CAM therapies and the factors associated with CAM usage among the patients with FMF.

Methods: One hundred and sixty-five patients were included in the study. Data regarding demographic, social and clinical characteristics were obtained from the patients. The patients were asked whether they were using any type of CAM and if they had suffered harm and/or benefit. The treatment adherence of the patients was assessed using by Morisky Green Levine Scale (MGLS). The Beliefs About Medicines Questionnaire (BMQ-T) was used to assess patient's beliefs about medicines.

Results: Fifty-six (33.9%) patients declared to use at least one CAM. The mean age of the patients was 34.1 ±12.7 years and the mean disease duration was 16.8±10.8 years. The mean dose of colchicine was 1.4±0.4 mg/day. Patients with concomitant disease and positive history of FMF in relatives had higher rates of using of CAM (p=0.011 and p=0.014 respectively). There was no statistically significance between age, sex, marital, socioeconomic and working status, difficulty of access to the treatment center, dose of colchicine, adverse events related to colchicine, attack frequency and disease severity of the patients and frequency of CAM using (p>0.05). The most frequently chosen types of CAM modalities were massage therapy (12.1%), imagining (9.7%), relaxation techniques (9.1%), cupping (9.1%) and natural products (9.1%). It is found that 42 (75.0%) of patients reported that they have suffered benefit from CAM. The mean duration of the using of CAM was 7.9 ±6.4 years. According to the BMQ-T, there was higher rate of concern about colchicine among patients that were using CAM (p=0.035) (Table 1). There was no statistically significance between compliance with colchicine treatment and using of CAM (p=0.313).

Abstract AB1107 Table 1. Comparison of Beliefs about Medicines Questionnaire Scale of patients according to the use of CAM

Variable	CAM user (n=56)	CAM non-user (n=109)	test	p
	Median (25th–75th percentile)	Median (25th–75th percentile)		
BMQ-T-Specific Necessity	4.0 (3.6-4.6)	4.0 (3.3-4.6)	-0.410 ^a	0.682
BMQ-T-Specific Concerns	3.2 (2.6-3.8)	2.8 (2.4-3.6)	-2.110 ^a	0.035
BMQ-T-General Overuse	2.5 (2.3-3.3)	2.5 (2.0-3.1)	-0.675 ^a	0.500
BMQ-T-General Harm	2.4 (2.0-3.0)	2.3 (2.0-3.0)	-0.858 ^a	0.391

CAM complementary and alternative medicine, BMQ-TBeliefs about Medicines Questionnaire Turkish translation, a Mann-Whitney U test:

Conclusion: Colchicine is the gold standard of treatment because of the known effect of colchicine treatment on the severity and frequency of FMF attacks and the risk of development of amyloidosis. Approximately one third of patients with FMF were using at least one of the CAM modalities in the current study. Concerns about colchicine treatment may have increased the tendency to use CAM therapies. On the other hand, patients should be informed that CAM therapies should not be an alternative to colchicine.

Disclosure of Interests: None declared

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AB1108 COEXISTENCE OF SARCOIDOSIS AND CHRONIC INFLAMMATORY RHEUMATIC DISEASES

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Background: Sarcoidosis is a systemic granulomatous disease of unknown etiology, mediated by Th1 lymphocytes, characterized by bilateral hilar adenopathies, pulmonary infiltrates, ocular, articular and cutaneous involvement and histologically by noncaseating granulomas. Sarcoidosis can simulate many chronic rheumatic diseases but can also coexist with them, so there are doubts about whether there is a true association or is incidental. Likewise, the occurrence of sarcoidosis has been described as a paradoxical effect during treatment with biological drugs, especially with tumor necrosis factor antagonists possibly due to a dysregulation in the compensatory proinflammatory cascade related of TNF blockade. The association between sarcoidosis and Sjögren's syndrome, systemic lupus