ADL was suspended. These results suggest a direct relationship between the time of exposure to ADL and concomitant use with DMARDs and corticosteroids at dose >2.5 mg, similar findings are also described in other studies.

REFERENCES

- [1] Duquenne L, Gul H, Emery P. Safety evaluation of adalimumab in immune-mediated inflammatory disorders: a rheumatological point of view. *Expert Opin Drug Saf*. 2018 Nov 16:1-9.
- [2] Fleischmann R, Mysler E, Hall S, et al. Efficacy and safety of tofacitinib monotherapy, tofacitinib with methotrexate, and adalimumab with methotrexate in patients with rheumatoid arthritis (ORAL Strategy): a phase 3b/4, double-blind, head-to-head, randomised controlled trial. *Lancet*. 2017 Jul 29;390(10093):457-468.
- [3] Smolen JS, Landewé R, Bijlsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. *Ann Rheum Dis*. 2017 Jun;76(6):960-977.

Disclosure of Interests: Boris Anthony Blanco Cáceres: None declared, Fernando Perez-Ruiz Grant/research support from: Asociación reumatológica de Cruces, Consultant for: Grünenthal Horizon Menarini, Speakers bureau: Grünenthal, Menarini, Fundación Española Reumatología, Paula García Escudero: None declared, Marta González Fernández: None declared

DOI: 10.1136/annrheumdis-2019-eular.6405

AB1250 SLE AND SEXUAL FUNCTION: ARE WE FORGETTING MEN?

Jonathan Campos-Guzmán¹, Ana Barrera-Vargas¹, Samuel Govea-Peláez¹, Diana Gómez-Martín¹, Jorge Alcocer-Varela¹, Diana Padilla-Ortiz², Javier Merayo-Chalico¹. ¹Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Immunology and Rheumatology, Ciudad de México, Mexico; ²Universidad de La Sabana, Rheumatology, Cundinamarca, Colombia

Background: Whereas SLE is uncommon in men, the disease is usually more severe and requires more aggressive immunosuppression in male patients. There are multiple studies regarding sexual aspects in women with SLE, but information about sexual function in male patients is quite scant.

Objectives: To determine the relationship between SLE and sexual function alterations in men, through the application of validated questionnaires.

Methods: We performed a longitudinal study in a third-level referral center in Mexico City. We included men aged ≥ 16 years who fulfilled ACR criteria for SLE and who were sexually active. All subjects answered the International Index of Erectile Function-15 (IIEF-15), the SF-36 and the HAQ in two visits. Other clinical, serological and demographic variables were measured. Oxidized LDL was quantified by ELISA.

Results: We included 108 male SLE patients. Mean age was 37.2 ± 1.1 years and most patients (87%) were taking immunosuppressive therapy. Comorbidities were present in 58% of subjects, with dyslipidemia and hypertension being the most prevalent (34% and 28%, respectively). The prevalence of sexual dysfunction (SD) was 53%. In the basal visit, the only significant differences between the patients with SD and those without SD were a lower education degree ($p=0.007$) and persistent lymphopenia ($p=0.01$). There was a positive correlation between global IIEF-15 score and SF-36 score ($r=0.46$, $p=0.001$). The physical function domain had the highest correlation ($r=0.50$, $p=0.001$). Likewise, there was a weak negative correlation between IIEF-15 and HAQ score ($r=-0.25$, $p=0.012$). Also, the IIEF-15 had a weak correlation with the absolute lymphocyte count ($r=0.27$, $p=0.005$) and oxidized LDL ($r=0.31$, $p=0.04$). In the follow-up visit the only significant differences between the patients with SD when compared with subjects without SD was a low absolute lymphocyte count (1031 ± 89 vs 1458 ± 119 , $p=0.005$); the correlations mentioned in the baseline visit remained significant. Regarding erectile function, 44% of the subjects had some degree of dysfunction. The rest of the variables are shown in Table 1.

Abstract AB1250 Table 1. Demographic, clinical and laboratory features

Variable	Mean $\pm$ SEM
Demographic	
Age (years)	37.2 ± 1.1
Body mass index (kg/m ²)	26.5 ± 0.4
Less than 10 years of schooling (n,%)	21/108 (19.4)
Time since SLE diagnosis (years)	9.1 ± 0.6

Clinical Features	
Total score IIEF-15	58.7 ± 1.3
Erectile function	23.9 ± 0.6
Intercourse satisfaction	10.9 ± 0.3
Orgasmic function	8.1 ± 0.2
Sexual desire	7.5 ± 0.1
Overall satisfaction	8.1 ± 0.1
Total score SF-36	69.2 ± 1.3
Secondary antiphospholipid syndrome (n,%)	16/108 (14.8)
SLEDAI score (points)	4.2 ± 0.4
Others comorbidities (n,%)	63/108 (58.3)
Laboratory features	
Hemoglobin (mg/dl)	15.3 ± 0.2
Leukocytes (mm ³) ($\times 10^3$)	5.9 ± 0.2
Absolute lymphocyte count (mm ³)	1362.6 ± 76.0
Serum creatinine (mg/dl)	1.4 ± 0.1
C3 levels	104.1 ± 3.2
C4 levels	19.7 ± 1.2
Anti-dsDNA antibodies	208.2 ± 70.4
Use of immunosuppressive treatment (n,%)	95/108 (87.9)
Prednisone (n,%)	58/108 (53.7)
Azathioprine (n,%)	31/108 (28.7)
Antimalarial (n,%)	73/108 (67.5)
Mycophenolate mofetil (n,%)	42/108 (38.8)
Cyclophosphamide exposure previous 6 months (n,%)	7/108 (6.4)
Anticoagulation (n,%)	18/108 (16.6)
Non-immunosuppressive treatment (n,%)	85/108 (78.7)

Conclusion: Sexual function is affected in men with lupus, regardless of comorbidities and treatment. Interestingly, lymphopenia is persistently associated with an impaired sexual function, which could be related to the role it plays in endothelial dysfunction and atherosclerosis. The patients' disease perception, which is influenced by their academic level and physical role in their daily activities, seems to affect their sexual performance and quality of life.

Disclosure of Interests: Jonathan Campos-Guzmán: None declared, Ana Barrera-Vargas: None declared, Samuel Govea-Peláez: None declared, Diana Gómez-Martín: None declared, Jorge Alcocer-Varela: None declared, Diana Padilla-Ortiz: None declared, Javier Merayo-Chalico Speakers bureau: Pfizer

DOI: 10.1136/annrheumdis-2019-eular.5577

AB1251 ASSOCIATION BETWEEN VITAMIN D DEFICIENCY AND A HIGHER RATE OF DISEASE ACTIVITY IN PATIENTS WITH SPONDYLOARTHRITIS

David Castro-Corredor, Marco Aurelio Ramírez Huaranga, Javier José Mateos Rodríguez, M^a Dolores Mínguez Sánchez, Marcos Paulino Huertas, José Luis Cuadra Díaz. Rheumatology Department. Hospital General Universitario Ciudad Real, Ciudad Real, Spain

Background: Spondyloarthritis is a group of chronic inflammatory diseases with involvement of the axial skeleton (mainly), and also of peripheral joints. Patients with spondyloarthritis have a significant prevalence of vitamin D levels below normal and that would correlate with the degree of activity of the disease.

Objectives: To determine the association between vitamin D deficiency and the degree of activity of the disease (inflammatory activity) in a cohort of patients with spondyloarthritis.

Methods: Observational, extensive and transversal study. We propose a retrospective review of the database of patients with spondyloarthritis who were treated in the outpatient clinics of the Rheumatology Service of the General University Hospital of Ciudad Real during September 2016 to September 2018. Patients with the data will be selected. necessary for the analysis of the variables under study. The variables evaluated will be described using measures of frequency and measures of central tendency/dispersion as appropriate. To assess the association between vitamin D deficit and activity index, the odds ratio (OR) will be calculated. All analyzes were performed with a confidence level of 95% using SPSS 21.0.

Results: The first advances of the results of the study are presented. 101 patients were analyzed, of which 58 were men and 43 women, with an average age of 46.33 years (± 13.05 DE). 15 (14.85%) were non-radiographic axial spondyloarthritis, 48 (47.52%) ankylosing spondylitis, 24 (23.76%) psoriatic arthropathy, 3 (2.97%) spondyloarthropathy associated with inflammatory bowel disease, and 11 (10.89%) were other types of spondyloarthritis. The average of the activity was a BASDAI of 4.355 (± 2.376 SD), 64 patients were in activity (BASDAI > 4) and 31 patients (30.69%) with an elevation of acute phase reactants. Vitamin D levels were 24.52 (± 9.21 SD). 77 patients (76.24%) presented figures