REFERENCES

- [1] Zhang J.J. et al. A systematic review and meta-analysis of outcomes of pregnancy in CKD and CKD outcomes in pregnancy//Clin. J. Am. Soc. Nephrol. 2015. V. 10. Nº 11. P. 1964–1978.
- [2] Skorpén C.G. et al. Influence of disease activity and medications on offspring birth weight, pre-eclampsia and preterm birth in systemic lupus erythematosus: A populationbased study//Ann. Rheum. Dis. 2018. V. 77. Nº 2. P. 264–269.
- [3] Wu J. et al. Therapeutics and Clinical Risk Management Dovepress Management and outcomes of pregnancy with or without lupus nephritis: a systematic review and meta-analysis//Ther. Clin. Risk Manag. 2018. P. 14–885.
- [4] Lightstone L., Hladunewich M.A. Lupus Nephritis and Pregnancy: Concerns and Management//Semin. Nephrol. 2017. V. 37. Nº 4. P. 347–353.

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AB1297

CARDIOVASCULAR EVENT AND RISK FACTORS IN PRIMARY SJÖGREN'S SYNDROME FROM LATIN-AMERICAN COHORT

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Background: Inflammation has been associated with higher cardiovascular risk in rheumatic autoimmune diseases. Primary Sjögren's syndrome (pSS) is associated with increased cardiovascular morbidity¹. However, few and controversy data on the prevalence of cardiovascular events in patients with pSS have been reported^{2,3} with no data regarding on Latin-American pSS patients.

Objectives: To assess the cardiovascular event and to evaluate its association with traditional and disease associated risk factors in pSS.

Methods: We included 455 patients with pSS according to AECG 2002 or ACR-EULAR 2016 classification criteria, attending tertiary referral centers from Brazil (n=183), Mexico (n=236) and Argentina (n=36). We retrospectively registered demographics, disease duration, cardiovascular event (CE) (coronary heart disease, cerebrovascular accident, peripheral arterial disease), smoking, and use of prednisone (PDN), immunosuppressors and antimalarials. We evaluated traditional risk factors and scored the ESSDAI, ESSPRI and SSDDI at last follow-up.

Results: Most patients were female, miscigenous ethnicity, with median disease duration of 9.5 years. RF was positive in 48.5%, ANA in 85.6%, anti-Ro-SSA in 78.9% and anti-La-SSA in 43.1%. ESSDAI mean was 3.2 ± 4.4, SSDDI 2.54 ± 1.78 and ESSPRI 5.03 ± 2.38. Fifty five percent used glucocorticoid in the past and 20% are currently using it, 33.4% are using immunosuppressors, 44% antimalarials and 10.3% biological therapy. It was found 26 (5.7%, CI95% 3.73-8.37) CE. The prevalence of hypertension was 35.6%, diabetes 11.2%, dyslipidemia 27.7% and smoking 17.5%. In univariate regression analysis, aging, hypertension, diabetes, dyslipidemia and smoking were associated with CE. Beyond traditional risk factors, prednisone > 20mg/day, ESSDAI constitutional domain and ESSPRI fatigue were associated with CE. In multivariate analysis, aging OR= 1.037 (1.001-1.075, p= 0.043), hypertension OR=2.509 (1.028-6.128, p=0.043) and diabetes OR= 2.736 (1.059-7.070, 0.038) were independent risk for CE.

Conclusion: Traditional risk factors are independent risk for CE in pSS. Disease-associated factors, such as glucocorticoid, fatigue and disease activity seem to be associated and should be explored in larger samples.

REFERENCES

- [1] Beltai A, et al. Cardiovascular morbidity and mortality in primary Sjögren syndrome: a systematic review and meta-analysis. Arthritis Care Res. 2018 (Epub ahead of print);
- [2] Valim V, et al. Atherosclerosis in Sjögren's syndrome: evidence, possible mechanisms and knowledge gaps. Gerds Clin Exp Rheumatol.34(1):133-42, 2016.
- [3] Berardicurti O, et al. Cardiovascular Disease in Primary Sjögren's Syndrome. Rev Recent Clin Trial 13(3):164-169, 2018.

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AB1298

SAFETY AND EFFICACY OF PRIMARY YELLOW FEVER VACCINATION IN AUTOIMMUNE DISEASE: A PROSPECTIVE CONTROLLED STUDY

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Background: Alive vaccines should be used with caution in autoimmune diseases (AID).¹

Objectives: To evaluate prospectively adverse events and efficacy of the Yellow Fever vaccine in patients with AID.

Methods: Prospective study, including 190 individuals, 47 with Rheumatoid Arthritis (RA), 36 primary Sjögren's Syndrome (SS), 48 Ankylosing Spondylitis (AS), 8 Systemic Sclerosis (SSc), 24 Systemic Lupus Erythematosus (SLE), and 29 Healthy Controls (HC). All individuals received 17DD (Biomanguinhos-Fiocruz) YF vaccine, for the first time during the 2017 Brazilian Campaign, aged ≥ 18 years, had no or low disease activity, low immunosuppression. Exclusion Criteria: previous vaccination for yellow fever or PRNT > 1:50 at baseline, primary or secondary immunodeficiency, under treatment with cyclophosphamide, chlorambucil, mycophenolate mofetil, calcineurin inhibitors, azathioprine > 2mg/kg/day, prednisone ≥ 20mg/day, methotrexate > 20mg/week or any immunobiological drug. Viremia (CRP) and plaque reduction neutralization test (PRNT; GeoMean title) were measured before (D0) and D3, D4, D5, D6, D7, D14, D28 after vaccine. Adverse events (AE) were registered through patient report diary and medical interview at D7, D14 and D28.

Results: Mean age was 52 years old for AID and 56 for HC. No serious adverse event was reported. However, mild local AE was more reported in AID as compared to HC (34.2% vs 3.4%, p=0.000). The frequency of AE was higher in AID compared to HC (34.1 vs. 3.4%). The Risk (Odds Ratio; 95%CI) for AE was 14.53 (1.9-109.7, p=0.000) and AID subgroups: RA=14.5 (1.8-116.2, p=0.0016), AS= 9.3 (1.1-76.2, p=0.0248), SS 25.1 (3.1-204.5, p<0.0001), SLE 9.3 (1.0-84.1, p=0.0377), SSc 56.0 (4.1-769.0, p=0.0014). The PRNT levels expressed in reverse of serum dilution was lower in AID 181 (144-228, p=0.04) as well in AS 112 (73-170, p<0.001), and in SLE 143 (61-332, p=0.01) as compared to HC 440 (291-665). The seropositivity rates were lower in AID after 28 days (78% vs. 96%, p=0.04) as well as in AS (73%, p=0.02) and SLE (73%, p=0.03) as compared to HC (Figure 1). Viremia peak was slightly late and low in AID (D6=5.8 x 10³) compared to HC (D5= 8.3 x 10³). Seropositivity was statistically lower at D14 in AID as compared HC (21% vs. 75%, p=0.04) and remained lower at D28 in AS and SLE subgroups.

Conclusion: Efficacy was lower in AID, especially in SLE and AS, in spite of viremia peak at D5-D6 similar to HC. Taking together, results suggest that YF vaccine is safe in AID with low disease activity and under low immunosuppression, but probably a booster dose should be necessary.

REFERENCES

- [1] Lopez A, Mariette X, Bachelez H, et al. Vaccination recommendations for the adult immunosuppressed patient: A systematic review and comprehensive field synopsis. Journal of Autoimmunity 2017;80:10-27

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