Abstract THU0275 – Figure 1. Distribution of neurocognitive impairment expressed in Mean Domain Z score.

Conclusion: We evaluated for the first time PL in a single center SLE cohort finding a dysfunction in almost half of patients enrolled, significantly more frequent than the other assessed domains.

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THU0276

CHARACTERISTICS OF NEUROLOGIC INVOLVEMENT AND ITS RELATED FACTORS IN PRIMARY SJÖGREN SYNDROME

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Background: Neurological manifestations seem common in primary Sjögren's syndrome (pSS) but their reported prevalences vary in Chinese. And few studies reveal if the disease activity is associated with neurological involvement.

Objectives: To analyze the clinical neurological manifestations of primary Sjögren syndrome(pSS), and to evaluate the relationship with disease activity.

Methods: 112 patients (7 male, 105 female) who fulfilled the 2002 American-European Consensus Group criteria for pSS were enrolled in the study. For each patient, the clinical features were evaluated by medical data including clinical, laboratory and immunologic data, and neurological examinations including electromyography, magnetic resonance imaging, cerebrospinal fluid, and electroencephalogram. Statistical methods used were t-test, chi-square test and Logistic regression.

Results: Data at inclusion were available for 112 patients, whose mean age was 55±10 years. Neurological involvement was noted in 19.6(22/112) patients, including 17(15.2%) with peripheral nervous system(PNS) manifestations, 3(2.8%) with central nervous system (CNS) manifestations and 2(1.8%) with both PNS and CNS involvements. Optic neuritis and trigeminal neuralgia were revealed frequently in cranial neuropathy. Anti-aquaporin 4 antibody was detected in two patients with optic neuritis. The clinical spectrum of peripheral neuropathies encountered in Sjögren's syndrome patients was wide with sensory neuropathies being the most common. Tibial nerve, peroneal nerve and sural nerve were the most likely involved and lower limb involvement accounted for 68.4%(13/19). The frequency of Raynaud's phenomenon was significantly higher[31.8%(7/22) vs 4.4%(4/90), $P<0.01$] as well as acroanesthesia[72.7% vs 8.9%, $P<0.01$] in pSS with neurological involvement than in pSS without neuropathy. The median values of EULAR Sjögren's syndrome disease activity index(ESSDAI) were 5.6(range 2.6-7.6) and 3.2(range 1.4-5.2) in the NS and non-NS groups respectively($P<0.01$). We found a significant rise of neuropathy risk associated with Raynaud's phenomenon(relative risk 9.365, 95%CI 3.191 40.093, $P=0.003$) and ESSDAI(relative risk 1.628, 95%CI 1.169 1.969, $P=0.001$). Elevated titers of rheumatoid factor($P<0.05$) and ANA($P<0.01$) were common in patients with neuropathy.

Conclusion: Neuropathy is not a rare manifestation of pSS. Prevalence of neurological involvement in pSS is 19.6%. Raynauds phenomenon and high disease activity may be the risk factors for neuropathy. Autoantibodies might contribute to the injury of the nervous system.

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THU0277

HOW THE AGE AT DIAGNOSIS MODIFIES THE PHENOTYPE OF PRIMARY SJÖGREN SYNDROME: ANALYSIS IN 11,420 PATIENTS (BIG DATA SJÖGREN PROJECT)

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Objectives: To analyse how the age at diagnosis modifies the phenotype of primary Sjögren syndrome (SS)

Methods: The Big Data Sjögren Project was formed in 2014 to take a "high-definition" picture of the main features of primary SS at diagnosis by merging international SS databases. By January 2019, the database included 11,420 patients from 24 countries of the 5 continents.

Results: Women (52.7 vs 54.6 yrs in men, $p<0.001$) and non-White patients (49.6 vs 53.5 yrs in Whites, $p<0.001$) were diagnosed at a younger age. Patients without sicca symptoms, with normal oral/ocular diagnostic tests and with positive biopsy were also diagnosed at younger ages ($p<0.001$ all comparisons).

Abstract THU0277 – Figure 1