biopsy and positive sialometry. SGUS is a feasible method for the evaluation of structural changes in the salivary gland and may aid in the diagnosis and classification of SS.

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THU0283

PATIENT ACCEPTABLE SYMPTOMS STATE (PASS) QUESTIONNAIRE APPLICATION IN THE COHORT OF SLE PATIENTS FROM THE SPANISH SOCIETY OF RHEUMATOLOGY (RELESSER): ASSOCIATION WITH ACTIVITY INDEX

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Background: Little is known about the patient related outcomes and disease activity in systemic lupus erythematosus. Damage and impact are issues that have not been associated with activity in lupus previously.

Objectives: In a large cohort of systemic lupus erythematosus (SLE) patients, to evaluate the association between a Patient Acceptable Symptom State (PASS) and three different domains of the disease: activity, damage and impact of SLE on patients' lives

Methods: Cross-sectional study of 1,364 SLE (ACR 97 Criteria) patients from the Spanish Society of Rheumatology Lupus Registry (RELESSER). Patients were clinically assessed by the physicians, who collected data about demographics, clinical manifestations, laboratory features and therapies. SLE activity was assessed by using the SLEDAI (SLE Disease Activity Index). The Systemic Lupus International Collaborating Clinics/American College of Rheumatology Damage Index (SLICC/ACR DI) was used to measure damage accrual. The impact of SLE on patients' lives was evaluated by using the Lupus Impact Tracker (LIT). The PASS question "Considering all the different ways your disease is affecting you, if you would stay in this state for the next months, do you consider that your current state is satisfactory?" was answered in a dichotomized way: yes/no. Measures of central tendency and spread were used to describe responses and T-test was used to evaluate the independence between PASS and the other questionnaires and indices.

Results: Mean age (years) $\pm$ S.D. of the 1,364 patients included in the study was 49.9 ± 13.3 ; 90.3% were female and 94.9% were Caucasian. In the total of patients, 979 (71.8%) were in PASS. Patients in PASS had significantly lower activity (SLEDAI Score) than those not in PASS (2.4 ± 3.2 vs. 3.0 ± 3.9 , respectively; $p=0.007$). The SLICC/ACR DI was significantly lower in the group of patients in PASS compared to those without PASS (0.64 ± 1.1 vs. 0.81 ± 0.21 , respectively; $p=0.022$). SLE had a significantly lower impact on patients in PASS in comparison to those without PASS (LIT Score: 8.47 ± 7.5 vs. 19.8 ± 8.34 , respectively; $p=0.001$).

Conclusion: In the largest observational European Registry of SLE patients, PASS was associated with other domains of the disease: activity, damage and impact on patients' life. PASS is a simple and reliable patient-reported outcome that can be a useful tool to evaluate patients' well-being.

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THU0284

WHAT DO HEMATOLOGICAL ABNORMALITIES TELL US IN SLE? RESULTS FROM TWO INDEPENDENT MULTICENTER EUROPEAN SLE COHORTS

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Background: Detailed analysis of hematological manifestations are limited and their clinical impact on disease remain obscure.

Objectives: To scrutinize factors associated with different hematological abnormalities (HA) in SLE patients and their impact on infections, bleeding and damage accrual.

Methods: A dataset (GIPTSLE) originated from SLE patients in Europe was studied. The dataset consisted of six monthly visits of each patients for at least 2 years. Results were compared with another well-established SLE cohort from Sweden (Swedish SLE network). Patients in both cohorts fulfilled the ACR1982 SLE criteria. Variables collected at each visit included CBC, presence or absence of haemolytic anemia, all domains of SLEDAI-2K, medications, infection or bleeding episodes, Systemic Lupus International Collaborating Clinics/ACR damage index (SDI). HA occurred at the beginning or during follow-up were defined according to the ACR criteria. HA was only considered in patients with no prior use of immunosuppressives or biologic agents at least 3 months before the first HA events. The Swedish confirmation cohort included all the variables of interest. We excluded all haematological domains from SLEDAI-2K (aSLEDAI) for the analysis. Based on six monthly change in SDI, each visit was labelled either "damage transition" or "non-damage transition". Generalized estimating equations (GEE), multiple logistic regression, Chi-square test and independent samples t test were used where it was appropriate.

Results: Of the 1430 visits of 286 patients analysed from the first cohort (89.5% female, 95.8% Caucasian, 64.7% dsDNA positive) 60% had at least one HA. At the enrolment, the median (range) disease duration was 8 yrs (0-38), aSLEDAI-2K was 6 (0-25) and SDI was 0(0-6). Upon GEE analysis, lymphopenia was significant for SDI (OR=2.5, 1.0-5.9). Upon GEE analysis after further adjusting prednisolone exposure, HA found to be significant for SDI was thrombocytopenia (OR=3.6, 1.04-12.1) but no significant evidence for the dependence of this relationship on time. The effect of lymphopenia was attenuated. HR for bleeding was significant when platelets were below 50K (HR=2.6, 1.15-6.1) Of the 1395 patients analysed from the second set (86.8% female, 93.0% Caucasian, 61.6 dsDNA positive), 63.4% had HA. At the last visit, the median (range) disease duration was 14yrs (1-65) and SDI was 1(0-14). Upon multiple regression analysis after adjusting age, sex and prednisolone exposure both thrombocytopenia (OR=2.2, 1.3-3.6) and lymphopenia (OR=1.8, 1.2-