Figure 2. Treatment Sequencing for pSS and sSS Pts Note: Discontinued: pts who discontinued and didn't advance to any therapy; same treatment: pts continued on index treatment till we have information.

describe pts' demographic and clinical characteristics, and medications use in the baseline and follow up.

Results: Study cohort included 9,108 SS pts of which 76.5% had sSS diagnosis on index date. Majority of SS pts were women, Caucasian, with mean age of 58.3 yrs, and from western states in the US (Table 1). Endocrine conditions including hypo- and hyperthyroidism, and diabetes was the most common (45.5%) comorbidity at baseline, followed by rheumatologic disorders (25.6%) and neurological conditions (22.2%). Among patients with treatment information (4088, 44.88%), 42.95% were using symptomatic treatments for dry eye and mouth at baseline (Table 1). In the follow-up, SS pts had average 5.8 healthcare visits per patient per year (PPPY), including 0.6 inpatient and 3.4 outpatient visit respectively. About 40% of the SS pts (53.8% pSS and 35.8% sSS) were diagnosed by rheumatologists. Majority of the SS pts initiated treatment with cDMARDs (82%) and remained on the same treatment during 1 year follow-up (Fig 2).

Conclusion: Observation of higher comorbidities suggests substantial burden of SS pts on healthcare system, with majority of pts being diagnosed outside of rheumatology offices.

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SAT0220 BIOLOGICAL PREDICTORS OF ECHOGRAFIC SALIVARY GLAND INVOLVEMENT SEVERITY IN PATIENTS WITH SJÖGREN'S SYNDROME

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Background: Echographic evaluation of salivary gland increasingly became a routine imaging modality in patients with Sjogren's syndrome (SS). However, predictive parameters associated with the severity of echographic features are still incomplete evaluated.

Objectives: The aim of this study was to evaluate the predictors for severe echographic involvement in patients with SS followed in a tertiary center.

Methods: We included 63 patients with SS (mean age: 52.3±11.9; 59 female). The complete laboratory workup, clinical manifestations and treatment were reviewed and the EULAR Sjögren's syndrome disease activity index (ESSDAI) was calculated for each patients. We performed the standard echographic evaluation of salivary gland in all patients and used a 4 grade system for severity staging.

Results: The distribution of echographic grade was: no any echographic features – 4 pts (6.3%); grade 1 – 24 pts (38.1%); grade 2 – 20 pts (31.7%); grade 3 – 10 pts (15.9%); grade 4 – 5 pts (7.9%). The ESSDAI and the hydroxychloroquine use were similar in these subgroups. We didn't find differences regarding CRP

and fibrinogen and echographic features. The age of the patients, the anti-SSA and anti-SSB, ESR, total protein, IgA, IgG and rheumatoid factor levels were significantly higher and lymphocyte count was lower in patients with echographic severity above grade 2 when compared with patients with no or mild echographic features. However, using ANOVA test and post-hoc analysis, the only parameters associated with the severity of echographic features were high ESR (53 vs 17 in grade 4 vs 1, p=0.02), IgA (363 vs 190 in grade 4 vs 1, p=0.004) and IgG (1985 vs 1191 U/l in grade 4 vs 1, p=0.001) levels.

Conclusion: Parameters linked to polyclonal hypergammaglobulinemia (IgA and IgG levels; and ESR) seem to be linked to the severity of echographic appearance of salivary gland in patients with SS. Further studies are needed in order to better characterize this link.

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SAT0221 FACTORS AFFECTING MORTALITY OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS IN SPAIN IN THE 21ST CENTURY: DATA FROM THE RELESSER REGISTRY

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Background: The mortality in Systemic Lupus Erythematosus (SLE) varies largely across different countries most probably due to social, healthcare and ethnic differences.

Objectives: To analyze the causes and identify predictive factors of mortality of SLE in Spain in the present century.

Methods: We performed a cross-sectional and retrospective study analyzing data from the RELESSER cohort (Spanish Registry of Systemic Lupus Erythematosus of the Spanish Society of Rheumatology). We included all patients diagnosed with SLE since the year 2000 and recorded sociodemographic, clinical and serological variables, comorbidities and treatments, as well as indicators of disease activity, damage and severity. The characteristics of the deceased patients were compared with those of the survivors, and variables with clinical significance or statistical significance were grouped into multivariate models to determine which ones were independently associated with the outcome of the disease.

Results: A total of 2004 patients were included, 88.6% female, the mean age at diagnosis was 38.3 (± 15.3) years, with a mean delay in diagnosis of 28.9 (± 52.6) months. Up to 2.84% of the individuals had died. The leading cause of death was SLE activity (n=16), followed by infections (n=14), vascular events (n=7) and cancer (n=6). The mean age of death was 54.68 (± 20.13) years, and neither age, sex nor delay in diagnosis was independently associated with mortality. The presence of nephritis, depression, severe infections, organ damage (SLICC/ACR DI) or disease activity (SLEDAI), as well as the use of cyclophosphamide, rituximab or high doses of corticosteroids, were predictors of mortality in our cohort. Antimalarial treatment and skin manifestations were linked to improved survival.

Conclusion: In the RELESSER cohort, clinical factors, co-morbidities, as well as therapeutic attitudes were associated with a significant increase in mortality in SLE. Interestingly, depression was independently associated to mortality. The activity of the disease and infections continue to be the main causes of death at the beginning of the 21st century amongst our patients.