Methods: Prospective observational study of a cohort of patients with sicca syndrome from a reference center. The diagnostic protocol (Schirmer's test, UWSF and minimally invasive MSGB) was applied in the same consultation. Demographic, clinical, analytical and histological data were reviewed.

Results: Over a period of 6 months, 48 patients with dry syndrome were analyzed, of which 39 women (81.2%). The main suspicion was SjS (39), followed by sarcoidosis (3), IgG4-related disease (2) and other diagnoses (4). The mean age was 59.1 ± 4.4 years. Almost half (45.8%) reported xerostomia and 41.6% xerophthalmia. Recurrent parotidomegaly was described in 6 patients (12.5%) and arthralgias in 12 (25%). Immunologically, 23 (47.9%) presented anti-nuclear antibodies, 13 (27.1%) anti-Ro, 4 (8.3%) anti-La, 12 (25%) rheumatoid factor and 15 (31.2%) low C4. Schirmer test was positive in 32 patients (66.7%), UWSF in 22 (45.8%) and 9 (18.8%) had a focus score ≥ 1 , although 16 (33.3%) had focal lymphocytic sialadenitis in the MSGB. A total of 21 (43.8%) patients were classified according to the 2016 ACR/EULAR criteria. 12 (57.1%) were seropositive SjS and 9 (42.9%) seronegative SjS. MSGB sensitivity was 71% and specificity 96%. Patient reported symptoms were unhelpful to differentiate SjS from other causes of dry syndrome. The number of protocols needed to diagnose a SjS was 2.28 (5.33 in seronegative SjS). Complications associated with the procedure were low (1 of 48) and mild (self-limited paraesthesia). Patients with SjS, unlike those with dry syndrome of another etiology, had more anemia ($p < 0.001$), lymphopenia ($p = 0.022$), ESR ($p = 0.030$), beta-2 microglobulin ($p = 0.011$), ANA ($p < 0.001$), anti-ENA ($p = 0.006$), anti-Ro ($p < 0.001$), low C4 ($p < 0.001$) and hypergammaglobulinemia ($p = 0.002$).

Conclusion: Immunological and histological manifestations were more predictive than clinical ones to differentiate SjS from other causes of dry syndrome. MSGB is a simple, sensitive, specific and safe procedure. The application of the diagnostic protocol (Schirmer test, UWSF and MSGB) allowed to standardize the classification of SjS and increased the diagnosis of patients with seronegative SjS.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.4921

AB0397

LUPUS FATIGUE PROBLEMS IN THE RUSSIAN COHORT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (RENAISSANCE).

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Background:

Objectives: To determine the dependency of fatigue from SLE activity, irreversible organ damage and HRQoL in SLE patients of the Renaissance cohort.

Methods: 328 Russian SLE patients were enrolled in the study (M/F 30/298) who fulfilled SLICC 2012 criteria. The SLEDAI 2K activity, SLICC damage index, Facit Fatigue scale, and health related quality of life (HRQoL) using the LupusQol questionnaire were evaluated.

Results: Based on the Facit Fatigue scale scores fatigue was verified in 148 (45%) out of 328 patients with SLE. Following lupus fatigue status patients were divided into two groups - 148 and 168 patients respectively. The groups were perfectly matched in terms of age, duration of the disease, duration of GCs therapy, and damage scores (Table 1)

The SLEDAI 2K activity scores were significantly higher in the group with lupus fatigue - 9.6 ± 6.0 vs 6.7 ± 4.2 ($p = 0.01$) as compared to values in the group without

fatigue, as well as the level of antibodies to DNA ($p = 0.02$), 110.2 ± 34.2 and 82.3 ± 20.5 , respectively.

There was a significant decrease in HRQoL in patients with lupus fatigue based on scores in all eight scales of the questionnaire ($p = 0.00$).

Table 1. Comparative analysis of 328 SLE patients with and without lupus fatigue

Characteristics mean (SD)	Patients with lupus fatigue (n=148)	Patients without lupus fatigue (n=168)	P (Mann-Whitney)
Age in years	35,31 $\pm$ 12,03	33,68 $\pm$ 10,68	0,13
Disease duration in years	9,57 $\pm$ 9,47	10,1 $\pm$ 9,17	0,6
Duration of glucocorticoid therapy in month	72,81 $\pm$ 71,58	79,43 $\pm$ 75,98	0,6
SLICC Dal, score	1,55 $\pm$ 1,37	1,69 $\pm$ 1,23	0,44
C3 Mu/ml	0,88 $\pm$ 0,33	0,87 $\pm$ 0,31	0,75
C4 Mu/ml	0,15 $\pm$ 0,12	0,16 $\pm$ 0,14	0,36
ANF, hep2	641 $\pm$ 453	550 $\pm$ 402	0,4
Fatigue scores by the Facit fatigue scale	25,16 $\pm$ 6,58	42,43 $\pm$ 4,56	0,000

Figure 1. Comparative assessment of HRQoL using the LupusQol questionnaire in 328 SLE patients with and without fatigue.

Conclusion: Almost half (45%) SLE patients in the Russian cohort experience fatigue. It is associated with disease activity on the SLEDAI 2k scale and high levels of antibodies to DNA. All patients experiencing lupus fatigue have significantly worse HRQoL based on scores in all eight scales of the questionnaire LupusQol.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3167

AB0398

TNF-LIKE WEAK INDUCER OF APOPTOSIS / FGF INDUCIBLE MOLECULE 14 PATHWAY IN UNTREATED LUPUS NEPHRITIS: SERUM OR URINE TWEAK LEVELS MORE ACCURATE IN RELATION TO RENAL ACTIVITY?

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Background: Lupus nephritis (LN) is one of the most serious manifestations of SLE, affecting 70% of patients and the most critical predictor of morbidity and mortality of the disease [1]. Tumor necrosis factor-like weak inducer of apoptosis/ fibroblast growth factor inducible molecule 14 (TWEAK/Fn14) activation is involved in various pathological processes that occur locally in kidneys, facilitating the pathogenesis of LN [2].

Objectives: To assess serum and urine TWEAK levels as well as renal Fn14 expression in newly diagnosed patients with LN and its correlation to disease activity.

Methods: The present study included 30 selected newly diagnosed previously untreated SLE patients divided into 2 groups; 15 patients with LN and 15 without LN as well as 30 age and sex matched healthy subjects who served as control group. Written consent was obtained from all patients and