Table 1. Significant correlations with the OCI-R for: a) all SLE participants; b) the SLE-F group only (visit 1 minus visit 2).

Variable	rs	p-value
a) All SLE participants, n=39		
Disease activity: BILAG global score	0.408	0.01
Quality of life:		
LupusQoL – Physical	-0.495	0.001
– Pain	-0.535	<0.001
– Planning	-0.586	<0.001
– Intimate	-0.342	0.03
– Burden	-0.504	0.001
– Emotion	-0.397	0.01
– Fatigue	-0.471	0.002
EQ5D: VAS	-0.418	0.01
total	-0.359	0.03
Fatigue measures (FSMC):		
Cognitive	0.521	0.001
Motor	0.448	0.004
Depression measures:		
MADRS	0.467	0.003
HADS – D	0.545	<0.001
Anxiety measure: HADS-A	0.375	0.02
b) SLE-F group (v1-v2), n=11		
Inflammatory marker: MCP-1	0.771	0.006

BILAG The British Isles Lupus Assessment Group index, LupusQoL Lupus quality of life, EQ5D European quality of life, VAS visual analogue scale, FSMC Fatigue scale for motor and cognitive function, MADRS Montgomery Asberg depression rating scale, HADS Hospital anxiety and depression scale, D-depression, A-anxiety score, MCP-1 monocyte chemoattractant protein-1

Genzyme Sanofi, GSK, and UCB, Consultant of: Eli Lilly, AstraZeneca, UCB, Iltoz, and Merck Serono, Speakers bureau: UCB

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AB0403 VALIDATION OF 2019 EULAR/ACR CLASSIFICATION CRITERIA FOR SYSTEMIC LUPUS ERYTHEMATOSUS IN A SOUTH INDIAN COHORT

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Background: New 2019 EULAR/ACR classification criteria for Systemic Lupus Erythematosus (SLE) has been recently published¹. Before its widespread use in research, this criterion needs to be externally validated in other cohorts. Validation studies for the new criteria were not yet done in the Indian population. Moreover, the new 2019 EULAR/ACR classification criteria for SLE has not been validated in juvenile SLE.

Objectives: To compare the real-world performance of 2019 EULAR/ACR classification criteria when applied to a known cohort of SLE cases, comprising both adult and juvenile SLE, in South Indian population.

Methods: We retrospectively reviewed the electronic medical record of 30,541 patients who visited the Rheumatology department of Amrita Institute of Medical Sciences, Kochi, a tertiary care centre in Kerala, from January 2014 to June 2019. 347 patients diagnosed with SLE by qualified and experienced rheumatologists were included in the study. 44 patients were later excluded as they were found to have an overlap syndrome. From the 30,541 patients, another 303 age-matched patients, who attended the rheumatology department on the first week of each month, from 2014 January to 2019 June, and diagnosed with autoimmune diseases other than SLE, were selected as controls. They were selected regardless of their specific clinical or immunologic manifestations. Patients were excluded if the diagnosis was uncertain. Each patient was evaluated to see if he or she satisfied the 1997, 2012, and 2019 classification criteria, respectively.

Results:

Conclusion: In our cohort, the new 2019 EULAR/ACR criteria attained better sensitivity, PPV, NPV and accuracy when compared to ACR 1997 and SLICC

Validation of the 2019 SLE classification criteria

Criteria	Adult (n=196)			Juvenile (n=107)			Total (n=303)		
	1997	2012	2019	1997	2012	2019	1997	2012	2019
Sensitivity(%)	78.1	96.4	98.5	73.8	94.4	96.2	76.6	95.7	97.7
Specificity(%)	92.9	86.2	93.4	100	96.3	98.1	95.4	89.8	95
PPV(%)	91.6	87.5	93.7	100	96.2	98.1	94.3	90.3	95.2
NPV(%)	80.9	96	98.4	79.3	94.5	96.3	80.3	96.5	97.6
Accuracy(%)	85.5	91.3	95.9	86.9	95.3	97.2	86	92.7	96.4

#PPV- Positive Predictive Value *NPV- Negative Predictive Value

2012 criteria, and had almost the same specificity as compared to SLICC 2012 and ACR 1997 criteria.

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AB0404 SARCOPENIA AND RELATED FACTORS AMONG PATIENTS WITH PRIMARY SJOGREN'S SYNDROME

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Background: Sarcopenia is the progressive and generalized loss of muscle mass, strength and function especially among elderly population. Inflammation may lead to sarcopenia regardless of age.

Objectives: To evaluate the frequency of sarcopenia and related factors in patients with primary Sjogren's syndrome (SS).

Methods: A total of 44 female patients with SS and 44 age matched female healthy controls were included in this cross-sectional study. Sarcopenia was evaluated by hand grip test, skeletal muscle index (SMI) and 6 meters gait speed (GS) test. According to recommendations of European Working Group on Sarcopenia in Older People (EWGSOP2) 2018, sarcopenia is defined as decrease in results of both hand grip test and SMI, whereas, probable sarcopenia is defined as only decrease in results of hand grip test. Mini Nutritional Assessment Short Form (MNA-SF) was used for evaluating nutritional statement. EULAR SS patient reported index (ESSPRI) and EULAR SS disease activity index (ESSDAI) used for evaluating disease activity. Patient global assessment (PGA) was assessed with visual analogue scale (VAS 0-10 cm). Patients with arthritis in dominant hand and/or ankle joints were excluded from the study.

Results: The mean age of participants was 55.3±10.4 years. Eleven patients (25.0%) had probable sarcopenia in SS group and 2 (4.5%) in control group (p=0.007). Compared with healthy controls, SS patients had lower results of hand grip and 6 meters GS tests (p=0.005 and p<0.001, respectively). According to Mini Nutritional Assessment Short Form (MNA-SF), patients with probable sarcopenia had higher risk for malnutrition compared with patients with no sarcopenia (p=0.043). Patients with probable sarcopenia had higher scores of ESSPRI pain domain and patient visual analogue scale for global disease activity compared with patients with no sarcopenia (p=0.044 and p=0.036, respectively) (Table 1). In multivariate regression analysis ESSPRI pain was associated with hand grip strength (p=0.016, R²=0.13) and MNA was associated with SMI (p=0.005) (Table 2).

Table 1. Factors associated with probable sarcopenia in Sjogren's syndrome

Sjogren's syndrome group	No sarcopenia (n=33)	Probable Sarcopenia (n=11)	p-value
ESSPRI pain*	5 (0-10)	7 (3-10)	0.044 ^b
VAS patient*	4 (0-10)	6 (0-10)	0.036 ^b
MNA SF, n (%)			0.043 ^c
Normal nutritional status (12-14)	32 (97)	8 (72.7)	
Risk of malnutrition (8-11)	1 (3)	3 (27.3)	

ESSPRI: EULAR Sjogren's Syndrome Patient Reported Index, VAS: Visual Analogue Scale, MNA SF: Mini Nutritional Assessment Short Form. *Variables given as median (minimum-maximum) ^aIndependent Samples Student t test, ^bMann-whitney U, ^cFisher's Exact test.