Background: Sjögren’s syndrome (SjS) is a chronic systemic autoimmune disease targeting primarily the lacrimal and salivary glands, the severe dryness of the mouth and eyes are common manifestations in patients. Therefore, daily life could be affected by these manifestations in patients with SjS.

Objectives: The aim of the study was to assess associations among daily activity impairment and scores of EULAR Sjögren’s Syndrome Patient Reported Index (ESSPRI) and major salivary gland ultrasonography (SGUS) in primary SjS.

Methods: In this cross-sectional study, 41 patients with primary SjS (F/M:39/2; mean age: 52.1±10.5) were included. The mean disease duration was 9.5±6.6 years in the group. Data were collected by clinical examinations and a questionnaire regarding two patients reported outcome measures (PROMs). Firstly, Work Productivity and Activity Impairment (WPAI) questionnaire assessed paid and unpaid work during the last seven days. Scores of WPAI subgroups as absenteeism, presenteeism, overall work impairment as well as daily activity impairment were calculated by using 6 items. Secondly, dryness, fatigue and pain in ESSPRI scale were evaluated by visual analogue scale (VAS, 0-10 points) in SjS. High scores in both PROMs indicates that disease manifestations affect patient’s life poorly.

In addition, structural damage of parotid and submandibular salivary glands were examined by using Milic and Hocevar USG scoring methods. Unstimulated whole salivary flow rate (W-WSFR; as ml/min) were also used to interpret the functional status of major salivary glands. High SGUS score and low U-WSFR reflects that disease activity affects major glands poorly.

Results: Daily activity impairment was calculated as 63.9±31.1 in patients with primary SjS. High scores in ESSPRI-dryness, ESSPRI-fatigue and ESSPRI-pain were also observed in the group (7.5±2.4; 6.4±2.8 and 6.1±3.1, respectively). Daily activity impairment was correlated with scores of ESSPRI-dryness (r:0.55 p<0.001), ESSPRI-fatigue (r:0.38 p=0.014) and ESSPRI-pain (r:0.56 p<0.001) as well as parenchymal inhomogeneity USG scores of right and left parotid glands (r:0.49 p=0.032; r:0.51 p<0.025).

U-WSFR (0.20±0.20 ml/min) was moderately correlated with parenchymal inhomogeneity USG scores of major salivary glands (p<0.05). ESSPRI-dryness score was significantly higher in patients with low U-WSFRs (≤ 0.1 ml/min) than the others (87.5±16.3 vs 68.3±25.1, respectively) (p=0.021).

Conclusion: Firstly, subgroup scores of ESSPRI and low U-WSFR associated to daily activity impairment in patients with primary SjS. Secondly, parenchymal inhomogeneity scores of both parotid glands could give an important clue to clinicians for the disease-related damage. Finally, WPAI with 6-item could be thought as a useful tool to understand the effect of the disease manifestations on patients’ daily life.

Disclosure of Interests: None declared
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AB0415
SERUM RESISTIN LEVEL IN SYSTEMIC LUPUS ERYTHEMATOSUS: RELATION TO LUPUS NEPHRITIS AND DISEASE ACTIVITY
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Background: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease affecting different organs and systems. Adipokines have recently been implicated as mediators of immune and inflammatory processes. Human resistin is a cytokine that induces low-grade inflammation by stimulating monocytes.

Objectives: The aim of this work is to assess the serum level of resistin in SLE patients and to detect its relation to lupus nephritis, and disease activity

Methods: 40 patients with SLE with age ranged between 18-48 years and 20 healthy age, sex and BMI matched volunteer were enrolled in this study. According to the presence or absence of lupus nephritis (LN), patients were classified into two subgroups Full history, clinical examination and laboratory investigations were performed for all patients including serum resistin level.

Results: The level of serum resistin was higher in SLE patients than the controls (p<0.001). Also, serum resistin levels were higher in patients with lupus nephritis than those without nephritis (p=0.02). Serum resistin level correlated positively with the levels of ESR (p<0.001), CRP (p=0.005), Anti-dsDNA (p=0.002) and serum urea (p=0.002). Serum resistin levels correlated negatively with hemoglobin levels (p=0.001) and levels of C3 (p<0.001) and C4 (p<0.001). There was a significant positive correlation between serum resistin level and the presence of albumin (p<0.001), RBCs (p=0.003), pus cells (p=0.001) and casts (p=0.001) in urine and also with the levels of 24 hour urinary protein and protein/creatinine ratio (p<0.001).

Serum resistin level was found to be strongly correlated with SLEDAI (p<0.001). No correlation was found between serum resistin levels and ISNRPS classification of renal biopsy.

Conclusion: Serum resistin level can be used as a marker of inflammation, severity and disease activity in patients with SLE.

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the ESSDAI score. Work incapacity was assessed by the Work productivity and activity impairment for general health questionnaire (WPAI-GH) from which four dimensions can be calculated and expressed in percentages by the following scores: 1) percent work time missed due to health = Q5/Q10 for those who were currently employed; 2) percent impairment while working due to health = Q5/Q10 for those who were currently employed; 3) percent overall work impairment due to health Q2/Q2 + Q4) for those who were currently employed; 4) percent activity impairment due to health Q6/Q10 for all respondents.

Results: Eighty patients were randomly asked to fill out the questionnaire. Response rate was of 62.5%. Total number of enrolled patients was 50. The median age was 56.5 years (min=22, max=60). Patients were mainly women with female to male ratio of 11:5.1. The median age of diagnosis was 50.5 years (min=18, max=59). Mean duration of the disease was 6 years ± 3.76. Sicca syndrome was the most prevalent clinical feature affecting the eyes in 84% of the cases and the mouth in 90% of the cases. Arthralgia was present in 88% of the cases. 65.1% of patients had an active disease. Anti Ro antibodies were positive in 38%, anti La in 28% and rheumatoid factor in 50% of cases. 36% of the patients were unemployed. Percentage of work time missed due to health for those who were employed in the past 7 days was 2.44% (Q1=0;Q3=5.26). Mean percentage of impairment while working due to health for those who were employed and actually worked in the past 7 days was 20.56±18.25%. Percentage of overall work impairment due to health for those who were currently employed and actually worked was 25.87±19.58%, and the percentage of overall activity impairment due to health for all respondents was 26.6±18.36%. Analytic statistics showed no correlation between employment status and age, duration of disease, gender or seropositivity. However, all unemployed patients had ocular symptoms vs 75% of those employed (p value=0.04). The first dimension was correlated with the presence of dry mouth (p value=0.07) but with weak statistical significance. Second and third dimensions weren’t associated to any general, clinical or laboratory feature. Fourth dimension was significantly correlated to the presence of dry eyes (p value=0.019) and gender (p value=0.001).

Conclusion: PSS is associated with high unemployment rates in Tunisia, high impairment rates while working and high rates of overall impairment. This high prevalence may be explained by gender and the presence of dry eyes and dry mouths. This work highlights the importance of managing sicca symptoms as they alter different aspects of quality of life like work.

References:

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Table 1. Characteristics of Russian cohort of patients with primary Sjögren’s syndrome (n = 110)

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Patients (n / %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ocular dryness</td>
<td>76 (69%)</td>
</tr>
<tr>
<td>oral dryness</td>
<td>88 (80%)</td>
</tr>
<tr>
<td>anti-SSA (anti-Ro) positive</td>
<td>93 (84.5%)</td>
</tr>
<tr>
<td>anti-SSB (anti-La) positive</td>
<td>57 (51.8%)</td>
</tr>
<tr>
<td>RF positive</td>
<td>68 (61.8%)</td>
</tr>
<tr>
<td>OSS ≤ 5</td>
<td>110 (100%)</td>
</tr>
<tr>
<td>SICCA Cohort</td>
<td>104 (94%)</td>
</tr>
</tbody>
</table>

Results: In our cohort, 20-30% of patients, according to Russian criteria did not complain of oral or ocular dryness. In 61% of patients, mild eye damage was detected (OSS<3-5), and in half of the cases, the stimulated Schirmer’s test was more than 5.0 mm, but less than 10mm/5 min, while 69% of patients complained of dry eyes. Most patients (84.5%) had positive anti-Ro, just over half (51.8%) had anti-La. All patients had sialodacryostasis of various stages on parotid sialography. Less than 1 FS was detected in 10% of patients.

Conclusion: Using Russian criteria (2001), we can identify pSS at an early stage. Our criteria inclusion complex examination in which an immunological sign must be present to confirm the diagnosis. Patients with pSS according to ACR (2012) and/or ACR/EULAR (2016) criteria seem to be diagnosed without specific antibodies and on the more progressive disease stages.

References:

[2] Caroline H. Shiboski,1 Stephen C. Shiboski,1 Raphae `le Seror,2 Lindsey A. Criswell,1 Marc Labetoulle,2 Thomas M. Lietman,1 Astrid Rasmussen,3 Hal Scofield,4 Claudio Vitali,S Simon J. Bowman,6 Xavier Mariette,2 and the Sjögren’s International Collaborative Clinical Alliance (SICCA) Research Groups. American College of Rheumatology/European League Against Rheumatism Classification Criteria for Primary Sjögren’s Syndrome. ARTHRITIS & RHEUMATOLOGY Vol. 00, No. 00, Month 2016, pp 00–00 DOI 10.1002/art.39859.

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AB0419

THE COEXISTENCE OF FAMILIAL MEDITERRANEAN FEVER (FMF) IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS - A CROSS SECTIONAL STUDY

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Background: Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease characterized by multisystem inflammatory lesions affecting many organ systems in the body. Familial Mediterranean fever (FMF) is an autosomal recessive disease of chronic autoimmune inflammation characterized by frequently relapsing self-limiting fever and inflammation that may be localized in peritoneum, pleura, joint or skin.1 Previous studies have described the similarity of clinical symptoms of FMF among SLE patients. However, the literature on this topic is inconsistent and based mostly on case reports.2-4

Objectives: To examine the proportions of coexistence of FMF among SLE patients compared to the general population. We hypothesized that the proportion of FMF among SLE patients is higher than the general population.

Methods: This cross-sectional study used the Clalit Health Services database, the largest Health Maintenance Organization in Israel, serving 4,400,000 members. SLE patients were compared to age- and sex-matched controls. Chi-squared analysis was used for univariate analysis.

References:

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