**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 this study was to assess associations among daily activity impairment and scores of EULAR Sjögren’s Syndrome Patient Reported Index (ESSPRI) and major salivary gland ultrasonoraphy (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 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 indicate that disease manifestations affect patient 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 (U-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=0.000), ESSPRI-fatigue (r=0.38; p=0.014) and ESSPRI-pain (r=0.56; p=0.000) 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 an useful tool to understand the effect of the disease manifestations on patients’ daily life.

**Disclosure of Interests:** None declared

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**AB0416**

**ANTIPHOSPHOLIPID SYNDROME IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOUS**

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**Background:** Antiphospholipid Syndrome (APS) is an autoimmune disorder characterized by venous/arterial thrombotic events and pregnancy morbidity in presence of pathogenic antiphospholipids known as antiphospholipid antibodies (APL). APS is often associated with systemic autoimmune diseases, especially with Systemic Lupus Erythematosus (SLE), being part of the latest criteria of SLE.

**Objectives:** The aim of this study was to evaluate the impact of Antiphospholipid syndrome in patients with Systemic Lupus Erythematosus presented at our Rheumatology Clinic at University Hospital Center Mother Teresa in Tirana, Albania.

**Methods:** This is an observational case-control study which included patients diagnosed with SLE from 16-51 years old, presented at our clinic during the period from 10 December 2014-10 September 2019.

Seventy-three patients with SLE were included in the study. Patients were classified according to the presence of Antiphospholipid Syndrome or not, according to the current guidelines. The case study (patients with SLE and APS) consisted in 24 patients, and the control group consisted in 49 patients. Besides the usual laboratory tests (complete blood count, erythroaggregation rate, C3, C4 complement fractions, urinalysis and 24h proteinuria, c-reactive protein), all patients underwent immunological tests for anti-nuclear antibodies, anti-DNA antibodies and antiphospholipid antibodies (Anti-cardiolipin IgM and IgG). If APL were found positive, according to EULAR recommendations, tests were repeated after 12 weeks.

Female patients were asked about their pregnancy history and their possible miscarriages/abort.

**Results:** After our statistical analysis it resulted that there is a significant difference between C3 complement fraction (patients with APS and SLE tend to have more complementemia than the other group) (p=0.006). Thrombocytopenia resulted to be an important feature, statistically significant in the case group (p=0.003). It was seen a statistically significant difference referring to the number of miscarriages/abort in the history of female patients with APS and SLE in comparison to those with SLE without APS (p= 0.03). Proteinuria it has a tendency to be more marked in patients with APS and SLE, with a significant difference in comparison to the controls (p=0.04).

**Conclusion:** In this study was seen that patients with antiphospholipid Syndrome and Systemic Lupus Erythematosus tend to have more hypercomplementemia C3, and thrombocytopenia. It resulted a statistically significant relationship with miscarriages or aborts in patients with APS and SLE in comparison to SLE patients. It was seen a significant tendency to have marked proteinuria in patients with SLE and APS compared to controls.

Through this study it was seen a characteristic clinical and laboratory picture that may be useful in the identification of cases with APS in patients with SLE, in their follow-up and treatment.

**References:**


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**AB0417**

**WORK IMPAIRMENT AND PREDICTORS OF WORK INCAPACITY AMONG PRIMARY SJÖGREN’S SYNDROME PATIENTS**

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**Background:** Primary Sjögren’s syndrome (PSS) is a prevalent rheumatic disorder affecting exocrine glands but also other systems. It alters quality of life of affected patients and increases work incapacity and general activity impairment.

**Objectives:** The purpose of this study was to assess the influence of PSS on work among affected patients and determine predictors of work incapacity.

**Methods:** A cross-sectional study was conducted in the internal medicine department. Adult patients diagnosed with PSS and fulfilling the EULAR criteria for the diagnosis were included. Clinical and biological data was collected from medical files and during medical visits. Disease activity was calculated using...
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 = Q2/(Q2 + Q4) for those whom were currently employed; 2) percent impairment while working due to health = Q5/10 for those who were currently employed and actually worked in the past seven days; 3) percent overall work impairment due to health Q2/(Q2 + Q4) + ((1 -Q2/(Q2 + Q4)) × (Q5/10)) for those who were currently employed; 4) percent activity impairment due to health Q6/10 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 66.5 years (min=32, 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=85). Mean duration of the disease was 6 years ± 3.76. Sicsa syndrome was the most prevalent clinical feature affecting the eyes in 84% of the cases and the mouth in 90% of the cases. Articulargia 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=0.2;Q2=2.56). 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:

Disclosure of Interests: ; None declared

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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 (&gt;25 IU/ml)</td>
<td>93 (84.5%)</td>
</tr>
<tr>
<td>anti-SSB (anti-La) positive (&gt;25 IU/ml)</td>
<td>57 (51.8%)</td>
</tr>
<tr>
<td>RF positive (&gt;30 IU/ml)</td>
<td>68 (61.8%)</td>
</tr>
<tr>
<td>SSB (anti-La) positive (&gt;25 IU/ml)</td>
<td>57 (51.8%)</td>
</tr>
<tr>
<td>Stimulated (stimulated) Schirmer’s test (&gt;5 mm/5 min)</td>
<td>77 (70.0%)</td>
</tr>
<tr>
<td>OSS ≥5</td>
<td>28 (25.4%)</td>
</tr>
<tr>
<td>OSS ≤5</td>
<td>59 (53.6%)</td>
</tr>
<tr>
<td>FS ≥110 (4 mm²)</td>
<td>43 (39.0%)</td>
</tr>
<tr>
<td>Sialodacplus parotid sialography</td>
<td>110 (100%)</td>
</tr>
</tbody>
</table>

In our cohort according to Russian criteria (2001) 94 patients (86%) fulfilled ACR (2012) criteria. 86 (78%) - ACR/EULAR (2016) criteria.

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 10 mm/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 sialodacplus 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 Labetouille,2 Thomas M. Lietman,1 Astrid Rasmussen,3 Hal Scofield,4 Claudio Vitali,5 Simon J. Bowman,6 Xavier Mariette,2 and the International Sjögren’s Syndrome Criteria Working Group. 2016 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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