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 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 (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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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 and macrophages.

Methods: Patients and controls were evaluated. It was seen a significant tendency to have marked proteinuria in patients with SLE (p=0.021). Proteinuria it has a tendency to be more marked in patients with APS and SLE, with a significant difference 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 hypocomplementemia, 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/aborts.

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 hypocomplementemia than the other group) (p=0.006). Thrombocytopenia resulted to be an important feature, statistically significant in the cases’ group (p=0.003). It was seen a statistically significant difference referring to the number of miscarriages/aborts 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).

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...