Results: The study included 4986 SLE patients and 24430 age- and sex-matched controls. The SLE group had a significantly higher proportion of FMF patients compared to non-SLE controls (0.68% and 0.21% respectively; p < 0.001).

Table 1. SLE patients and matched controls basic characteristics

<table>
<thead>
<tr>
<th></th>
<th>No SLE</th>
<th>SLE</th>
<th>p.overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=24430</td>
<td>N=4986</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>51.2±16.5</td>
<td>51.2±16.5</td>
<td>1.000</td>
</tr>
<tr>
<td>Gender: Female</td>
<td>20100 (82.3%)</td>
<td>4020 (82.3%)</td>
<td>1.000</td>
</tr>
<tr>
<td>FMF</td>
<td>52 (0.21%)</td>
<td>33 (0.68%)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Conclusion: FMF was found to be more common amongst SLE patients compared to matched controls. The current study results suggest that the occurrence of SLE turn patients with an appropriate genetic and environmental setting to develop also FMF. This cross-sectional study sheds light on the coexistence of these two diseases, autoimmune and autoinflammatory.

References:

Disclosure of Interests: None declared
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AB0421 EFFECT OF BODY WEIGHT ON COMPLEMENT LEVELS IN SYSTEMIC LUPUS ERYTHEMATOSUS
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Background: The complement system is a recognized biomarker for diagnosis or monitoring of disease activity in systemic lupus erythematosus (SLE) patients (pts). But on the other hand, it has been linked to insulin resistance and obesity in general population.

Objectives: To find out whether overweight/obesity can modify C3 or C4 levels in SLE pts.

Methods: A total of 92 SLE pts (83 women, 9 men, 39 [34;47] years old) were enrolled in the study. Median disease duration was 6[2;14] years, and SLE activity using SLEDAI-2K was 4[2;8]. SLE pts were treated with glucocorticoids (89%), hydroxychloroquine (78%), immunosuppressants (28%), biologicals (10%). The overweight/obesity status was determined by World Health Organization criteria in patients with body mass index (BMI) ≥25kg/m2.

Results: Overweight/obesity were established in 46% SLE pts. Overweight/obese SLE pts were older than pts with normal BMI (40[36;48] vs 37[31;44] years, p=0.02), and had lower SLEDAI-2K (3[2;6] vs 6[4.8], p=0.01). Lower C3 concentrations were found in 36% overweight/obese pts vs 68% pts with normal weight (p=0.01), decreased C4 levels - in 19% vs 30% pts (p=0.33), median C3 concentrations were 0.98[0.81;1.14] g/l vs 0.84[0.69;0.96] g/l (p<0.01), and C4 levels were 0.15[0.10;0.19] g/l vs 0.12[0.09;0.16] g/l, respectively (p=0.03). C3 and C4 levels negatively correlated with SLEDAI-2K (r=0.5, p=0.01 for both), the effect was more strongly pronounced in patients with BMI≥25kg/m2 (r=0.6, p=0.01 for both) than in those with normal weight (r=0.2, p=0.09 for C3, r=0.3, p=0.04 for C4).

Conclusion: Overweight/obesity status in SLE pts was associated with increased levels of complement proteins, therefore decreased C3 or C4 levels in patients with BMI≥25kg/m2 are more likely related to disease activity and, can potentially induce SLE flares.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.4087

AB0422 LEFT VENTRICULAR ABNORMALITIES IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS FOLLOWED BY SEQUENTIAL ECHOCARDIOGRAPHY
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Background: Cardiovascular disease (CVD) is detected in up to 50% of systemic lupus erythematosus (SLE) patients and major cause of death. Even clinically silent SLE patients can develop left ventricular (LV) diastolic dysfunction. Proper echocardiographic follow up of SLE patients is required.

Objectives: To clarify how the prevalence of LV abnormalities changes over follow-up period and identify the associated clinical factors, useful in suspecting LV abnormalities.

Methods: 29 SLE patients (24 females and 5 men, mean age 52.8±16.3 years, mean disease duration 17.6±14.5 years) were enrolled. All of them underwent echocardiography as the baseline examination and reexamined over more than a year of follow-up period(mean 1075±480 days) from Jan