There were no differences between juvenile and adult-onset FMF groups in terms of gender, frequency of attacks, duration of attacks, acute phase values between attacks, colchicine dose, presence of colchicine resistance, and presence of amyloidosis ($p>0.05$). The latency to diagnosis was significantly higher in patients with adult-onset FMF ($p<0.005$).

The PRAS disease activity scores were significantly higher in the juvenile-onset FMF group ($p=0.001$). There were no significant differences between the two groups in terms of SF-36 and HAQ scores ($p>0.05$).

Conclusion: While there were no differences between juvenile and adult-onset FMF patients in terms of quality of life and functional disability, the PRAS disease activity scores were higher in patients with juvenile-onset FMF.

References:

- [1] Shinawi M, Brik R, Kepten I, Berant M, Gersoni B. Familial Mediterranean fever: high gene frequency and heterogenous disease among Israeli-Moslem Arab population. *J Rheumatol* 2000;27:1492-5.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.6106

AB1025 EVALUATION OF ANXIETY AND DEPRESSION LEVELS IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

S. Ergulu Eşmen¹. ¹Konya Education and Research Hospital, Rheumatology, Konya, Turkey

Background: Anxiety and depression are common problems in chronic rheumatological diseases (1). Familial Mediterranean Fever (FMF) is characterized by recurrent fever and serosal inflammation attacks.

Objectives: The aim of the study was to evaluate the levels of anxiety and depression in patients diagnosed with FMF, and to examine its relationship with drug compliance and attack frequency.

Methods: Sixty female patients aged 18 years or older who were consecutively admitted to the rheumatology outpatient clinic and diagnosed as FMF according to the Tel-Hashomer Classification criteria were included. Patients' age, gender, body mass index (BMI), educational status, disease duration, drugs used and frequency of attacks were recorded. Beck anxiety scale and Beck depression scale were used to determine the level of anxiety and depression.

Results: Sixty female patients with a mean age of 32.03 ± 10.03 and an mean disease duration of 9 ± 6.9 years were included in the study. The patients were divided into minimal, mild, moderate and severe according to their anxiety level. According to the level of anxiety, minimal anxiety was observed in 18 (30%), mild 9 (15%), moderate 12 (20%) and severe anxiety in 10 (16.7%) patients. Data related to anxiety are given in table 1. The patients were divided into minimal, mild, moderate and severe depending on the level of depression. Depending on the level of depression, minimal depression was seen in 34 (56.7%), mild 13 (21.7%), moderate 8 (13.3%) and severe depression in 4 (6.7%) patients. Data related to depression are given in table 2.

Table 1. Data about anxiety

	Minimal	Mild	Moderate	Severe	P
Age (years) (mean $\pm$ SD)	30.82 $\pm$ 10.7	26.22 $\pm$ 8.5	34.42 $\pm$ 10.2	33.4 $\pm$ 9.7	0.28
BMI (kg/m ²) (mean $\pm$ SD)	25.53 $\pm$ 5.05	19.88 $\pm$ 2.7	25.03 $\pm$ 4.91	26.03 $\pm$ 3.4	0.02
Disease duration (years)	11.93 $\pm$ 9.6	8.67 $\pm$ 4.0	10.5 $\pm$ 6.7	4.89 $\pm$ 3.7	0.13
Marital status (Married)	13 (70)	2 (22.2)	10 (83.3)	9 (90)	0.06
Child status (%) (having child)	12 (70.6)	1 (11.1)	8 (72.2)		0.006
Time of the last attack (%)					0.72
2 weeks ago	2 (11.8)	2 (22.2)	4 (33.3)	4 (50)	
3 months ago	4 (23.5)	1 (11.1)	2 (16.7)	-	
>6 months	7 (41.2)	4 (44.4)	4 (33.3)	3 (37.5)	

Table 2. Data about depression

	Minimal	Mild	Moderate	Severe	P
Age (years) (mean $\pm$ SD)	32.79 $\pm$ 9.89	28.83 $\pm$ 8.93	32.63 $\pm$ 10.5	36.5 $\pm$ 14.3	0.61
BMI (kg/m ²) (mean $\pm$ SD)	25.68 $\pm$ 5.09	22.06 $\pm$ 3.2	23.81 $\pm$ 4.33	26.35 $\pm$ 2.8	0.076
Disease duration (years)	10.52 $\pm$ 8.06	8.5 $\pm$ 4.6	8.67 $\pm$ 4.6	1.5 $\pm$ 1	<0.00
Marital status (Married)	25 (73.5)	8 (61.5)	7 (87.5)	3 (75)	0.63
Child status (%) (having child)	23 (71.9)	5 (38.5)	7 (87.5)	3 (75)	0.08
Time of the last attack (%)					0.94
2 weeks ago	6 (18.2)	2 (16.7)	2 (28.6)	2 (50)	
3 months ago	8 (24.2)	1 (8.3)	1 (14.3)	1 (25)	
>6 months	12 (36.4)	5 (41.7)	2 (28.6)	1 (25)	

Conclusion: In the case of a chronic disease such as FMF, which has a younger patient population than other rheumatic diseases, anxiety and depression should be evaluated during routine outpatient clinic administration and psychiatric support should be provided if necessary.

References:

- [1] Deger SM, Ozturk MA, Demirag MD, et al. Health-related quality of life and its associations with mood condition in Familial Mediterranean Fever patients. *Rheumatol Int*. 2011;31(5):623-8.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.2680

AB1026 INFLAMMATORY MANIFESTATIONS IN PATIENTS WITH HUMAN LEUKOCYTE ANTIGEN-B*51 POSITIVE AND WITHOUT BEHÇET'S DISEASE

M. Duarte¹, J. Sousa Morais², R. Faria^{1,3}, B. Guerra Leal^{3,4}, A. Marinho^{1,3}, J. Correia^{1,3}, F. Farinha¹, P. Pinho Costa^{3,4,5}, B. Martins Da Silva^{3,4}, C. Vasconcelos^{1,3}. ¹Centro Hospitalar e Universitário do Porto, Unidade de Imunologia Clínica, Porto, Portugal; ²Hospital de São Marcos, Braga, Serviço de Medicina, Braga, Portugal; ³Abel Salazar Biomedical Sciences Institute - University of Porto, UMIB, Porto, Portugal; ⁴ICBAS, Laboratório de Imunogenética, Porto, Portugal; ⁵INSA, Porto, Portugal

Background: Human leukocyte antigen (HLA) B*51 allele is the most important genetic factor in susceptibility to Behçet's disease (BD), an immune-mediated systemic disorder of unknown etiology, characterized by recurrent episodes of inflammatory manifestations. In fact there is a considerable clinical overlap of BD with autoinflammatory syndromes. As it's known, the majority of HLA-B*51 positive individuals do not develop BD. But do these individuals also present inflammatory manifestations?

Objectives: Characterize the group of individuals in our hospital with positive HLA-B*51, without BD diagnosis and review whether inflammatory manifestations are present in these individuals.

Methods: A retrospective study of HLA-B*51 positive patients between 2000 and 2019. Genomic DNA was obtained from peripheral blood and HLA genotyping was performed using a PCR with Sequence Specific Primers (PCR-SSP) methodology. From the group of 289 B*51 positive patients, BD diagnosis were excluded. Demographic and clinical data were collected by review of clinical files in December 2019.

Results: 176 patients, mean age of 48.5 ± 16.5 years (5 to 84 years). Most were female (68%). The HLA study was motivated by multiple diagnostic suspicions: spondyloarthritis (SpA, 25.0%), BD (22.7%) and systemic sclerosis (SSc, 10.8%). The mean time elapsed since the immunogenetic study was 8.3 years, with 12 deaths recorded. 69 (39.2%) subjects had no diagnosis for immune-mediated disease (IMD). Of the other 107 patients, the majority had 1 IMD (64.5%), and the rest were diagnosed with 2 to 4 IMD. The most frequent IMD were SpA (20.8%), psoriasis (10.4%), psoriatic arthritis (9.7%), SSc (9.7%) and rheumatoid arthritis (7.1%). Autoantibodies were detected in 94 individuals (53.4%): antinuclear antibodies (64 patients), rheumatoid factor (26 patients) and CCP antibodies (11 patients). In 55 individuals no inflammatory manifestation was identified but the 68.8% of them presented between 1 to 7 manifestations:

System involved	Clinical manifestation	Frequency
Ears, nose and throat	Chronic rhinitis Recurrent tonsillitis Other	32 (13.2%) Σ = 76 (31.4%) 20 (8.3%) 24 (9.9%)
Cutaneous, mucous and serous	Recurrent oral aphthous ulcers Serositis Other	34 (14.0%) Σ = 57 (23.6%) 10 (4.1%) 13 (5.4%)
Neurological	Chronic headache Asseptic meningitis	34 (14.0%) Σ = 36 (14.9%) 2 (0.8%)
Ocular	Ocular inflammation	31 (12.8%) Σ = 31 (12.8%)
Urinary	Recurrent cystitis	15 (6.2%) Σ = 15 (6.2%)
Vascular	Venous thromboembolism Aneurysm Spontaneous coronary dissection	7 (2.9%) Σ = 14 (5.8%) 6 (2.5%) 1 (0.4%)
Rheumatic	Arthromyalgia Gout	6 (2.5%) Σ = 9 (3.7%) 3 (1.2%)
Constitutional	Recurrent fever syndrome	1 (0.4%) Σ = 1 (0.4%)
Digestive	Recurrent abdominal pain	1 (0.4%) Σ = 1 (0.4%)
Lymphatic	Axillary and inguinal adenopathies	1 (0.4%) Σ = 1 (0.4%)
Pulmonary	Chronic pulmonary infiltrate	1 (0.4%) Σ = 1 (0.4%)

Conclusion: Inflammatory manifestations are common in HLA-B*51 positive individuals, even in those without BD diagnosis. Further research is needed, considering other HLA alleles associated with increased risk of BD and including control groups.

References:

- [1] Burillo-Sanz S, Montes-Cano M, García-Lozano J, et al. Behçet's disease and genetic interactions between HLA-B*51 and variants in genes of autoinflammatory syndromes. *Sci Rep* 2019;9:2777.
- [2] McGonagle D, McDermott MF. A Proposed Classification on the Immunological Diseases. *PLoS Med* 2006;3(8):e297.