Fig.1 The prevalence of autoantibodies in SN-APS **Fig.2** The percentage of SN-APS positive for more than one test

Disclosure of Interests: Silvia Mancuso: None declared, Simona Truglia Speakers bureau: Lilly, BMS, Serena Recalchi: None declared, Gloria Riitano: None declared, Francesca Romana Spinelli Grant/research support from: Pfizer, Speakers bureau: Lilly, BMS, Celgene, Fulvia Ceccarelli: None declared, Maurizio Sorice: None declared, cristiano alessandri Grant/research support from: Pfizer, fabrizio conti Speakers bureau: BMS, Lilly, Abbvie, Pfizer, Sanofi

DOI: 10.1136/annrheumdis-2020-eular.2928

FRI0146

SLICC/ACR DAMAGE INDEX IN PATIENTS WITH ANTIPHOSPHOLIPID SYNDROME WITH AND WITHOUT SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: The role of antiphospholipid syndrome (APS) as a cause of chronic organ damage in patients with systemic lupus erythematosus (SLE) is important. While acute disease manifestations of APS are well known, information on the long-term prognosis and damage in affected patients is still very limited.

Objectives: To assess the severity of organ damage in patients with APS without SLE and with concomitant SLE, as well as the feature of irreversible damage to internal organs in patients with primary APS during a dynamic observation using SLICC/ACR Damage Index (SDI).

Methods: The study included 195 patients (41 men and 154 women) who were observed at the Institute of Rheumatology from 2007 to June 2018 with a diagnosis of SLE and APS. The study inclusion criteria were: a follow-up period of at least 3 years with the study of serological markers of APS for previous years, the possibility of dynamic monitoring of patients, patient consent. Patients were divided into 3 groups, depending on presence of APS: group I - SLE with APS (n=99 with average age 34.6 [25-44]), group II - SLE without APS (n=45; 33.5[26-42]) and group III - 45 (average age 37.7 [27-46]) patients with primary APS (PAPS) diagnosed according to international diagnostic criteria, without signs of any disease. In all three groups organ damage was assessed using SDI. SDI 1-2 points corresponded to moderate damage, more than 2 points - to severe.

Results: A linear increase in irreversible organ damage was noted over 10 years of follow-up. At the time of inclusion in the study, the average SDI was significantly higher in the SLE + APS group than in the SLE group: 1.32 versus 0 when included ($p < 0.0001$). A direct correlation was found between the age of patients and the value of SDI both in the group I ($p = 0.004$, $r = 0.284$) and in the group II ($p = 0.04$, $r = 0.281$) when included in the study. There was a direct correlation between the activity of the disease on the SLEDAI at the end of the study and the value of SDI ($p = 0.03$, $r = 0.41$) in the group II. The number of patients by the 10th year of follow-up remained in group I were 44 of 99, in group II - 24 of 51 and in group III - 14 of 45. SDI was more than 2 points in 39 (89%) of 44 patients in group I, in 12 (50%) of 24 in group II and 9 (65%) of 14 in Group III ($p = 0.0002$ OR=13; 95% CI 2.4-70). 5 years after the start of the observation average SDI in group I and II was 2.5 and 1.3 ($p < 0.0001$) and after 10 years - 2.8 and 1.9 ($p = 0.0008$) accordingly. An increase of total SDI occurred primarily due to damage to peripheral vessels due to the large number of thromboses (in 55% of patients) in the group II. Using step-by-step multiple logistic regressions in the study groups only APS was an independent predictor of increased SDI. The most common cause of an increase in SDI in the PAPS group was damage to peripheral vessels (64%) as a result of a high frequency of venous thrombosis, followed by damage to the neuropsychiatric system (55%) and the cardiovascular system (40%).

Conclusion: APS is an independent predictor of increased SDI. The determination of irreversible organ damage in patients with PAPS using SDI allows us to assess the functional disorders of organs and systems and can be used in clinical practice in these patients.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.2451

FRI0147

PREVALENCE OF COMORBIDITIES IN ANTIPHOSPHOLIPID SYNDROME VERSUS RHEUMATOID ARTHRITIS: A MULTICENTRE, AGE- AND SEX-MATCHED STUDY

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Background: Comorbidities in rheumatic diseases (RDs) have been associated with increased morbidity and mortality. Evidence on prevalence of comorbidities in antiphospholipid syndrome (APS) and its difference from high comorbidity burden RDs is limited.

Objectives: To compare the prevalence of common comorbidities between APS [primary (PAPS) and Systemic lupus erythematosus (SLE)-APS] and Rheumatoid arthritis (RA) patients.

Methods: 326 APS patients from the Greek registry (237 women, mean age 48.7±13.4 years, 161 PAPS) were matched 1:2 for age and sex with 652 RA patients from Greek RA Registry. Prevalence of cardiovascular (CV) risk factors, stroke, coronary artery disease (CAD), osteoporosis, diabetes mellitus (DM), Chronic obstructive pulmonary disease (COPD), depression and neoplasms were compared between APS and RA using logistic regression analysis.

Results: Regarding CV burden, hyperlipidemia and obesity (BMI≥30) were comparable while hypertension, smoking, CAD and stroke were more prevalent in APS compared to RA patients (Table 1). Osteoporosis and depression were more frequent in APS while DM, COPD and neoplasms were comparable between two groups. Comparison of APS subgroups to 1:2 matched RA patients revealed that smoking and stroke were more prevalent in PAPS and SLE-APS vs RA. Hypertension, CAD and osteoporosis were more prevalent only in SLE-APS vs. RA while DM was less prevalent in PAPS vs. RA patients.