Table 1. Comparison of comorbidities between Antiphospholipid syndrome (APS) vs. matched Rheumatoid Arthritis (RA) patients and between primary APS (PAPS) or Systemic Lupus Erythematosus-APS (SLE-APS) vs matched RA patients

	APS	RA	OR*	PAPS	RA	OR	SLE-APS	RA	OR
n (%)	326	652		161	322		165	330	
Hypertension	97 (29.8)	136 (21)	1.61 (1.19-2.18)	40 (25)	75 (23.3)	1.09 (0.70-1.69)	57 (34.6)	61 (18.5)	2.33 (1.52-3.56)
Smoking	175 (53.7)	264 (40.5)	1.70 (1.30-2.22)	87 (54)	142 (44)	1.49 (1.02-2.18)	88 (53.3)	122 (37)	1.95 (1.33-2.85)
Hyperlipidemia	79 (24.2)	135 (20.7)	1.23 (0.89-1.68)	40 (24.8)	62 (19.3)	1.39 (0.88-2.18)	39 (23.6)	73 (22)	1.09 (0.70-1.70)
Obesity	48 (20.5)	105 (19.5)	1.06 (0.73-1.56)	20 (17)	51 (19)	0.86 (0.49-1.52)	28 (24)	54 (19.7)	1.28 (0.76-2.15)
Stroke*	66 (20.3)	9 (1.4)	13.8 (6.5-29.1)	36 (22.4)	4 (1.2)	19.9 (6.6-59.9)	30 (18.2)	5 (1.5)	7.8 (2.7-22.6)
Coronary disease*	16 (4.9)	13 (2)	3.14 (1.17-8.45)	2 (1.2)	7 (2.2)	0.46 (0.04-4.77)	14 (8.5)	6 (1.8)	10.9 (2.7-44.3)
Osteoporosis*	66 (20.3)	92 (14)	1.45 (1.01-2.06)	19 (11.8)	42 (13)	0.96 (0.54-1.73)	47 (28.5)	50 (15)	1.91 (1.20-3.05)
Diabetes*	18 (5.5)	58 (9)	0.58 (0.33-1.01)	5 (3)	29 (9)	0.34 (0.13-0.89)	13 (8)	29 (9)	0.88 (0.44-1.79)
COPD*	11 (3.4)	14 (2.2)	1.26 (0.56-2.84)	3 (1.9)	6 (2)	0.96 (0.23-4.0)	8 (5)	8 (2.4)	1.28 (0.44-3.72)
Depression*	53 (16.3)	66 (10)	1.70 (1.15-2.53)	23 (14)	30 (9.3)	1.69 (0.93-3.05)	30 (18.2)	36 (10.9)	1.65 (0.96-2.84)
Neoplasms	14 (4.3)	27 (4.1)	1.05 (0.54-2.06)	5 (3)	12 (3.7)	0.84 (0.28-2.52)	9 (5.5)	15 (4.6)	1.31 (0.55-3.1)

* OR: Odds ratio, crude or adjusted for:

± age, sex, smoking, hypertension, hyperlipidemia, BMI, corticosteroid (Cs) duration

× Cs duration

± smoking, Cs duration

* sex, disease duration, Cs duration

* age, disease duration

Conclusion: Comorbidity burden in APS (PAPS and SLE-APS) is comparable or even higher to that in RA, entailing a high level of diligence for CV risk prevention, awareness for depression and corticosteroid exposure minimization.

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FRI0148 SEROLOGICAL PROFILES IN PRIMARY SJÖGREN SYNDROME, SJOGRENSER PROJECT

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Objectives: Primary Sjögren's Syndrome (pSS) is characterized by hyperactivity of the B cell, with the consequent production of autoantibodies. The presence of anti-Ro and anti-La has been associated with extraglandular manifestations and lymphoma development. The aim of this study is to evaluate the frequency of different serological profiles in patients of SJOGRENSER registry and to assess whether the combination of antibodies and serological markers are associated with the development of systemic disease and the systemic illness and/or the development of systemic disease and complications.

Methods: SJOGRENSER is a transversal multicenter study with pSS patients (patients who meet 2002 pSS classification criteria); it is collected demographic, clinical, serological data and the activity index: ESSDAI and ESSPRI. It was established three serological profiles: 1. ANA/Ro+ with La/RF-; 2. ANA/Ro/La+ with RF-; 3. ANA/Ro/La/RF+. A descriptive analysis was done, with means and standard deviations, frequencies and proportions. Student t for quantitative variables and Chi2 for qualitative ones were performed to evaluate differences between groups, it was considered a p < 0.05 as significant. The association was analyzed by multinomial analysis.

Results: Four hundred and thirty-seven patients were included, the most frequent serological patterns observed were: ANA/Ro/La/RF+ 221 patients (50.5%), ANA/Ro/La+ 61 patients (13.9%) and ANA/Ro+ 60 patients (13.7%). There were only two patients with ANA/La+. The ESSDAI score was significantly associated with the profile ANA/Ro/La/RF+ (6 vs 4, p=0.007) and the group with the ANA/Ro/La+ profile reached an ESSDAI < 5 (79%, p=0.043) (Table 1).

Table 1. Serological markers associated with the development of systemic disease

Involvement	Profile 1 ANA + Anti-Ro + Anti-La - RF - n=60 Nº (%)	Profile 2 ANA + Anti-Ro + Anti-La + RF - n= 61 Nº (%)	Profile3 ANA + Anti-Ro + Anti-La + RF + n= 221 Nº (%)	p
ESSDAI index	4	4	6	0.007
ESSDAI < 5	44 (73.3)	48 (78.7)	139 (63.2)	0.043
ESSPRI index	6.1	5.3	5.0	0.007
Constitutional syndrome	5 (8.3)	9 (14.8)	51 (23.1)	0.023
Lymphadenopathy	8 (13.3)	9 (14.8)	37 (16.7)	0.790
Glandular	14 (23.3)	16 (26.2)	87 (39.4)	0.024
Articular	49 (81.7)	40 (65.6)	187 (84.6)	0.004
Lung	3 (5.0)	4 (6.6)	29 (13.2)	0.100
Kidney	0 (0)	5 (8.2)	31 (14.1)	0.006
Peripheral nervous system	5 (8.3)	6 (9.8)	18 (8.2)	0.918
Central nervous system	4 (6.7)	7 (11.5)	13 (5.9)	0.320
Hematological	24 (40.0)	26 (42.6)	147 (66.5)	<0.001
Biologic	5 (8.3)	4 (6.6)	26 (11.8)	0.428
Lymphoma	1 (1.7)	2 (3.3)	3 (1.4)	0.598

In contrast to the ESSPRI index was lower significantly associated with the profile ANA/Ro/La/RF+ and higher in the ANA/Ro+ (5 vs 6.1, p=0.007). The presence of antiLa and/or RF to the profile ANA/Ro+ rises the percentage of patients with constitutional syndrome, glandular, kidney and hematological affectation with statistically significant differences. The percentage of patients with articular involvement it was similar in the profiles ANA/Ro+ and ANA/Ro/La/RF+.

The multinomial analysis showed that the profile ANA/Ro/La/RF+ was associated with higher ESSDAI values (OR=1.09 (1.01-1.17)). The hematological involvement was associated with the profiles ANA/Ro/La/RF+ (OR= 2.76 (1.46-5.22)). Higher scoring of ESSPRI was associated with the profile ANA/Ro+ (OR=0.79 (0.69-0.91)).

Conclusion: The most frequent serological profile was ANA/Ro/La/RF+ and it was associated with higher ESSDAI score. The presence of antiLa and/or RF with an ANA/Ro+ increased the presence of systemic involvement. The ANA/Ro+ profile was associated with a higher level of ESSPRI.

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FRI0149 THE CLINICAL FEATURES OF SJÖGREN'S SYNDROME PATIENTS WITH EARLY AND LATE DISEASE ONSET

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