Methods: There were examined 22 children at the age of 7 to 17 years old diagnosed with CAPS-9, TRAPS-8, FMF-5. Among them there were 12 boys and 10 girls. The diagnosis in all the patients was confirmed through detection of pathognomonic diseases. In patients with TRAPS, a significant decrease in all processes of attention and distribution of attention. In 1/3 of patients with FMF, an increased exhaustion of attention was registered and in 11% a decrease in its stability. In patients with FMF, attention disorders were not detected. In 44% of patients with CAPS, a decrease in the level of generalization and difficulties in establishing causal relationships were registered. In 25% of patients with TRAPS a decrease in the level of generalization, in 12.5% difficulties in establishing cause-effect relationships, inertia of thinking in 37.5%. In 60% of patients with FMF, a decrease in the level of generalization, in 80% difficulties in establishing cause-effect relationships, inertia of thinking in 20%. In the emotional sphere, patients with CAPS, TRAPS, and FMF demonstrated signs of aggression (11.1%, 20% and 20% of patients, respectively), communicative disorders (77.3%-80%-80%), and reduced social adaptation (55.5% - 80% - 80%), a tendency to form neurotic fears (22% - 40% - 40%). A high level of communicative disorders (77.8% -80% - 80%), and reduced social adaptation (55.5% - 80% - 80%) was registered and in 11% - a decrease in its stability. In patients with FMF, attention disorders were not detected. In 44% of patients with CAPS, a decrease in the level of generalization and difficulties in establishing causal relationships were registered. In 25% of patients with TRAPS a decrease in the level of generalization, in 12.5% difficulties in establishing cause-effect relationships, inertia of thinking in 37.5%. In 60% of patients with FMF, a decrease in the level of generalization, in 80% difficulties in establishing cause-effect relationships, inertia of thinking in 20%. In the emotional sphere, patients with CAPS, TRAPS, and FMF demonstrated signs of aggression (11.1%, 20% and 20% of patients, respectively), communicative disorders (77.3%-80%-80%), and reduced social adaptation (55.5% - 80% - 80%), a tendency to form neurotic fears (22% - 40% - 40%). A high level of communicative disorders was noted in 1/3 of patients with CAPS and 40% of patients with FMF.

Results: The memory study revealed in all patients with TRAPS and FMF high and medium values of short-term and long-term memory, in patients with CAPS - a low level of short-term auditory-speech memory, information storage and indirect memorization in 1/3 of patients. In 100% of the examined patients with TRAPS, a significant decrease in all processes of attention and distribution of attention. In 1/3 of patients with CAPS, an increased exhaustion of attention was registered and in 11% - a decrease in its stability. In patients with FMF, attention disorders were not detected. In 44% of patients with CAPS, a decrease in the level of generalization and difficulties in establishing causal relationships were registered. In 25% of patients with TRAPS a decrease in the level of generalization, in 12.5% difficulties in establishing cause-effect relationships, inertia of thinking in 37.5%. In 60% of patients with FMF, a decrease in the level of generalization, in 80% difficulties in establishing cause-effect relationships, inertia of thinking in 20%. In the emotional sphere, patients with CAPS, TRAPS, and FMF demonstrated signs of aggression (11.1%, 20% and 20% of patients, respectively), communicative disorders (77.3%-80%-80%), and reduced social adaptation (55.5% - 80% - 80%), a tendency to form neurotic fears (22% - 40% - 40%). A high level of communicative disorders was noted in 1/3 of patients with CAPS and 40% of patients with FMF.

Conclusion: various psychological disorders in the cognitive and emotional fields were noted in the majority of the examined patients with monogenic auto-inflammatory diseases. In patients with TRAPS, attention processes are most significantly affected; in patients with CAPS, memory is more often affected. In patients with FMF, disorders in thinking processes are revealed more often. In the emotional sphere, most patients with all three forms of AID note communicative disorders and social adaptation.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.4182