RESULTS: 133 patients (70 with 37 – PAPS, 33 – SAPS and 43 - SLE without APS), 69 patients received glucocorticoids (GC) 5-30 Me of patients was 43 (35.5; 53.0) g. 20 patients received glucocorticoids (GC) (10.8% of SLE and 3.03% of SAPS patients). There was no association of CI with clinical manifestations and activity of SLE. In all patients, CI was associated with stroke, livedo reticularis and lupus anticoagulant positivity. In 84 patients (74.3%) CI were also specifically bounded to MD. Current MD were detected in 100 (88.5%) patients: schizotypal disorder was found in 10 (8.85%) patients and was associated with PAPS (13.3%; 9.09% in SLE and 4.65% in SLE); anxiety-depressive spectrum disorders (ADDs) - in 95 (64.1%) (chronic and recurrent depression prevailed 37 (32.7%) and 42 (37.2%) resp.); the structure of MDs in accordance with ICI-10 differed slightly between groups, but no statistically significant differences were obtained.

Conclusion: Cognitive impairment, mainly of an organic type, are characteristic of most patients with SLE and APS. The significant associations of cognitive impairment with clinical manifestations and activity of SLE were not identified, but patients with cognitive impairments were more likely to have anxiety and depressive disorders, strokes, livedo reticularis and lupus anticoagulant positivity.

Disclosure of Interests: None declared

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AB0309

SAFETY OF 23-VALENT POLYSACCHARIDE PNEUMOCOCCAL VACCINE IN PATIENTS WITH SYSTEMIC LUPUS ERTHYMATOSUS

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Background: Vaccination of patients with autoimmune diseases with pneumococcal vaccines is necessary to prevent severe respiratory infections in this group of patients. The main issue of immunization of patients with systemic lupus erythematosus (SLE) remains the issue of safety.

Objectives: The aim of the study was to study the safety of the 23-valent polysaccharide pneumococcal vaccine (PPV-23) in patients with SLE.

Methods: The study included 73 patients with a reliable diagnosis of SLE, of which women - 64, men - 9, aged 19 - 68 years. 69 patients received glucocorticoids (GC) 5-30 mg/day, 55- hydroxychloroquine (GCH), 37-cystostats (CS), 27 – biologics (14 – rituximab (RTM), 11 – belimumab (BLM), 2-BLM and RTM), 1 dose (0.5 ml) of PPV23 was administered subcutaneously, 60 patients were examined within 1 year, 13 - within 3-2 months.

Results: Vaccination tolerance was assessed in 73 patients: in 33 (45.2%) - vaccine reactions were absent, in 36 (49.3%) – local reactions of mild and moderate severity were noted (pain, swelling, skin hyperemia at the injection site of the vaccine), lasting from 2 to 7 days, in 1 (1.4%) - general weakness within 1 month, in 2 (2.7%) - mild diarrhea within 1 day. Vaccinal reactions were typical and completely reversible, did not require additional appointments. One patient (1.4%) developed a hyperergic reaction of the Arthus phenomenon type, which was arrested within 5 days by the use of antihistamines and topical GCs. None of the 60 patients, whose follow-up period was 1 year, had no exacerbations of the disease directly related to vaccination (i.e., in the next 2-3 months). Vaccination was carried out both at a low degree of activity (n = 33 (55%)) and remission (n = 6 (10%)), and at an average (n = 12 (20%)) and high (n = 9 (15%)) degree of SLE activity. The dynamics of the SLE activity index SLEDAI-2k (Me) during the year was as follows: initially - 4 (2; 6), after 2-3 months - 2 (2; 4), after 12 months - 2 (2; 4). During the first 7-10 months, 7 of 60 patients had a moderate exacerbation of the disease, which was not related to the vaccination in terms of timing: after 3.5-5 months (3), 12 months (4). An exacerbation occurred in 4 - with a decrease in the HA dose, in 1 - after psychological stress, in 1 - against the background of persistently high immunological activity and insufficient therapy, in 1 - without an increase in immunological activity; in 4 out of 7, exacerbation was manifested by skin rash and arthralgic syndrome, in 1 - by the development of panniculitis, 2 - by leukopenia. All these symptoms were noted earlier in the period of exacerbation. In all, the exacerbation was quickly stopped by a moderate increase in the HA dose. In 60 patients, the dynamics of immunological markers of SLE was analyzed during the year after vaccination. There was no evidence of a significant increase in the immunological activity of SLE after vaccination with PPV-23. After vaccination, no new autoimmune phenomena have been identified. In the first 3 months, after vaccination, in isolated cases, there was a transient increase / decrease in SLE markers (a-DNA, ANF, C3, C4) with a subsequent return to the initial values, without symptoms of exacerbation of the disease.

Discussion of Results: None declared

Disclosure of Interests: None declared

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