(19.5% vs. 0%, $p=0.04$). BMI and the SLICC score were independent predictors of OSA ($p=0.03$ and $p=0.02$ respectively). A correlation between SLEDAI and moderate-severe OSA was found ($p=0.03$), although an association to medications, secondary fibromyalgia and depression was not found.

Conclusion: Patients with SLE have increased prevalence of OSA with lower sleep quality compared to healthy controls. Our findings suggest a possible correlation between accrued damage as assessed by the SLE damage index and OSA.

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Table 1. WatchPAT sleep parameters analysis

	SLE group n = 42	Control group n = 20	P value
RDI $\pm$ SD	13.52 $\pm$ 6.54	9.72 $\pm$ 3.60	0.04
AHI $\pm$ SD	9.19 $\pm$ 6.79	3.95 $\pm$ 3.47	0.004
ODI $\pm$ SD	2.54 $\pm$ 2.72	1.27 $\pm$ 1.45	0.04
Sleep efficiency (%) $\pm$ SD	83.38 $\pm$ 6.15	87.22 $\pm$ 4.24	0.03
Number of arousals $\pm$ SD	7.72 $\pm$ 5.66	5.13 $\pm$ 2.29	0.01
Saturation (%) $\pm$ SD	96.10 $\pm$ 1.37	95.75 $\pm$ 1.39	0.45
Sleep latency $\pm$ SD	21.25 $\pm$ 9.33	18.46 $\pm$ 6.63	0.27
REM latency $\pm$ SD	87.88 $\pm$ 49.06	73.60 $\pm$ 46.21	0.09
REM $\pm$ SD	25.35 $\pm$ 14.03	27.32 $\pm$ 6.79	0.15
Light sleep $\pm$ SD	57.63 $\pm$ 12.37	52.70 $\pm$ 11.63	0.18
Deep sleep $\pm$ SD	17.89 $\pm$ 5.59	18.76 $\pm$ 6.70	0.54

SLE, Systemic Lupus Erythematosus; RDI, Respiratory Disturbance Index; SD, Standard Deviation; AHI, Apnea Hypopnea Index; ODI, Oxygen Desaturation Index; REM Rapid Eye Movement.

Disclosure of Interests: None declared

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AB0313

THE CLINICAL CHARACTERISTICS OF PATIENTS WITH IMMUNE-ASSOCIATED ADVERSE PREGNANCY

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Background: Immune-associated adverse pregnancy is the adverse pregnancy outcomes induced by autoimmune factors or autoimmune diseases, including infertility, recurrent spontaneous abortion, failed assisted reproduction, fetal growing restriction. It is helpful to explore the mechanism and improve the management by analyzing the clinical characteristics of patients with immune-associated adverse pregnancy.

Objectives: To find the risk factors of Immune-associated adverse pregnancy by analyzing the clinical characteristics of patients with immune-associated adverse pregnancy.

Methods: The patients involved in this study were from the multi-department clinic of immune-associated adverse pregnancy, during April 2019 and August 2020. They were diagnosed with autoimmune diseases according to relative classification standards or with autoimmune abnormality. Patients with adverse pregnancy due to anatomic, endocrine, infectious and chromosomal factors were excluded.

Results: A total of 107 patients were included. The average age was 29.3 years old. The number of total adverse pregnancy was 115 and the average was 1.07. For the diagnosis, 22 (22.4%) were autoimmune abnormality (with autoantibody but cannot be classified to any autoimmune disease), 30 (28.0%) were antiphospholipid syndrome (APS), 17 (15.9%) were systemic lupus erythematosus (SLE), 13 (12.1%) were mixed connective tissue disease (MCTD), 8 (7.5%) were undifferentiated connective tissue disease, 5 (4.7%) were Sjogren syndrome (SS), other autoimmune disease account for 10 (9.4%). For the antibodies, the positive rate of ANA was 44.8% (48/107), anti-SSA 36.4% (39/107), anti-RNP 15.0% (16/107), anti-dsDNA 8.4% (9/107), anti-Sm 9.3% (10/107), anticardiolipin antibody 17.8% (19/107), anti-B2GP1 24.3% (26/107), LA 8.4% (9/107), non-criteria antiphospholipid antibody 3.7% (4/107).

Conclusion: Our data showed that autoimmune abnormality, SLE, APS, MCTD and SS impacted immune-associated adverse pregnancy the most. The most

crucial antibodies were ANA, anti-SSA, anti-RNP, anti-dsDNA and antiphospholipid antibodies.

Disclosure of Interests: None declared

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AB0314

SEMAPHORIN 3A LEVELS IN LUPUS WITH AND WITHOUT SECONDARY ANTIPHOSPHOLIPID ANTIBODY SYNDROME AND RENAL INVOLVEMENT

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Background: In this study, we aimed to evaluate sema3A levels in SLE patients with and without renal involvement or secondary antiphospholipid antibody syndrome (APS), to further elucidate the contribution of sema3A in etiopathogenesis of these conditions.

Objectives: Aim of this study is to evaluate sema3A levels in systemic lupus erythematosus patients (SLE) with and without renal involvement and secondary antiphospholipid antibody syndrome (APS).

Methods: SLE patients were grouped according to presence of secondary APS or renal involvement. The control group consisted of age-matched, non-smoker, healthy volunteers. Sema3A levels were compared among groups. All SLE patients were regrouped according to presence of thrombotic events, miscarriages and proteinuria and sema3A levels were investigated. Finally, sema3A levels of all SLE patients as a single group were compared to controls.

Results: The mean sema3A values were 16.16 $\pm$ 2.84 ng/dL in the control group, 11.28 $\pm$ 5.23 ng/dL in SLE patients without nephritis and APS, 9.05 $\pm$ 5.65 ng/dL in SLE with APS group, and 8.53 $\pm$ 5.11 ng/dL in lupus nephritis group. When all three patient groups were examined as a single group, mean sema3A value was significantly lower than that of the control group. Sema3A was reduced in SLE patients with thromboembolism and/or miscarriage.

Conclusion: Sema3A levels were lower in all patient groups compared to the control group. Moreover, the reduced sema3A levels in patients with a history of thromboembolism and/or miscarriage suggests that sema3A may play an important role in the pathogenesis of vasculopathy.

Table 1. Comparison of sema3A levels between SLE patient groups and control subjects

	Patient groups				p
	Group A (N=20)	Group B (N=20)	Group C (N=19)	Control (N=19)	
Sema3A, ng/dL, mean $\pm$ SD	9.05 $\pm$ 5.65	11.28 $\pm$ 5.23	8.53 $\pm$ 5.11	16.16 $\pm$ 2.84	Group A vs control <0.001
Group B vs control <0.001					Group C vs control <0.001
Group A vs B = 0.203					Group A vs C = 0.766
Group B vs C = 0.106					
All patients (N=59) 16.16 $\pm$ 2.84				Control (N=19) Patients with thrombotic events and/or miscarriages (N=31) 9.64 $\pm$ 5.38 Patients without thrombotic events and/or miscarriages (N=48)	<0.001
0.032		9.96 $\pm$ 5.11	12.33 $\pm$ 5.84		<0.001
Patients with proteinuria and/or thrombotic events and/or miscarriages (N=45) 14.91 $\pm$ 4.50				Patients without protein- uria and/or thrombotic events and/or miscarriages (N=34) 9.05 $\pm$ 5.09	

Disclosure of Interests: None declared

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AB0315

DISEASE DAMAGE ACCRUAL AND LOW BONE MINERAL DENSITY IN FEMALE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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