Kirghiz patients in the comparative analysis of HRQoL in SLE patients of RF and Kazakhstan. The HRQoL was comparable in lupus patients from RF and Kazakhstan. There was a strong correlation between Sum LupusQoL domain and age ($r = -0.19$), steady employment ($r = 0.28$), high education ($r = 0.19$), disease duration ($r = -0.29$), SLEDAI 2K index activity ($r = -0.22$), SLICC damage index ($r = -0.25$).

Table 1. HRQoL Assessed by LupusQoL in 1102 Lupus Patients from The Russian Federation, Kirgizstan and Kazakhstan

LupusQoL domains	Russian Federation Mean (SD)	Kazakhstan Mean (SD)	P	Kyrgyzstan Mean (SD)	P
Physical health	67,2±23,04	63,1±24,5	0,25	44,6±28,6	0,00
Pain	70,2±24,5	65,2±25,5	0,3	45,9±29,3	0,00
Planning	64,4±28,9	65,9±27,4	0,17	46,5±31,5	0,00
Intimate	59,3±39,9	58,4±36,7	0,5	57,5±38,5	0,00
relationships					
Burden to others	57,1±27,7	56,6±27,7	0,34	41,1±30,9	0,00
Emotional health	64,9±24,9	65,9±23,4	0,21	48,3±27,9	0,00
Body image	61,4±31,6	62,5±26,5	0,17	57,7±28,6	0,00
Fatigue	63,0±24,8	58,6±26,3	0,16	47,7±28,1	0,00
LupusQoL Sum	63,1±20,4	60,8±20,1	0,25	48,5±23,5	0,00

Conclusion: HRQoL assessed by LupusQoL was low in SLE pts from the RF, Kirgizstan and Kazakhstan. The lowest HRQoL is reported among Kirghiz patients in the comparative analysis of HRQoL with SLE patients in RF and Kazakhstan. The low HRQoL is associated with age, unavailability of work, low education, disease duration, disease activity and damage.

Disclosure of Interests: None declared

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AB0320

CLINICAL FEATURES AND TREATMENT OF 1102 PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN THE RUSSIAN FEDERATION (RF), KIRGIZSTAN AND KAZAKHSTAN IN REAL CLINICAL PRACTICE (RENAISSANCE COHORT)

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Background: Clinical features of systemic lupus erythematosus may differ significantly in various regions and are frequently associated with the ethnicity of patients.

Objectives: The aim of this study was to compare clinical features and treatment of patients with systemic lupus erythematosus in the Russian Federation (RF), Kirgizstan and Kazakhstan in real clinical practice.

Methods: 1102 SLE pts who fulfilled SLICC 2012 criteria were enrolled into the study. Disease activity was evaluated by the SLEDAI-2K, and chronic damage by the Systemic Lupus International Collaborating Clinics Damage Index score (SDI).

Results: 400/600/102 Lupus pts from RF, Kirgizstan and Kazakhstan respectively were studied. Pts were predominantly female (91%/93%/98%) with a mean±SD age of 34,2±11,5/35,07±12,2/33,8±10,5 years ($p=0,36$; $p=0,96$) respectively. The mean disease duration (Me) in RF/ Kazakhstan was 6 [3;12]/ 5[2;9] years ($p=0,15$), in Kirgizstan- 2[0,6; 7] years($p=0,05$). Kazakh pts ($p=0,00$) have higher disease activity (SLEDAI 2K) 17,6±8,8 than Kirghiz pts 15,1±8,3 and Russian pts 9,4±8,1. The higher SLICC damage index 2,39±1,61 was in Kazakh pts ($p=0,00$) as compared to the Russian. Clinical features of 1102 patients with systemic lupus erythematosus in the Russian Federation (RF), Kirgizstan and Kazakhstan are shown in Table 1. Among the Kirghiz, most of the patients were with Neuropsychiatric disorders (33%), vasculitis (27%), serositis (49%) and lupus nephritis (41%). Patients in RF and Kazakhstan were more likely to have arthritis (60%/80%) and mucocutaneous lesions (44%/74%) respectively.

Russian/Kirghiz/ Kazakh pts received corticosteroids per os with duration (Me) 48[18; 106] /24[7,2; 84]/ 37[13; 84] months. The mean±SD dosage was 17,8±12,0/23,2± 19,9/12,33±9,8 mg per day. Among cytostatic drugs, patients in Kirgizstan were prescribed more often cyclophosphamide (64%) and methotrexate (27%). They were prescribed mofetil micofenolate much less frequently

(4%) than patients from Russia (20%) and Kazakhstan (46%). Prescription of cyclophosphamide, azathioprine and methotrexate in the Russian and Kazakhstan pts was approximately of the same frequency and ranged from 10 to 23%. Hydroxychloroquine was obtained in 67%/26%/51% Russian/Kirghiz/ Kazakh pts respectively. Disability benefits in RF included payment for biological therapy. Lupus patients in Kirgizstan and Kazakhstan bought biological drugs at their own expense. In RF rituximab was administrated in 34% cases and belimumab -in 10%. In Kirgizstan and Kazakhstan rituximab was administrated in 2% and 6% respectively.

Table 1. Clinical Features of 1102 Patients with Systemic Lupus Erythematosus in the Russian Federation (RF), Kirgizstan and Kazakhstan

Clinical features	Russian Federation n (%)	Kyrgyzstan n (%)	Kazakhstan n (%)
Pyrexia	52(13%)	276 (46%)	15 (15%)
Neuropsychiatric	68 (17%)	198 (33%)	34(33%)
Mucocutaneous	176 (44%)	396 (66%)	75 (74%)
Vasculitis	40 (10%)	162 (27%)	4 (4%)
Arthritis	240 (60%)	282 (47%)	81(80%)
Myocarditis	16 (4%)	78 (13%)	-
Serositis	52 (13%)	294 (49%)	12 (12 %)
Lupus nephritis	116 (29%)	246 (41%)	24 (24%)
Leukopenia $\leq 3 \times 10^9$	36 (9%)	96 (16%)	6 (6%)
Trombocytopenia $\leq 100 \times 10^9$	12 (3%)	90(15%)	5(5%)
Anti dsDNA ≥ 20 E μ ml	276 (69%)	198 (33%)	80 (80%)
Low complement	200 (50%)	324 (54%)	6 (6%)

Conclusion: Significant differences have been revealed in the Kirghiz patients as compared to those of the RF and Kazakhstan. Disease activity in vital organs was more often revealed in the Kirghiz patients: neuropsychiatric disorders, vasculitis, serositis and lupus nephritis. As a result, they received a higher mean corticosteroids dose and cyclophosphamide was administered more often. Prescription of biological therapy was limited by a high cost of such sort of drugs. In spite of this fact, the highest SLICC damage index was demonstrated by the Kazakh cohort (2,38 score, while the lowest of merely 0,79) was in the Kirghiz cohort.

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AB0321

SALIVARY GLANDS ULTRASONOGRAPHY AS A DIAGNOSTIC TOOL IN PRIMARY SJÖGREN'S SYNDROME ON THE RUSSIAN COHORT OF PATIENTS

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Background: In the international scientific community there has been a long discussion about the role of ultrasound and ultrasound scores for assessing the structure of the salivary glands in Sjögren's syndrome. Stomatological examination according to The American College of Rheumatology (ACR) 2012 classification criteria of primary Sjögren's syndrome (pSS) includes only labial salivary gland biopsy (focus score - FS) and the ACR with European League Against Rheumatism (ACR/EULAR) 2016 criteria include FS and unstimulated saliva flow test (SFT).

Objectives: to compare the diagnostic value of ultrasonography salivary glands (SGUS) with other methods (sialography, stimulated SFT, FS).

Methods: From 2016 to 2020, we examined 94 patients (93 women, 1 man) with the mean age 48.6 ± 14.3 years (minimum 18, maximum 78) with newly diagnosed pSS according to Russian criteria 2001, 86% of patients fulfilled ACR 2012 criteria and 87% - the ACR/EULAR 2016 criteria. All patients underwent classical examination (stomatological, ophthalmological, immunological), and SGUS was performed using GE LOGIQ 9 on the two parotid and two sub-mandibular glands. Ultrasound images were evaluated with the OMERACT SS severity scoring system from grades 0 to 3 (1). Statistical analyses (Spearman coefficient $p < 0.05$) were performed using STATISTICA version 12.

Results: All patients in SGUS had inhomogeneity structure from mild to diffuse with hypoechoic areas from single to multiple. 4 patients had no signs of sialectasia on sialography, however, in ultrasound we found SGUS grade 2. In 5 patients with SGUS grade 0 we determined punctate sialectasia. Detailed characteristics of patients are presented in Table 1.