than in those without (0.63 IQR (0.55-0.77) mm versus 0.51 (0.44-0.55) mm, $P=0.02$) (Figure 1A). IMT was neither correlated with duration of APS nor with antibody titers.

Variables associated with IMT were studied on uni- and multivariate analysis (Table 1). On univariate analysis, age, aCL positivity and stroke were significantly associated with IMT and were included in the multivariate analysis. On multivariate analysis, there was a positive, independent and significant association between IMT and stroke ($P=0.047$) and between IMT and age ($P=0.024$). aCL positivity was not associated with IMT on multivariate analysis (Figure 1B).

Conclusion: Intima-media thickness is independently associated with stroke in primary antiphospholipid antibody syndrome.

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Table 1. Predictors of intima-media thickness on uni- and multivariate analysis.

	Univariate analysis		Multivariate analysis*	
	β	P-value	β	P-value
Age (years)	0.006	<0.001	0.004	0.024
Female sex	-0.102	0.18		
APS duration (years)	0.0004	0.31		
Smoker	-0.05	0.61		
Overweight	0.066	0.39		
Arterial hypertension	0.047	0.48		
Hypercholesterolemia	0.05429	0.412		
Anti-cardiolipin antibodies	0.12	0.05	0.084	0.076
Anti-phospholipid antibodies	0.054	0.44		
Anti- β 2GP1	0.094	0.15		
Lupus-anticoagulant	0.044	0.49		
Anticoagulation	-0.07	0.31		
Stroke	0.139	0.02	0.099	0.047

β Linear regression coefficients APS Antiphospholipid antibody syndrome* Variables with a P-value <0.1 on univariate analysis were included

Figure 1. A. Intima-media thickness according to stroke status **B.** Multivariate analysis for predictors of intima-media thickness **OR** Odds-ratio **aCL** anti-cardiolipin antibodies

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AB0324 ALLERGIC DISORDERS AND DRUG ALLERGIES IN PRIMARY SJÖGREN'S SYNDROME AND RHEUMATOID ARTHRITIS

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Background: Allergic disorders have been reported in a variety of rheumatic diseases. A high prevalence of allergic disorders was found in patients with Sjögren's syndrome [1]. Nevertheless, it was not clear what is a risk factor for allergic disorders and drug allergies in patients with primary Sjögren's syndrome (pSS). Drug allergies may lead to delayed treatment and unnecessary clinical tests.

Objectives: The primary aim of this study was to compare the prevalence of allergic disorders and drug allergies in patients with pSS and rheumatoid arthritis (RA). The secondary aim was to compare the clinical features with and without drug allergies in patients with pSS.

Methods: We retrospectively examined consecutive patients diagnosed with pSS or RA in our hospital from 2010 to 2020. The patients with SS met the criteria of the 1999 revised Japanese Ministry of Health criteria [2]. We included patients with pSS without RA or other rheumatic diseases. The patients with RA met the EULAR/ACR 2010 criteria. We included patients with RA without other rheumatic diseases.

The first analysis was performed on six types of allergic reactions: (1) food allergy (exanthema, angioedema and anaphylaxis after foods exposure), (2) drug allergy (exanthema, angioedema and anaphylaxis after drug exposure), (3) allergic contact dermatitis such as metals, alcohol swab, and other cosmetics, (4) seasonal allergic rhinitis and/or allergic conjunctivitis, and allergic rhinitis and/or allergic conjunctivitis associated with house dust, (5) asthma, and (6) atopic dermatitis. The secondary analysis was performed on patient baseline laboratory data at diagnosis of pSS and RA patients with or without drug allergies.

Results: In the first analysis, 292 patients with pSS and 413 patients with RA were enrolled (Table 1). The mean ages (pSS, RA) were 57.3±15.8, 66.0±14.6 years old. Females were 94.2%, 78.2%. The mean observation period was 82.7±70.8, 65.6±37.0 months. 54.8% of pSS patients and 34.9% of RA patients presented at least one type of allergic disorders or drug allergies. These included food allergy, drug allergy, allergic rhinitis/conjunctivitis, asthma, and atopic dermatitis. Allergic disorders and drug allergies were more frequent in patients with pSS.

In the second analysis, 77 patients with drug allergies and 215 patients without drug allergies were enrolled. The mean ages with drug allergies and without drug allergies were 56.0±15.8 and 57.8±15.8 years old, respectively; females were 96.1% and 93.5%; the mean observation period was 90.9±72.4 and 79.8±70.2 months. The pSS patients with drug allergies had higher levels of Immunoglobulin G (IgG) (2028±1409 mg/dL, 1726±587 mg/dL: $p=0.01$), higher levels of eosinophils (220±247/μL, 126±112/μL: $p<0.019$), and higher positivity rate of anti-Sjögren's syndrome-related antigen A autoantibody (anti-SSA antibody) than those without drug allergies (89.6%, 79.7%: $p=0.06$).

Conclusion: Patients with pSS had a higher prevalence of allergic disorders and drug allergies than patients with RA. Among patients with pSS, patients with drug allergies had higher levels of IgG, higher levels of eosinophils, and higher positivity rate of anti-SSA antibody than those without drug allergies.

Table 1. Allergic Disorders and Drug Allergies in pSS and RA

	pSS (n = 292)	RA (n = 413)	P
at least one type of allergy, n (%)	160 (54.8)	144 (34.9)	<0.01
food allergy, n (%)	35 (12.0)	27 (6.7)	0.02
drug allergy, n (%)	76 (26.1)	69 (16.7)	<0.01
allergic contact dermatitis, n (%)	10 (3.4)	19 (4.6)	0.6
allergic rhinitis and/or conjunctivitis, n (%)	99 (33.9)	35 (8.5)	<0.01
asthma, n (%)	29 (9.9)	25 (6.1)	0.06
atopic dermatitis, n (%)	15 (5.1)	0 (0)	<0.01

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AB0325 FREQUENCY OF ATHEROMATOUS PLAQUES IN CAROTID ARTERIES BY DOPPLER IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS, SANTO DOMINGO, DOMINICAN REPUBLIC

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Background: Systemic lupus erythematosus (SLE) is a multisystemic autoimmune disease. ¹ Atherosclerosis is considered an alteration of the arteries by the abnormal deposit of lipids and fibrous tissue. ² Cardiovascular disease is one of the leading causes of morbidity and mortality, especially due to its precocity, which occurs in women during childbearing age, is associated with a higher prevalence of cardiovascular disease (CVD), due to accelerated atherosclerosis^{3,4,5}. Patients with rheumatic diseases have an increased cardiovascular risk due to

systemic inflammation and endothelial dysfunction, which promotes accelerated atherosclerosis².

Objectives: Evaluate the frequency of atheromatous plaques in patients with systemic lupus erythematosus.

Methods: Observational, prospective, cross-sectional study. Carotid Doppler was performed on patients with SLE from the external consultation of the rheumatology service from November 2019 to 2020. Inclusion criteria: > 18 years old, diagnosis SLE with the classification criteria ACR 2007, realization of Doppler. Controls: no disease, equated by age and sex. The data was analyzed with SPSS V23.

Results: 116 patients met inclusion criteria, including 116 female controls. Mean sick time was 6.23 years. 14.65% (17) had atheromatous plates, 29.4% calcified plates (5). 34.7% Dyslipidemia (63.1%) (73), obesity 34.7% (33), high blood pressure 23.1% (22), diabetes 3.44% (4), smokers 0% (0). The activity rate using SLEDAI showed 68.96% (80) without activity, 13.79% (16) low, 11.20% (13) moderate, 6.03% (7) high activity. About control group (116), 19.82% (23) showed atheromatous plates, 39.13% (9) calcified plates.

Conclusion: Our study shows that less than a quarter of patients have atheromatous plaques in the carotid Doppler. In relation to LES activity, the vast majority are in low activity. We suggest the realization of Carotid Doppler in patients with low activity SLE for evaluation and monitoring of cardiovascular risk. Our study showed that there is no increased risk of atheroma plaque formation in SLE patients, compared to the general population.

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AB0326

USEFULNESS OF THE INTIMA-MEDIA THICKNESS INDEX BY CAROTID DOPPLER IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS OF HOSPITAL DOCENTE PADRE BILLINI, DOMINICAN REPUBLIC

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Background: Systemic lupus erythematosus (SLE) is a multisystemic autoimmune disease. ¹There are studies where the increase in the thickness of the intima/media average in carotid (IMT) is valued, most have shown increase². Cardiovascular disease is one of the leading causes of morbidity, especially due to its precocity, which occurs in women during the fertile potential, is associated with a higher prevalence of cardiovascular disease (CVD), due to accelerated atherosclerosis^{3,4,5}. Patients with rheumatic diseases have an increased cardiovascular risk due to systemic inflammation and endothelial dysfunction, which promotes accelerated atherosclerosis². Values below 0.9mm of IMT are considered normal.

Objectives: Evaluate the thickness of the intima/media average in carotid in patients with systemic lupus erythematosus.

Methods: Prospective, Observational, cross-sectional study. Carotid Doppler was performed on patients in the outpatient clinic with a diagnosis of SLE from November 2019 to 2020 of the rheumatology service of the Hospital Docente Padre Billini and healthy controls. Inclusion criteria: > 18 years old, SLE diagnosis with ACR 2007 classification criteria, carotid Doppler, measurement of IMT. Controls without disease, matched by sex and age. The data was analyzed with SPSS V23.

Results: 116 patients with SLE. 95 patients met inclusion criteria; 95 healthy controls were included. 97.8% female. Average disease of 6.23 years. 71.57% (68) use glucocorticoids, antimalarials 70.52% (67), 38.94% (37) mofetil mycophenolate, 20% (19) methotrexate, 11.57% (11) rituximab, 5.26% (5) azathioprine, 1.05% (1) cyclosporine, 1.05% (1) cyclophosphamide and 0.86% (1) tacrolimus. Dyslipidemia (63.1%) (73), obesity 34.7% (33), high blood pressure 23.1% (22), diabetes 3.44% (4), smokers 0% (0). The carotid doppler with SLE showed 17.89% (17) atheromatous plates, 29.4% (5) calcified plates, Carotid Doppler in healthy controls showed 20% (19) atheromatous plates, 36.84% (7) calcified plates. The activity rate using SLEDAI showed 68.96% (80) without activity, 13.79% (16) low, 11.20% (13) moderate, 6.03% (7) high activity. 78% (75) patients with SLE had increased IMT mean (SD) 2.15mm (0.99). About control 71.57% (68) had an increase of IMT, mean (SD) 1.27mm (1.07) (p=0.046).

Conclusion: Our study found that most patients with SLE had IMT increase. The activity ratio of SLE showed that the vast majority of our patients are in low activity. Alterations in IMT were associated with low SLEDAI and glucocorticoid use. There was no significant difference in the intima-media carotid thickness index with respect to the control group. We suggest the realization of Doppler in patients with SLE despite being in low activity for evaluation and monitoring of cardiovascular risk.

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AB0327

DRUG-INDUCED LUPUS ERYTHEMATOSUS SECONDARY TO ANTI-TNF- α AGENTS IN PATIENTS WITH SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS

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Background: Induction of autoantibodies is frequently observed in patients treated with TNF- α antagonist and the possible development of drug-induced lupus erythematosus (DILE) remains a matter of concern. The prevalence of DILE secondary to anti-TNF- α therapy is estimated around 0.5-1% and clinical features include arthritis/arthralgia, rash, serositis, fever, myalgias, cytopenias, among others. According to the literature, DILE secondary to anti-TNF- α agents differs in several ways from the clinical and laboratory findings typically associated with classic DILE.

Objectives: To estimate the incidence of induction of antinuclear antibodies (ANA) and DILE in a monocentric cohort of patients with spondyloarthritis and psoriatic arthritis treated with anti-TNF- α agents. To describe the clinical and laboratory features and outcomes of patients with DILE.

Methods: We performed a retrospective analysis of patients with spondyloarthritis and psoriatic arthritis treated with anti-TNF- α agents, from our University Hospital, who have been registered on the Portuguese Rheumatic Diseases Register (Reuma.pt) between July 2001 and December 2020. Patients with