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