improvement following a therapeutic intervention does not necessarily signify that the individual has achieved a satisfactory health state perception. In rheumatoid arthritis, significant pain and severe fatigue persist in a substantial proportion of patients who achieve a good clinical response to treatment or remission. This paradoxical observation has not been thoroughly explored in SLE.

Objectives: To determine the prevalence of adverse HRQoL outcomes in patients with SLE who achieved an adequate clinical response after a 52-week long period on standard therapy plus belimumab or placebo, within the frame of two phase III clinical trials. We further aimed to compare frequencies of adverse HRQoL outcomes across different age categories and ethnic groups, and sought to identify contributing factors.

Methods: We included patients who met the primary endpoint of the BLISS-52 (NCT00424476) and BLISS-76 (NCT00410384) trials (N=760/1684), i.e. attainment of the SLE Responder Index 4 at week 52. Accordingly, evaluation of adverse HRQoL outcomes was based on patient reports at week 52 from treatment initiation, using the Medical Outcomes Study Short Form 36 (SF-36) health survey and the Functional Assessment of Chronic Illness Therapy Fatigue (FACIT-Fatigue) scale. Adverse HRQoL outcomes were defined as (i) SF-36 scale scores $\leq$ the 5th percentile derived from age- and sex-matched US population-based norms from the SF-36 health survey user manual; and (ii) FACIT-Fatigue scores <30 .

Pearson's chi-square or Fisher's exact tests were used to investigate associations between dichotomous variables. Comparisons of continuous data between SLE patients and age- and sex-matched norms were performed using the Wilcoxon signed-rank test. Multivariable logistic regression models were created in order to assess independence and priority of potential factors associated with adverse HRQoL outcomes.

Results: We found clinically important diminutions of HRQoL in SLE patients compared with matched norms and high frequencies of adverse HRQoL outcomes, the highest in SF-36 general health (29.1%), followed by FACIT-Fatigue (25.8%) and SF-36 physical functioning (25.4%). Overall, frequencies were higher with increasing age. Black/African American and White/Caucasian patients reported higher frequencies than Asians and Indigenous Americans, while Hispanics experienced adverse HRQoL less frequently than non-Hispanics. Increasing organ damage was associated with adverse physical but not mental HRQoL outcomes; disease activity showed no impact. In multivariable logistic regression analysis, addition of belimumab to standard therapy was associated with lower frequencies of adverse SF-36 physical functioning (OR: 0.59; 95% CI: 0.39–0.91; $P=0.016$) and FACIT-F (OR: 0.53; 95% CI: 0.34–0.81; $P=0.004$).

Conclusion: Substantial proportions of SLE patients reported adverse HRQoL outcomes despite adequate clinical response to treatment, especially in physical aspects. Particularly high proportions were seen within Black/African American and White/Caucasian patients. Add-on belimumab may be protective against adverse physical functioning and severe fatigue. Our results corroborate that HRQoL diminutions constitute a substantial burden in patients with SLE, and highlight the limitations of current therapeutic strategies.

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POS0102

GO ASK YOUR PATIENTS! PSS-QoL REPORTED PERCEPTION OF DRYNESS CORRELATES WITH LACRIMAL AND SALIVARY FLOW IN PRIMARY SJÖGREN'S SYNDROME

A. Lackner¹, P. Bosch¹, S. Zenz¹, J. Hermann¹, J. Horwath-Winter², D. Rabensteiner², M. Stradner¹. ¹Medical University of Graz, Department of Rheumatology, Graz, Austria; ²Medical University of Graz, Department of Ophthalmology, Graz, Austria

Background: The patient perspective is an essential outcome parameter in the quest for effective therapy in primary Sjögren's Syndrome (PSS). The EULAR Sjögren's Syndrome Patient Reported Index (ESSPRI) is recommended by EULAR to quantify patient's symptom burden and has been used in several clinical trials. Surprisingly, the patient's perception of dryness quantified with ESSPRI does not correlate with objective measures of salivary or lacrimal flow.

Objectives: Thus, we evaluated a newly developed assessment tool-the Primary Sjögren's Syndrome Quality of Life Questionnaire (PSS-QoL) - for quantifying symptoms of dryness in comparison with the ESSPRI and objective measurements of salivary and lacrimal flow.

Methods: Data of patients from the PSS registry of the Medical University of Graz fulfilling the 2016 ACR/EULAR classification criteria for PSS were analysed. The patient perspective was analyzed by PSS-QoL, ESSPRI, Xerostomia Inventory (XI) and Ocular Surface Disease Index (OSDI). Sicca signs were measured with Schirmer's test, unstimulated salivary flow test (USF) and stimulated salivary flow test (SSF). Patients were categorized into groups based on the presence of subjective and/or objective dryness: 1) objective dryness only, 2) subjective dryness only, and 3) both, subjective and objective dryness. ESSDAI (EULAR Sjögren's Syndrome Disease Activity Index) and EGA (Evaluator Global Assessment, numeric rating scale from 0 to 10) were obtained. In addition, free light chains (FLC) κ and λ , rheumatoid factor (RF) IgM and IgA were determined.

Results: Data from 123 PSS patients were analyzed; 91.9% (n=113) were female, with a mean disease duration of 6.2 (± 5.3) years and mean age of 60.1 (± 12.4) years. PSS-QoL-dryness revealed significant negative correlations with Schirmer's test ($r=-0.31$, $p<0.05$) and SSF-test ($r=-0.39$, $p<0.01$). In contrast, we found no significant correlation between ESSPRI-dryness and any objective dryness test. Lower perceived dryness was associated with higher immunological activity determined by increased levels of IgG, FLC and RF-IgA. Patients with objective signs and subjective symptoms of dryness had higher clinical and immunological disease activity compared to patients with subjective symptoms only (table 1).

Conclusion: Patients' perception of dryness assessed by PSS-QoL correlates with objective measurements of salivary gland function while ESSPRI-dryness did not. Based on the PSS-QoL and objective measures of dryness two distinct groups of PSS patients could be distinguished, which may have implications in daily practice and future clinical studies.

Table 1. Comparison of perceived dryness-groups with clinical parameters

	PSS-QoL Mouth		p	PSS-QoL Eyes		p
	subj	obj/subj		subj	obj/subj	
EGA	1.0 [0-5]	2.0 [0-7]	<0.05	1.0 [0-3]	2.0 [0-7]	<0.05
ESSDAI	1.0 [0-14]	4.0 [0-15]	<0.05	3.0 [0-7]	4.0 [0-15]	ns
ESSPRI-pain	3.0 [0-9]	3.0 [0-10]	ns	4.0 [1-8]	3.0 [0-10]	<0.05
RF-IgM	19.0 [5-524]	31.0 [7-417]	ns	10.0 [5-33]	26.0 [7-524]	<0.01
FLC- λ	15.1 [70-68.3]	20.1 [2.6-124.0]	<0.01	13.4 [70-54.5]	18.7 [2.6-124.0]	<0.01
IgG	11.9 [6.5-372]	16.1 [7.4-33.8]	ns	12.8 [6.5-20.6]	14.8 [7.4-372]	ns
C4	0.2 [0.01-0.41]	0.17 [0.00-0.43]	<0.01	0.2 [0.09-0.41]	0.18 [0.00-0.43]	ns
RF-IgA	11.0 [1-500]	103 [0-500]	<0.01	4.5 [1-465]	63 [0-500]	<0.01

C4=Complementfactor 4; EGA=Evaluators Global Assessment; ESSDAI=EULAR Sjögren Syndrome Disease Activity Index; ESSPRI=EULAR Sjögren Syndrome Patient Reported Index; FLC- λ =Free light chain Lambda; IgG=Immunoglobulin G; obj/subj=objective and subjective dryness-group; PSS-QoL=Primary Sjögren Syndrome Quality of Life Questionnaire; RF-IgA=rheumatoid factor Immunoglobulin A; RF-IgM=rheumatoid factor Immunoglobulin M; subj=subjective dryness-group.

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POS0103

C3 AND C4 VARIATIONS IN SLE PREGNANCIES: PRELIMINARY RESULTS FROM THE GR2 STUDY

M. Larosa^{1,2}, V. Le Guern¹, G. Guettrot Imbert¹, E. Diot³, C. Morati-Hafsaoui⁴, N. Abisror Jeannin⁵, N. Morel¹, O. Souchaud-Debouvierie⁶, F. Sarrot-Reynaud⁷, P. Orquevaux⁸, V. Queyrel⁹, T. Goulenok¹⁰, N. Limal¹¹, A. Doria², A. Moltó¹², E. Lazaro¹³, N. Costedoat-Chalumeau¹ on behalf of GR2 Group. ¹AP-HP, Hôpital Cochin; Centre Référence Maladies Rares, Service de médecine interne, Paris, France; ²University of Padova, Rheumatology Unit, Department of Medicine-DIMED, Padova, Italy; ³CHRU de Tours - Hôpital Bretonneau, Service de médecine interne, Tours, France; ⁴CH Annecy Genevois, Service Infectiologie et médecine interne, Annecy, France; ⁵AP-HP, Hôpital Saint-Antoine, Service de Médecine interne, Paris, France; ⁶CHU de Poitiers - Milétrie, Service de Médecine interne, Poitiers, France; ⁷CHU Grenoble, Service de médecine interne, Grenoble, France; ⁸CHU de Reims-Robert Debré, Service de Médecine interne, Reims, France; ⁹Hôpital de l'Archet, CHU de Nice, Service de Médecine interne, Nice, France; ¹⁰AP-HP, Hôpital Bichat, Service de Médecine interne, Paris, France; ¹¹Hôpital Henri Mondor, Service de Médecine interne, Creteil, France; ¹²AP-HP, Hôpital Cochin, Service de Rhumatologie B, Paris, France; ¹³CHU-Hôpital Haut-Lévêque, Service de Médecine interne et maladies infectieuses, Bordeaux, France