bDMARDs. Systemic glucocorticoids and Methotrexate were used more frequently in scleritis (Table 1). The main indication for biologic therapy was related to underlying IMID in both groups, but 7 bDMARDs in scleritis were indicated for systemic and ocular compromise. BVCA and IOP improved significantly after systemic treatment in scleritis (Figure 1).

Table 1. Underlying diseases and systemic treatment.

	Overall (n =175)	Episcleritis (n=135)	Scleritis (n=40)	p
Age (years), mean $\pm$ SD	48.9 $\pm$ 14.2	47.8 $\pm$ 14.3	52.6 $\pm$ 13.9	0.061
Sex (women), n (%)	106 (60.6)	81 (60)	25 (62.5)	0.920
UNDERLYING DISEASE				
-Idiopathic, n (%)	81 (46.3)	65 (48.1)	16 (40)	0.364
-Infectious, n (%)	11 (6.3)	7 (5.2)	4 (10)	0.276
-IMID, n (%)	76 (43.4)	57 (42.2)	19 (47.5)	0.563
•Spondyloarthritis	21 (12)	17 (12.6)	4 (10)	0.787
•Crohn's disease	16 (9.1)	14 (10.4)	2 (5)	0.469
•Rheumatoid Arthritis	14 (8)	12 (8.9)	2 (5)	0.740
•Granulomatosis with polyangiitis	7 (4)	3 (2.2)	4 (10)	0.080
•Relapsing polychondritis	6 (3.4)	4 (3)	2 (5)	0.621
•Systemic lupus erythematosus	5 (2.9)	2 (1.5)	3 (7.5)	0.079
•Ulcerative colitis	3 (1.7)	2 (1.5)	1 (2.5)	0.796
SYSTEMIC TREATMENT	72 (41.1)	37 (27.4)	35 (87.5)	0.000*
-Systemic glucocorticoids, n (%)	72 (41.1)	37 (27.4)	35 (87.5)	0.000*
-Methotrexate, n (%)	39 (22.3)	17 (12.6)	22 (55)	0.000*
-Non-methotrexateCDMARD, n (%)	35 (20)	24 (17.8)	11 (27.5)	0.177
-TNFibDMARD, n (%)	27 (15.4)	19 (14.1)	8 (20)	0.362
-Non-TNFibDMARD, n (%)	8 (4.6)	5 (3.7)	3 (7.5)	0.386

p<0,05 p<0,05

Figure 1. BVCA and IOP at diagnosis and last visit.

Conclusion: OSP is a relatively frequent entity. It is necessary to exclude an underlying systemic disease to establish correct systemic treatment.

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POS1358

THE EFFECTS AND SAFETY OF APREMILAST AND CYTOKINE EXPRESSION IN BEHCET'S DISEASE PATIENTS

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Background: Apremilast, the small-molecule phosphodiesterase (PDE)-4 inhibitor, was approved for the treatment of recurrent oral ulcers associated with Behçet's disease (BD) in Japan from September 2019, following the success of the phase 3 RELIEF study (1). However, the efficacy of apremilast on domains other than oral ulcers in BD patients is unclear. On the other hand, it has been reported that apremilast may decrease the production of proinflammatory cytokine and increase the production of anti-inflammatory mediators in psoriasis (PS) and psoriatic arthritis (PsA) (2).

Objectives: To evaluate the effects and safety of apremilast on clinical symptoms and the changing of serum cytokine expression.

Methods: BD patients who had treated with apremilast for active oral ulcers were included in the study. We investigated the improvement rate of oral and genital ulcers, skin lesions, arthritis. In addition, serum cytokines (IFN- γ , IL-10, IL-8, and TNF- α) before and after apremilast treatment were measured using a multiplex immunoassay (Luminex Assay, R&D Systems).

Results: Fourteen patients (3 males and 11 females) were enrolled in this study. The mean age was 46.6 $\pm$ 13.0 years and the mean duration of disease was 10.2 $\pm$ 8.8 years. All patients had active oral ulcers, five had genital ulcers, six had skin lesions, and four had arthritis. Three months after the treatment with apremilast, oral ulcers improved in 13 patients (92.9%). The improvement rates of genital ulcers, skin lesions and arthritis were 60%, 25% and 25%, respectively. Changes in serum cytokines were different from those previously reported in PS. Adverse events were gastrointestinal symptoms such as nausea and diarrhea in 6 patients and sensorineural deafness in 1 patient. Medication was reduced in 2 patients, and discontinued in 1 patient due to nausea and diarrhea.

Conclusion: Apremilast is useful not only for oral ulcers, but also for other lesions in BD patients. The effect of apremilast for other domain such as genital ulcers, skin lesions, arthritis was not comparable to that of active oral ulcers. Additionally, BD may have different cytokine profile from PS and PsA.

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POS1359

REGIONAL DIFFERENCES IN DISEASE CHARACTERISTICS OF FAMILIAL MEDITERRANEAN FEVER IN TURKEY: PRELIMINARY REPORT

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Background: Familial Mediterranean fever (FMF) is a hereditary autoinflammatory disease accompanied by recurrent attacks of fever and serositis. It is prevalent among Mediterranean populations, mainly Turks, Armenians; Jews and Arabs. As genetic factors are variable in the population, environmental factors can also affect phenotypic characteristics.

Objectives: This study aimed to determine the geographic differences in disease characteristics and burden in patients with FMF in Turkey.

Methods: Patients diagnosed with FMF according to the Tel-Hashomer criteria were included in this multi-center study. Patients were included from the different regions of Turkey. Demographic features and clinic characteristics of the patients including disease duration, medications, comorbid conditions, attack characteristics, amyloidosis, acute phase reactants, FMF gene mutations, arthritis, sacroiliitis, and febrile myalgia were recorded. PRASS disease activity score, FMF-QoL, HAD, and HAQ were assessed. Patients from different parts of Turkey were divided into 3 groups the Central Anatolia, Western, and Eastern. Disease activity, characteristics and burden were also investigated among 3 distinct geographic regions.

Results: A total of 281 patients with FMF (195 women, 86 men) were enrolled in this study. The mean age of the patients was 34.9 (SD:12.3) years. While the patients in the eastern areas of Turkey were diagnosed earlier age ($p<0.007$), the patients in the western area had a longer diagnostic delay time ($p<0.007$). Patients enrolled from western regions tended to have higher ESR and PRASS scores than those from eastern and central Anatolian regions, but attack numbers per 6 months were similar among the regions. The highest proportion of patients who were M694V/M694V homozygous patients were in western, and then eastern and central Anatolia (19.5%, 18%, and 5.4%). While fever and arthritis were more common in the eastern, pleuritis and sacroiliitis were more common in the central anatolia. Peritonitis and erysipelas like erythema rates were similar among the regions. The majority of patients were receiving colchicine treatment in all three regions. FMF-QoL scores were highest in the eastern and lowest in the western ($p=0.006$). Patients enrolled in the central Anatolia region experienced more functional disability than those from the western and eastern regions ($p=0.009$). Anxiety and depression scores were similar between groups ($p=0.385$ vs $p=0.549$).

Conclusion: These findings suggest that patients with FMF have diversity concerning the age at diagnosis, diagnostic delay time, disease activity, quality of