Methods: All PSS patients fulfilled the EULAR/ACR 2016 classification criteria. In the first part of the study, consecutive PSS patients were recruited for individual, semi-structured interviews. A discussion guide with five open-ended questions was developed to explore patients' experiences on the onset of PSS. All interviews were audio-recorded and transcribed verbatim, and an inductive thematic data analysis was performed using MAXQDA software (VERBI, Berlin, Germany). In the second part, the identified aspects of the qualitative analysis were grouped to a checklist with ten items. Patients were asked to comment the checklist before their routine clinical assessment.

Results: One-hundred and thirty-four patients participated in the study. The qualitative part was completed by 31 PSS patients; 90.3% (n=28) were female and patients had a mean disease duration of 6.9 years (±7.5) and a mean age of 58.1 years (±12.6).

Four different major aspects emerged of how patients experienced the beginning and first symptoms of PSS: (1) sicca symptoms started after initial swelling of parotis and/or lymph nodes (2) “Classic” PSS symptoms (fatigue, pain, dryness): patients reported wandering joint pain before diagnosis with a long time apart from first symptoms until diagnosis. Patients described joint pain, chronic malaise, and fatigue over months. (3) Hormonal changes (e.g., after birth, hysterec- tomy) or infections before the onset of PSS symptoms. (4) Slowly progressing discomfort due to sicca: patients reported a slow progression of symptoms with no initial recognition of sicca discomfort. In these patients recurrent dental problems and loss of teeth in the years prior to diagnosis was common.

In the second part of the study, the four themes were verified in an independent cohort of 103 PSS patients; 93.2% (±17.6) years old and five patients were male. The main symptom before diagnosis was dryness (n=77, 74.8%) with wandering joint pain (n=51, 49.5%) and fatigue (n=47, 45.6%). In 38.8% (n=40), patients reported a swelling/infarmanation of the parotid gland at the onset of disease.

Conclusion: We identified four themes describing the initial symptoms of PSS. Raising awareness of these symptoms among physicians and among the general public may allow earlier diagnosis of PSS.

Disclosure of Interests: None declared


AB0473  EFFECT OF THYROID LESIONS ON THE COURSE OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Thyroid disease is a common complication of systemic lupus erythematosus manifesting in 30% of cases due to a disturbance of autoimmune mechanisms.

Objectives: evaluating the effect of thyroid lesion on the course of systemic lupus erythematosus based on clinical and laboratory parameters, and the level of antibodies to thyroid hormones.

Methods: Among 65 examined patients with SLE (63 women and 2 men aged 18-65) we revealed a thyroid disorder in a third of patients. Patients were diagnosed with autoimmune thyroiditis in 16 cases, nodular goiter (degree I and II), and single diffuse toxic goiter in 5 cases. The duration of the disease was 5 years, that concomitant thyroid diseases — 3 years. The concentration of antibodies to thyroid hormones was determined by enzyme immunoassay using immobilized thyroxine and triiodothyronine.

Results: When the thyroid gland (TG) gets involved, there is a pronounced discordance in the parameters of immune and hormonal status in patients with SLE compared with patients without thyroid complications. It was found that 68% of patients had antibodies to nDNA, compared with 46% without concomitant thyroid lesion, CIC - 77% and 32%, respectively, IgG - 54% and 25%. The SLICC/ACR damage index in the SLE group with thyroid involvement was higher than in the second group: 4.55 and 3.6 points. This indicates an increase in the severity of SLE in patients with involvement of the thyroid gland. Joint involvement was seen in 79% with thyroid involvement, and 49% without thyroid involvement. A lesion of serous membranes in the form of pleurisy was in 39% and in 3% without involvement, that of the heart in 66/24%. Lupus erythematosus cell phenomenon in 44 / 31%. Immunological activity prevailed in the group of SLE patients with combined auto-thyroid disease. Among these patients, 100% had an elevated level of antibodies to thyroid-stimulating hormones, versus 15% in the group without autothyroid disease.

Conclusion: The involvement of the thyroid gland increases the severity of the course of SLE. Antibodies to thyroid antibodies are produced actively, which is indicative of thyrocyte destruction and of blocking the normal process of hormone synthesis by their antibodies.

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