COMORBIDITIES IN PRIMARY SJÖGREN’S SYNDROME: A CROSS-SECTIONAL STUDY

Keywords: Comorbidities, Sjögren syndrome

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Background: Patients suffering from autoimmune diseases have a higher risk of developing comorbidities compared to the general population. The screening of these comorbidities is important, for it affects the patient’s quality of life as well as the physician’s therapeutic decisions. The epidemiological data concerning the comorbidities associated with the primary Sjögren syndrome (pSS) are heterogeneous, and to our knowledge, no such study exists on the scale of the Lebanese population.

Objectives: The aim of this study is to expand the knowledge around the comorbidities associated with the pSS, in a cohort of Lebanese patients. This goal is achieved by analyzing the frequency of these comorbidities and their association with the patients’ biological profile.

Methods: It’s a cross-sectional study conducted on a population of 61 Lebanese patients, followed in a rheumatology clinic inside Hôtel Dieu de France University Hospital in Beirut. The mean age of this population is 54 years, and 60 out of 61 participants are women. All of these patients meet the pSS classification criteria of the American College of Rheumatology (ACR) and the European League Against Rheumatism (EULAR), established in 2016. On the one hand, the prevalence of each comorbidity is calculated, and on the other hand, the association between the patient’s biological profile and the existing comorbidities has been analyzed.

Results: The most common comorbidities are: dyslipidemia (34.34%, 95% CI 23%-46%), hypertension (32.79%, 95% CI 21%-45%), obesity (26.23%, 95% CI 15%-37%), and hypothyroidism (18.03%, 95% CI 8%-28%). A significant correlation exists between hypocomplementemia (C3 and/or C4) and diabetes (p-value = 0.0026), as well as between hypocomplementemia and hypothyroidism (p-value = 0.054). Another significant correlation is noted between the presence of the rheumatoid factor and each of the following comorbidities: dyslipidemia (p-value = 0.005), diabetes (p-value = 0.0026), hypertension (p-value = 0.005), and hypothyroidism (p-value = 0.0037).

Conclusion: The Lebanese patients followed for pSS in our cohort form a population who is at risk of developing a metabolic syndrome alongside a thyroid disorder. In the light of these findings, these patients should benefit from a close cardiovascular risk factors and thyroid dysfunction screening and management, especially those presenting a particular biological profile like the presence of hypocomplementemia or the positivity of the rheumatoid factor.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2023-eular.1653

LONG-TERM EXPOSURE TO PM10 AND SYSTEMIC-LUPUS ERYTHEMATOSUS-RELATED MORTALITY IN THE KOREAN POPULATION

Keywords: Systemic lupus erythematosus

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Background: The effect of air pollutants on the risk or progression of systemic lupus erythematosus (SLE) has been evaluated in several studies. However, their results were inconsistent and large-scale investigations are lacking.

Objectives: We evaluated the effect of particulate matter (PM) 10 on the risk or prognosis of SLE in a cohort drawn from a very large number of SLE cases registered in a nationwide database.

Methods: A case-cohort study consisting of 23,511 SLE cases and 204,521 controls was conducted using NHS customized data. The district-specific annual average PM10 concentration for the year 2004 was estimated using a land-use regression model. A mixed Cox proportional hazard regression with random intercepts for districts was performed to evaluate the association between PM10 and the SLE risk for the general population and between PM10 and mortality for SLE patients.

Results: There was no significant association between PM10 exposure and SLE risk. However, the plot of the association between PM10 exposure and mortality in male SLE patients followed an inverted U-shape. Compared to the first quintile, the hazard ratios of mortality for the second, third, fourth, and fifth quintiles were 1.541 (95% confidence interval [CI]: 1.049-2.185), 1.278 (95% CI: 0.893–1.829), 1.395 (95% CI: 0.972–2.002), and 1.266 (95% CI: 0.881–1.818). These associations were not significant in females.

Conclusion: A past PM10 exposure was associated with high mortality in male SLE patients. Further studies of the risk associated with a higher than average PM exposure level are needed.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2023-eular.1909

THE RELATIONSHIP BETWEEN NEUROPATHIC PAIN AND AUTOANTIBODY POSITIVITY AND SALIVARY GLAND BIOPSY IN PATIENTS WITH PRIMARY SJÖGREN’S SYNDROME

Keywords: Sjögren syndrome, Autoantibodies

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Background: Sjögren’s syndrome (SjS) is an autoimmune disease characterized by exocrine gland inflammation (1). Extraglandular manifestations are common in SjS. Some articles reported neuropathic pain in 40% of patients with SjS (2). Autoantibodies (SS-A, SS-B, Anti-Ro-52) and salivary gland biopsy are used to diagnose SjS. The relationship between autoantibody, salivary gland biopsy results, and neurological involvement is unclear.

Objectives: In this study, autoantibody positivity and salivary gland biopsy results were compared with the frequency of neuropathic pain.

Methods: Patients with a diagnosis of Primary SjS who visited the rheumatology outpatient clinic of Sakarya University between August 2021 and August 2022 were included in the study. The results of salivary gland biopsy and autoantibody (ANA, SS-A, SS-B, Anti-Ro-52) were analyzed. The LANSS (The Leeds Assessment of Neuropathic Signs and Symptoms) pain scale was used to define neuropathic pain.

Results: Sixty-six patients were included in the study. Patients’ age (mean): 53.5±11.3 years; genders were 3 (4.5%) male and 63 (95.5%) female. While 18 (27.3%) patients have neuropathic pain, 48 (72.7%) patients did not have neuropathic pain. No statistically significant difference was found between neuropathic pain and disease duration (p=0.584). There was no difference in neuropathic pain in terms of gender (p=0.178). While the rate of neuropathic pain was 25.6% in patients with a focus on biopsy, it was 45.5% in patients without focus, and the difference was not statistically significant (p=0.270). No statistically significant correlation was found between anti-SSA, Anti-SSB, and Anti-Ro52 positivity and neuropathic pain. In ANA-negative patients, the increase in the frequency of neuropathic pain was statistically significant (p=0.031).

Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Neuropathic Pain Present</th>
<th>Neuropathic Pain Absent</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANA positive n(%)</td>
<td>8 (18.6)</td>
<td>35 (81.4)</td>
<td>0.031</td>
</tr>
<tr>
<td>ANA negative n(%)</td>
<td>10 (43.5)</td>
<td>13 (56.5)</td>
<td>28.63</td>
</tr>
<tr>
<td>Anti-SSA positive n(%)</td>
<td>3 (13)</td>
<td>20 (87)</td>
<td>0.098</td>
</tr>
<tr>
<td>Anti-SSA negative n(%)</td>
<td>13 (31.7)</td>
<td>28 (68.3)</td>
<td>0.098</td>
</tr>
<tr>
<td>Anti-Anti-SSB positive n(%)</td>
<td>1 (8.3)</td>
<td>11 (91.7)</td>
<td>0.266</td>
</tr>
<tr>
<td>Anti-Anti-SSB negative n(%)</td>
<td>15 (28.8)</td>
<td>37 (71.2)</td>
<td>0.098</td>
</tr>
<tr>
<td>Anti-Ro52 positive n(%)</td>
<td>5 (22.7)</td>
<td>17 (77.3)</td>
<td>0.670</td>
</tr>
<tr>
<td>Anti-Ro52 negative n(%)</td>
<td>10 (27.8)</td>
<td>26 (72.2)</td>
<td>0.670</td>
</tr>
</tbody>
</table>

Conclusion: In this study, we did not find a relationship between antibody positivity, focus score, and the frequency of neuropathic pain.

REFERENCES:

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2023-eular.2175

CHARACTERIZING ULTRASOUND-PROVEN ENTHESITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS: PREVALENCE AND IDENTIFICATION OF DISEASE SUBSET WITH LESS FREQUENT RENAL INVOLVEMENT

Keywords: Systemic lupus erythematosus, Ultrasound, Epidemiology

Disclosure of Interests: Selinde Snoeck Henkemans: None declared, Annelies Berden: None declared, Geerke Waverijn: None declared, Iris Verberk-Jonkers: None declared, Marc Kok: None declared, Elis Zirkzee Consultant of: Yes, GSK 2018 advisory board

DOI: 10.1136/annrheumdis-2023-eular.2175