The nonparametric Mann-Whitney test, the Pearson`s x2 criterion, Spearman rank correlation coefficient were used for statistical analysis. Data were shown as median (Me) with an interquartile range of 25 - 75 percentile. The differences were considered statistically significant when p<0.05. Statistica 10 for Windows (StatSoft Inc., USA) package was used for statistical data processing.

Results: The percentages/absolute numbers of plasmablasts, transitional B-cells, memory B-cells in SjS were significantly higher than in healthy donors, p<0.01 for all cases. At the same time percentages/absolute numbers of naïve cells in SjS were reduced compared to healthy donors (p=0.005, p=0.04). Shorter duration of SjS (less than 2 years) correlated with higher rates of naïve cells (p=0.02).

ESSDAI score was ≥5 in 33 pts and <5 in 34 pts. We didn`t find any correlation between B cells subsets and disease activity. The presence of lymphoma in pts (n=5) had no impact on B-cells subsets as well. Significant changes were in B-cells subsets were found depending on immunological parameters. Pts with an isolated increase of antinuclear antibodies (ANA) (ANA positive, RF/aRo/aLa negative) had no plasmablasts in peripheral blood, level of plasmablasts in other pts was 1.5 (1-4.5)x10^3/μL, p=0,004. ARo-positive pts had higher amount of plasmablasts and transitional B-cells than aRo-negative pts (2 (1-5) and 1 (0-1) x10^3/μL, p= 0.004). Higher level of plasmablasts and transitional B-cells also correlated with decrease in C3 and/or C4 (p≤0.03) and increase in IgG (p<0.025).

Conclusion: According to our data elevated level of plasmablasts and transitional B-cells had positive correlation with some immunological diagnostic markers and immunological activity parameters of SjS but didn`t associate with ESSDAI.

Disclosure of Interests: None declared

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AB0574 PREDICTOR FACTORS IN EMPOWERMENT OF PATIENTS WITH PRIMARY SJOGREN SYNDROME IN THE FRAME OF VALUE BASED HEALTH CARE

G. Mumcu[1], K. Abacar[2], İ. Tatlı[3], F. Türe-Özdemir[3], O. C. Kitapçı[1], N. Şişman Kitapçı[1], M. Yay[4], Ü. Karaçaylı[5], F. Fortune[6], N. Inanc[2]. *[1]Marmara University, Faculty of Health Science,, Department of Health Management, Istanbul, Turkey; [2]Marmara University, School of Medicine, Division of Internal Medicine, Department of Rheumatology, Istanbul, Turkey; [3]Marmara University, Medical School, Division of Haematology-Imunology, Istanbul, Turkey; [4]Mimar Sinan Fine Art Faculty, Department of Statistics,, Istanbul, Turkey; [5]Gulhane Faculty of Dentistry, University of Health Sciences, Department of Oral and Maxillofacial Surgery,, Ankara, Turkey; [6]Queen Mary University of London, Barts and the London School of Medicine and Dentistry, Director of the Behçet's Centre of Excellence, London, United Kingdom*

Background: Patient empowerment is a key component in developing awareness of the disease in patient-centred care in the setting of chronic disease management.

Objectives: This study aimed to evaluate predictive factors in the empowerment of patients with Sjögren's Syndrome (pSS), while examining patients reported outcome measures (PROMs) in the setting of value-based health care.

Methods: In this cross-sectional study, 169 patients with pSS (F/M: 162/7; mean age: 52.94±12.20 years) were included. Data was collected from the clinical examination, major salivary gland ultrasonography (SGUS) and a structured questionnaire regarding utilisation of health services and PROMs regarding Oral Health Impact Profile-14 (OHIP-14), Hospital Anxiety and Depression Scale (HADS; HADS-Anxiety and HADS-Depression) and Self-reported General Health Status (100-m VAS; 0: very poor vs 10: very good). Both stimulated (S-SFRs) and unstimulated salivary flow rates (U-SFRs) of patients were measured as ml/min. Patients with hyposalivation were grouped as according to U-SFR (≤0.1 ml/min). Furthermore, Outcome Measures from Rheumatology ultrasonography (OMERACT US) scores (from 0: normal to 3 points: severe inhomogeneity) were collected to evaluate glandular involvement of patients. After initial statistical analyses was carried out, mediation analysis was performed to evaluate the associations.

Results: The rate of patients with hyposalivation was found as 45% and most (85.7%) had elevated SGUS scores (≥2 points). In addition, self-reported oral health problems were common in the study group (from 23.8% to 53.4%). Among this cohort, the patients suffered from Burning oral sensation (27 %) had poor scores in OHIP-14 (29.81±14.48 vs 20.22±12.43), HADS-Depression (10.07±4.49 vs 6.65±4.20) and Self-reported general health status (45.43±17.95 vs 55.56±22.43) compared to those without Burning oral sensation (p=0.006, p=0.019, p=0.018, respectively). Furthermore, significant correlations were observed between OHIP-14 score and HADS-A score (r: 0.4 p: 0.004) and HADS-D scores (r: 0.58 p=0.000). Utilising mediation analysis, the HADS-Depression score was directly mediated by the presence of Burning oral sensation (p=0.0005) and indirectly mediated by OHIP-14 score (p=0.0360). In this group, the interval from the last dental visit was mean: 19 months. Interestingly, 60% preferred to relate their oral discomfort during visits (3 times a year), to rheumatologists.

Conclusion: Better health outcomes could be achieved by reducing oral discomfort, increasing dental visits, improvement of oral health related quality of life and managing depression by a multidisciplinary team with dentists and psychiatrists in patient-centred care. Since these factors have a significant effect on patients' daily life, treatment plans are needed to provide patient empowerment by using suitable strategies in the frame of value-based health care.

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AB0575 MESANGIAL C1Q DEPOSITION, BUT NOT C3 AND C1Q DEPOSITION IN OTHER RENAL COMPARTMENTS, IS A PREDICTOR OF RENAL OUTCOME IN LUPUS NEPHRITIS

T. Kneževića[1], I. Padjen[2], V. Ivković[1], S. Bulimbašić[3], M. Ćorić[3], I. Jezic[2], Z. Biloglav[4], M. Laganović[5], B. Anic[2]. *[1]University Hospital Centre Zagreb and University of Zagreb, School of Medicine, Zagreb, Croatia, Division of Nephrology, Hypertension, Dialysis and Transplantation, National Referral Centre for Glomerular and Tubulointerstitial Diseases, Zagreb, Croatia, Zagreb, Croatia; [2]University Hospital Centre Zagreb, Division of Clinical Immunology and Rheumatology,, Zagreb, Croatia; [3]University Hospital Centre Zagreb and University of Zagreb, School of Medicine, Zagreb, Croatia, Department of Pathology and Cytology, University Hospital Centre Zagreb, Croatia, Zagreb, Croatia; [4]University of Zagreb, School of Medicine, Zagreb, Croatia, Department of Epidemiology, Zagreb, Croatia; [5]University Hospital Merkur, Division of Nephrology, Zagreb, Croatia*

Background: Complement activation is an important pathophysiological process in the pathogenesis and development of systemic lupus erythematosus and lupus nephritis (LN). However, the prognostic value of complement factors deposition in different kidney compartments has received little attention and, to the best of our knowledge, no study examined its association with renal outcomes in LN.

Objectives: To evaluate prognostic significance of C1q and C3 complement factors in renal tissue compartments.

Methods: We have conducted a retrospective cohort study and collected data on demographics, clinical and laboratory parameters and histopathology (light, immunofluorescent and electron microsopy) at the time of biopsy and after long-term follow-up. C1q and C3 expression graded in different kidney compartments (mesangium, glomerular basement membrane (GBM), tubular basement membrane (TBM) and blood vessel wall) and dichotomized into no or low (grades 0 and 1) and high expression (grades 2 and 3). Remission (defined as complete or partial remission) was defined as per EULAR 2019 guidelines.

Results: A total of 51 patients with biopsy-proven LN were followed up for 4.5±2.9 years (80% women, mean age at biopsy 38±14). A total of 29 (71%) achieved complete or partial remission. Complement expression in different kidney compartments was as follows: mesangium (C1q 54%, C3 59%), GBM (C1q 34%, C3 41%), TBM (C1q 5%, C3 5%) and blood vessel wall (C1q 0%, C3 5%). Patients with proliferative lupus had more frequently C1q and C3 deposition in the mesangium (69% vs. 14%, p<0.001 and 72% vs. 29%, p=0.005, respectively), while there were no differences between proliferative and non-proliferative LN in other renal compartments (all p>0.05). Subjects who achieved remission more frequently had C1q deposition in the mesangium (64% vs. 31%, p=0.045), but there was no association between remission and deposition of C1q or C3 in other renal compartments (all p>0.05). Interestingly, the association between C1q mesangial deposition and renal outcome was significant even after adjustment for age at biopsy, gender and lupus type (proliferative vs. non-proliferative) (OR 0.13 [0.02, 0.98], p=0.047).

Conclusion: C1q deposition in the mesangium might be an important prognostic factor in LN and more aggressive treatment of these patients may explain the better outcomes of these patients.

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