musculoskeletal manifestations (p=0.004), neuropsychiatric manifestations (p=0.002), renal manifestations (p<0.001) and lymphopenia (p=0.008) than patients with positives autoantibodies and without clinical activity.

Conclusion In our series of SLE patients with both serological manifestations and low clinical activity have lower levels of IL10 and INF1A, compared to patients with high clinical activity. This result would suggest that differences in the cytokine levels are not related to autoantibodies presence but there are other mechanisms involved in cytokine production that would also be involved in maintenance of clinical remission.

PS2:31 AGE AND AN AUTOANTIBODY ALGORITHM HELPS DISTINGUISH PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS FROM THOSE WITH SJOGREN'S SYNDROME

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Purpose Patients with Systemic Lupus Erythematosus (SLE) and Sjogren's Syndrome (SS) sometimes share common clinical features and can have similar autoantibody profiles. We evaluated a group of patients with each disease to determine which features distinguish each group.

Methods Samples (n=1000) were identified based on the clinical ANA results obtained by EIA (BioRad). This testing was performed on the Triturus semi-automated platform (Grifols) in accordance with all the manufacturer's instructions. Samples were selected for this study to be distributed across the reportable range of the ANA EIA method (n=273 negative [<1.0 U], 225 weak positive [1.1–2.9], 250 positive [3.0–5.9], 252 strong positive [>5.9]. All samples selected for this study were subsequently analysed by multiplex assay (MIA) for specific autoantibodies. The MIA testing was performed on the BioPlex 2200 (BioRad). All samples were from adults age >18 years).

Results Out of 1000 samples there were 227 patients with connective tissue disease including 67 with SLE and 42 with SS. We compared the SLE patients with those who had SS.

The SLE patients were younger than those with SS. (Mean age 47.4 years, median 47, range 19–81 vs Mean age 56.5 years, median 59, range 19–76, P 0.001). There was no difference in sex distribution (82% female vs 86% female).

Conclusions Somewhat surprisingly, the presence of anti-DsDna and anti-Smith antibodies was not the best way to separate the patients. The best combination of variables to distinguish SLE patients from those with SS was younger age, the presence of anti-chromatin antibodies and the absence of anti-SSA antibodies.

PS2:32 CD64, FC GAMMA R I EXPRESSION LEVELS ON MONOCYTE (MCD64) AS A POTENTIAL BIOMARKER FOR NEUROPSYCHIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS (NPSLE)

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Abstract PS2:31 Table 1

Antibody	SLE (n=67) % positive	SS (n=42) % positive	P-Value	Age adjusted P-value
chromatin	52%	10%	<0.001	<0.001
DsDNA	53%	2%	<0.001	0.98
Ribosomal P	13%	2%	0.052	0.27
RNP	27%	2%	0.004	0.029
Smith	21%	0%	0.002	0.97
SmRNP	31%	2%	<0.001	0.009
SSA	49%	93%	<0.001	<0.001
SSB	16%	52%	<0.001	<0.001

Multivariable model to distinguish SLE from SS (reference)

Characteristic	Odds ratio (95% CI)	p-value
Age	0.94 (0.90, 0.98)	0.002
Chr	3.24 (1.67, 6.29)	<0.001
SSa	0.23 (0.11, 0.48)	<0.001

c-statistic: 0.88.

Interpretation: Patients with SLE are younger than patients with SS. Patients with SLE are 3 times more likely to have Chr and 5 times less likely to have SSa compared to patients with SS.