prick test. Also peripheral blood samples were obtained to determine serum levels of IgE and blood eosinophil cell count in both study groups.

**Results** A total of 52 patients with psoriasis, and 50 healthy subjects as the control group were considered. Between allergic diseases only asthma was lower in psoriatic patients rather than controlled on ISAAC questionnaire (p=0.044). There is no significant difference between result of skin prick test (atopy) in case and control group (p). Also no significant correlation was found between eosinophil count (p=0.057) and IgE level in case and control group (p=0.88).

**Conclusions** In general, these findings suggest that the Asthma was not common in psoriasis, and support the concept that Asthma protects against the autoimmune disease such as psoriasis.

### Abstracts

**252**

**ASSOCIATED FACTORS ON SLEEP DISORDERS IN SYSTEMIC LUPUS ERYTHEMATOSUS**

Y Li. *Xiangya hospital – Central South University, Department of Rheumatology and Immunology, Chang Sha, China

Background and aims To investigate the prevalence of sleep disorders and the relevant determinants in a cohort of SLE patients.

**Methods** One hundred patients with SLE were included in the study. Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI). Depression, anxiety, quality of life, and fatigue were evaluated by PHQ-9, GAD-7, SF-36, and VAS respectively. The demographic and clinical data were also recorded. SLE disease activity and damage severity were assessed by SLEDAI and SDI respectively.

**Results** The prevalence of sleep disorders in SLE patients was 42%. Compared with patients without sleep disorders, the ratio of males and married patients, age, the score of SDI, PHQ-9, GAD-7, and fatigue were higher in SLE patients with sleep disorders, while the score of SF-36 was lower (p<0.05). Age, SLEDAI, SDI, PHQ-9, GAD-7, and fatigue correlated positively with sleep disorders (p<0.05). C3 and the score of SF-36 correlated negatively with sleep disorders (p<0.05). In multiple logistic regression analyses, gender, anxiety, body pain, and energy were the independent determinants of sleep disorders (R² = 0.494, P<0.01).

**Conclusions** Poor sleep quality is common in SLE patients. Gender, age, disease activity and severity, anxiety, depressed mood, and quality of life contribute significantly to sleep disorders in SLE.

**253**

**A COMPARISON OF OVARIAN RESERVE IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS FOLLOWING TREATMENT WITH INTRAVENOUS CYCLOPHOSPHAMIDE VS ORAL MYCOPHENOLATE MOFETIL**

1P Potturi*, 1SS Sharma, 2P Sikka, 3M Rathi, 4N Sachdeva, 1SJ Jain, 1PGIMER, Internal Medicine, Chandigarh, India; 2PGIMER, Gynaecology and Obstetrics, Chandigarh, India; 3PGIMER, Nephrology, Chandigarh, India; 4PGIMER, Endocrinology, Chandigarh, India

**Introduction** Immunosuppression with Cyclophosphamide is treatment of choice in lupus nephritis. Ovarian reserve depletion is well known complication. Early identification of depletion of ovarian reserve can be done by correlating antral follicle count with AMH.

**Aims** To assess the ovarian reserve in patients who have received IV Cyclophosphamide vs those who have received Mycophenolate-mofetil for SLE by measuring AMH, Inhibin B, FSH and antral follicular count.

**Methods** A prospective Case-Control study with 50 patients who were diagnosed with SLE were studied. Twenty-five cases and controls defined by females age 18-40 with SLE were enrolled. Cases received IV CYC as per NIH protocol and controls received oral MMF. Baseline FSH, LH, E2, AMH, Inhibin and antral follicular count, and at 6 months were done in both the groups.

**Results** Mean age: cases- 31.36±6.357, controls- 28.36±4.396 (p=0.058).

**Conclusions** MMF did not cause decrease in ovarian reserve. IV CYC caused Subclinical depletion of ovarian reserve with significant decreased in AMH, Inhibin B and E2 levels and follicular counts. AMH and AFC are good markers to assess subclinical depletion of ovarian reserve.