region-binding site of miR-19a. In the control group, we identified polymorphism rs3093665 in only 1 control. We observed an association between polymorphism rs3093665 and organic brain syndrome ($p=0.001$), an association between polymorphism rs3093666 and thrombocytopenia ($p=0.02$) and an association between polymorphism rs3093667 and hematuria ($p=0.024$).

Conclusions To our knowledge, this is the first study to evaluate polymorphisms in miRNA regions of TNFA gene in SLE. We identified polymorphism rs3093665 and rs 3093667, both into miRNA region-binding sites. Alterations contribute to the development of pathological conditions and clinical disorders in SLE.

Funding Source(s): CAPES

CNPq

FAPESP

245

ASSOCIATIONS BETWEEN PATIENT ACCEPTABLE SYMPTOM STATE AND THREE DOMAINS OF THE DISEASE IN SLE: A CROSS-SECTIONAL STUDY OF 1,364 PATIENTS FROM THE SPANISH SOCIETY OF RHEUMATOLOGY LUPUS REGISTRY

¹Tomas R Vazquez Rodríguez*, ²Iñigo Rua Figueroa, ³Victor Del Campo Perez, ⁴Javier Narváez-García, ⁵Francisco Javier López-Longo, ⁶Maria Galindo Izquierdo, ⁷Jaime Calvo Alen, ⁸Antonio Fernandez Nebro, ⁹Juan Ovalles-Bonilla, ¹⁰Paula Rubio Muñoz, ¹¹Eva Tomero Muriel, ¹²Coral Mouriño Rodríguez, ¹³Esther Uriarte Isacelaya, ¹⁴Angela Pecondón Español, ¹⁵Mercedes Freire González, ¹⁶Ricardo Blanco Alonso, ¹⁷Marian Gantes Mora, ¹⁸Monica Ibañez Barcelo, ¹⁹Carlos Montilla Morales, ²⁰Jose Maria Pego Reigosa. ¹Hospital Universitario Lucus Augusti; ²Hospital de Gran Canaria DR. Negrín; ³Complejo hospitalario Universitario Vigo; ⁴Hospital de Bellvitge; ⁵Hospital General Universitario Gregorio Marañón; ⁶Hospital Universitario 12 de Octubre; ⁷Hospital Universitario Araba; ⁸UGC de Reumatología, Instituto de Investigación Biomédica de Málaga (IBIMA) Hospital Regional Universitario de Málaga, Spain; ⁹Hospital Germans Trias I Pujol; ¹⁰Hospital de la Princesa; ¹¹Hospital de Donostia; ¹²Hospital Miguel Servet; ¹³Hospital Juan Canalejo A Coruña (CHUAC); ¹⁴Hospital Marques de Valdecilla; ¹⁵Hospital Universitario de Canarias; ¹⁶Hospital Son Llàtzer de Palma de Mallorca; ¹⁷Hospital Clínico Universitario Salamanca

10.1136/lupus-2019-lsm.245

Background In a large cohort of systemic lupus erythematosus (SLE) patients, to evaluate the association between a Patient Acceptable Symptom State (PASS) and three different domains of the disease: activity, damage and impact of SLE on patients lives.

Methods Cross-sectional study of 1,364 SLE (ACR 97 Criteria) patients from the Spanish Society of Rheumatology Lupus Registry (RELESSER). Patients were clinically assessed by the physicians, who collected data about demographics, clinical manifestations, laboratory features and therapies. SLE activity was assessed by using the SLEDAI (SLE Disease Activity Index). The Systemic Lupus International Collaborating Clinics/American College of Rheumatology Damage Index (SLICC/ACR DI) was used to measure damage accrual. The impact of SLE on patients lives was evaluated by using the Lupus Impact Tracker (LIT). Finally, the PASS question 'Considering all the different ways your disease is affecting you, if you would stay in this state for the next months, do you consider that your current state is satisfactory?' was answered in a dichotomized way: yes/no. Measures of central tendency and spread were used to describe responses and T-test was used to evaluate the independence between PASS and the other questionnaires and indices.

Results Mean age (years)±S.D. of the 1364 patients included in the study was 49.9 ± 13.3 ; 90.3% were female and 94.9% were Caucasian. In the total of patients, 979 (71.8%) were in PASS. Patients in PASS had significantly lower activity (SLEDAI Score) than those not in PASS (2.4 ± 3.2 vs. 3.0 ± 3.9 , respectively; $p=0.007$). The SLICC/ACR DI was significantly lower in the group of patients in PASS compared to those without PASS (0.64 ± 1.1 vs. 0.81 ± 0.21 , respectively; $p=0.022$). SLE had a significantly lower impact on patients in PASS in comparison to those without PASS (LIT Score: 8.47 ± 7.5 vs. 19.8 ± 8.34 , respectively; $p=0.001$). Distribution and statistics for each group are shown in table 1.

Conclusions In the largest observational European Registry of SLE patients, PASS was associated with other domains of the disease: activity, damage and impact on patients life. PASS is a simple and reliable patient-reported outcome that can be a useful tool to evaluate patients well-being.

Funding Source(s): None

Abstract 245 Table 1

		n	Mean	±SD	P value	Cohen's d size effect
SLEDAI	PASS yes	969	2.40	3.27	0.007	0,18 (0,06-0,30)
	PASS no	380	3.02	3.96		
SLICC ACR	PASS yes	969	0.64	1.10	0.01	0.15 (0.03-0.27)
	PASS no	380	0.81	1.21		
LIT	PASS yes	962	8.47	7.53	0.001	1.46 (1.33-1.59)
	PASS no	375	19.81	8.34		