2,5±4,1 and ESSPRI 5,8±2,5. A total of 10 patients (23%) had peripheral neuropathy.
For part I: 19 patients (43%) may have neuropathic pain. Overall, patients with neuropathic pain were similar to those without, even considering previous diagnosis of peripheral neuropathy. The exception was the ESSPRI score, in which patients with neuropathic pain had a higher score (6,9±2,4 vs 4,9±2,9, p-value 0.02). As for the individual components of the questionnaire: numbness mean was 37,2, tingling means was 33,7 and increased pain due to touch mean was the lowest with 25,5. None of them was significantly associated with ESSPRI.
For part II: 59% of patients may have neuropathic pain. Anti-Ro positivity was lower among patients with neuropathic pain (42% vs 58%, p-value 0.04), biopsy score distribution was different with a predominance of FS 1 in the group with neuropathic pain (88% vs 12%, p-value=0.03) and ESSPRI was again higher in patients with neuropathic pain (6,9±1,4 vs 4,5±2,9; p-value=0.008). Of the individual items: tingling and numbness, pins/needles and itching, burning, painful cold and electric shocks were reported in 57%, 48%, 45%, 34% and 27% respectively.
Finally, 36% (16) of the total of patients were positive for neuropathic pain for both parts of the questionnaire.
Conclusion: The prevalence of neuropathic pain appears to be common among pSS patients, in particular in seronegative patients and associated with lower focus score on salivary gland biopsy.
Interestingly, there was no association between neuropathic pain and the previous diagnosis of peripheral neuropathy. This may result of peripheral neuropathy no longer active, and therefore asymptomatic, but may also account for undiagnosed peripheral neuropathy in the group of neuropathic pain or other more general causes of neuropathic pain.

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AB0549 NEUROPSYCHIATRIC DISEASE IN SYSTEMIC LUPUS ERYTHEMATOUS AND PRIMARY SJÖGREN'S SYNDROME: THE ADAPTATION OF A QUESTIONNAIRE

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Background: Systemic Lupus Erythematous (SLE) and Primary Sjögren Syndrome (pSS) are systemic autoimmune diseases, both associated with neurological and psychiatric manifestations. In SLE there are several questionnaires used for neuropsychiatric screening and evaluation, however for pSS there are no specific tools available. Their development is required in order to standardize symptom assessment and allow for accurate disease prevalence estimation.
Objectives: The main objective of this project is to assess the prevalence of neurological and psychiatric manifestations in our cohort of SLE and pSS patients through the adaptation to Portuguese of a screening questionnaire developed by Mosca et al 2010(1) and its relationship to quality of life.
Methods: A cross sectional study was performed by applying a screening questionnaire, adapted from Mosca et al (1), to patients with SLE and pSS. The outcomes were evaluated both as binary (neurologic (ND$\geq$9 pts) and psychiatric (PD$\geq$10 pts) disease versus no disease) and continuous variables (score average) and in relationship to demographic data, disease scores (SLEDAI and SLICC, and ESSDAI and ESSPRI) and a quality of life instrument (VAS score).
Results: A total of 70 participants (16 pSS and 54 SLE patients) participated in the study. Neurological disease was present in 63% and 48% and psychiatric disease in 25% and 15% of pSS and SLE patients, respectively. There was a statistically significant association between the presence of neurological and psychiatric disease and quality of life (pSS PD 20 vs 75, p-value 0.004; SLE ND 60 vs 80, p-value 0.001 and PD 50 vs 76.5, p-value 0.008). There was a trend for higher ESSPRI scores, with higher psychiatric scores (0.54 Spearman correlation coefficient; p-value=0.03). SLE higher neurological scores correlated with older age (0.34 Spearman correlation coefficient, p-value=0.01).
Conclusion: The questionnaire yielded a frequency of neurological and psychiatric disease similar to literature, as well as correlation to quality of life. This study represents the first step in the validation process for the Portuguese language but results should be regarded with caution considering this questionnaire was designed for screening and not for diagnosis.

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AB0550 PHENOTYPE OF BIOPSY-PROVEN PATIENTS WITH PRIMARY SJÖGREN SYNDROME LACKING RO AUTOANTIBODIES: HIGH FREQUENCY OF DRYNESS SYMPTOMS WITH LOW SYSTEMIC ACTIVITY (BIG DATA SJÖGREN PROJECT)

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Methods: The International Big Data Sjögren Project was designed in 2014 to take a "high-definition" picture of the primary SjS at diagnosis (2002 criteria) by merging international databases. 2716 FLS+/Ro- patients were compared with 8315 Ro+ patients

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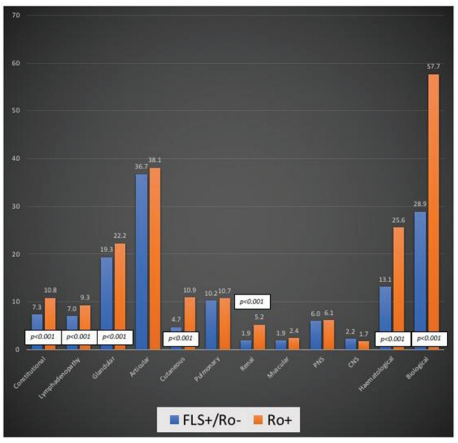

Results: FLS+/Ro- patients were predominantly White (82% vs 77%), had a higher frequency of oral (97% vs 92%) and ocular (95% vs 91%) dryness, a lower frequency of ANA (60% vs 87%), hypocomplementemia (13% vs 23%), rheumatoid factor (26% vs 56%), cryoglobulins (5% vs 9%), a lower mean ESSDAI score (4.6 vs 6.6), and a lower systemic activity in the constitutional, lymphadenopatic, glandular, cutaneous, renal, hematological and biological domains (p<0.001 for all comparisons). Abnormal salivary flows and ANA remained significant independent variables after adjustment by age and gender.

Conclusion: Biopsy-proven primary SjS with negative anti-Ro antibodies is characterized by high frequency of sicca symptoms, mild immunological profile and low systemic activity.

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AB0551

SEXUALITY ASSESSMENT IN LATIN AMERICAN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: The influence of systemic lupus erythematosus (SLE) in sexual behavior has been one of the less studied areas, being a forgotten part of quality of life, and not routinely evaluated by a rheumatologist. The seeming lack of interest in sexual problems is explained by the underlying difficulty to talk about this topic, the uncertainty of the role and capability of the rheumatologist to treat any difficulties in this area.

Objectives: Determine the prevalence of sexual assessment in women with SLE by their rheumatologist in the daily practice, as well as their characteristics and the possible difficulties that doctors deal with during this process.

Methods: A cross-sectional study, where women between 18 and 60 years with SLE diagnosis (according to SLICC 2012 criteria) were evaluated consecutively at the rheumatology clinic at Hospital Universitario "Dr. José Eleuterio González". 102 women with SLE were asked two questions: "Question 1. In the last year, has your rheumatologist asked about your sexual life?", and "Question 2. In case of having a trouble or disorder in your sexual life, would you ask your rheumatologist about it? (if not, why?)". Demographic and disease associated variables were analyzed with Chi-square test and Mann-Whitney U test.

Results: Baseline characteristics according to answers to each question are shown in Table 1. Most of the patients (62.74%, n=64) denied being asked about their sexual life in the last year; in this group, the prevalence of menopause was significantly higher than in the group that had been asked about this (30% vs 11%, p=0.025). Whilst, 82% (n=89) of patients said they were willing to talk about this topic with their doctor. The patients that answered "no" to the second question had the following characteristics: older age (45.5±10.5 vs 35.0±11.2 years; p=0.002), were in their menopause (46% vs 19%; p=0.042), had fibromyalgia (39% vs 10%, p=0.015), and had children (92% vs 64%, p=0.024). When asking the reason why they wouldn't ask, 70% (n=9) said they were ashamed to, 23% (n=3) ignored if this belonged to the rheumatologist and 7% (n=1) because of lack of time at consultation.

Table 1. Demographic characteristics.

	Question 1.			Question 2.		
	Yes (n=38)	**No (n=64)**	***p****	**Yes (n=89)**	**No (n=13)**	***p****
Age (years), mean ± SD	33.7 ± 9.0	37.9 ± 12.8	0.133	35.0 ± 11.2	45.5 ± 10.5	***0.002***
Menopause, n (%)	4 (10.5)	19 (29.7)	***0.025***	17 (19.1)	6 (46.2)	***0.042***
Has children, n (%)	25 (65.8)	44 (68.8)	0.757	57 (64.0)	12 (92.3)	***0.024***
Education (less tan 10 years), n (%)	19 (50)	39 (60.9)	0.281	48 (53.9)	10 (76.9)	0.118
Fibromyalgia, n (%)	5 (13.2)	9 (14.1)	0.898	9 (10.1)	5 (38.5)	***0.015***
Depression, n (%)	5 (13.2)	4 (6.3)	0.243	7 (7.9)	2 (15.4)	0.408

*- *p* value was obtained by Chi-square test. SD – Standard deviation.

Conclusion: Rheumatologists rarely approach or evaluate the sexuality topic with their patients. However, in our population, patients are willing to talk about this with their doctor. Sexuality must be assessed in all patients; but special attention must be paid to women with SLE and menopause, children, fibromyalgia and/or age over 35, because they're prone to not discuss this topic with their doctor.

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