**Table 1.**

Correlation Findings in Spectral Domain Optical Tomography (SD-OCT) rho Spearman

| aPL / LA / aCL | Choriocapillaritis | Chorioretinitis | Altered retinal perfusion | Maculopathy |
|---|---|---|---|---|
| | **rho p** | **rho p** | **rho p** | **rho p** |
| | NS | -0.392 0.036 | -0.556 0.002 | 0.553 0.008 |
| | NS | | -0.530 0.005 | -0.414 0.026 |
| Decreased capillary perfusion | 0.512 0.003 | 0.458 0.012 | NS | NS |
| Decreased overall perfusion | 0.558 0.001 | -0.480 0.008 | NS | 0.435 0.043 |
| Decreased retinal fiber layer. | -0.406 0.029 | NS | NS | NS |
| Anti Smith | 0.450 0.014 | NS | NS | NS |

aPL: Antiphospholipids LA: Lupus Anticoagulant, aCL: Anticardiolipins, NS: Not Significant.

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AB0680

## THE EFFECT OF DEPRESSION, ANXIETY, AND FIBROMYALGIA ON SEXUAL DYSFUNCTION IN FEMALE PATIENTS WITH SJÖGREN'S SYNDROME

**Keywords:** Fibromyalgia, Sjögren syndrome

S. M. Türk[1], D. Karataş[1], N. Erdik[1], G. Yavuzbilge[1], A. Karakurt[2], S. B. Acikgoz[1], Z. Öztürk[1], C. Arslantürk Güneysu[1], E. Gönüllü[1], Y. Türk[3]. [1]*Sakarya University Hospital, Rheumatology, Sakarya,Turkey*; [2]*Sakarya University Hospital, Internal Medicine, Sakarya,Turkey*; [3]*Adatıp Hospital, Gynecology, Sakarya,Turkey*

**Background:** Sjogren's Syndrome is a systemic autoimmune disease that mainly affects the exocrine glands.[1] The most common clinical symptoms of Sjogren's syndrome are dry mouth and eyes. Vaginal dryness and dyspareunia may be seen in the disease, as the female genital mucosa is also affected.[2]
**Objectives:** To compare the results by using the female sexual function scale in patients with Sjögren's Syndrome with and without depression, anxiety, and fibromyalgia and to evaluate the patients in terms of sexual dysfunction.
**Methods:** Twenty-five female patients diagnosed with Sjögren's Syndrome, according to the 2016 ACR-EULAR criteria, followed in the Internal Medicine, Rheumatology Clinic of Sakarya University Faculty of Medicine, were included in the study after their consent was obtained. Beck Depression Inventory, Beck Anxiety Inventory, and Female Sexual Function Scale were administered simultaneously to the patients. The presence of fibromyalgia was evaluated according to the 2016 Modified ACR diagnostic criteria. The relationship between depression, anxiety scale scores, the presence of fibromyalgia, and female sexual function was investigated.
**Results:** The mean age of the patients was 49±8.1 years, and the median duration of the disease was four years. 15 (60%) patients were primary school graduates, 2 (8%) patients were secondary school graduates, 4 (16%) patients were high school graduates, and 4 (16%) patients were university graduates. 11 (44%) of the patients were in menopause. Sexual dysfunction was found in 21 (84%) patients diagnosed with Sjögren's Syndrome. There was no statistically significant difference in sexual function scale scores between those with and without menopause. No statistical difference was found in disease duration, age, and scale scores in the presence of fibromyalgia. Sexual dysfunction was more pronounced in those with depression and anxiety (p=0.003; p=0.045, respectively) (Table 1).

**Table 1. Comparison of depression and anxiety and sexual function scale scores**

| Sjogren Patients | Depression (+) | Depression (-) | p | Anxiety (+) | Anxiety (-) | p |
|---|---|---|---|---|---|---|
| Female Sexual Dysfunction score Median (IQR) | 17.7 (8.6) | 24.4 (7.1) | **0.003** | 18.4 (6.9) | 23.7 (6.2) | **0.045** |
| Desire score | 1.8 (1.8) | 3.0 (1.8) | 0.107 | 2.1 (1.8) | 2.7 (2.1) | 0.319 |
| Arousal score | 2.2 (2.3) | 3.6 (1.8) | **0.011** | 2.7 (2.1) | 3.6 (2.0) | 0.089 |
| Lubrication score | 3.4 (1.3) | 4.2 (1.5) | 0.066 | 3.6 (1.0) | 3.9 (1.6) | 0.378 |
| Orgasm score | 2.8 (2.1) | 4.0 (1.2) | **0.001** | 2.8 (1.9) | 4.0 (1.4) | 0.052 |
| Satisfaction score | 2.8 (3.0) | 4.4 (1.2) | **0.033** | 3.0 (2.7) | 4.6 (1.5) | 0.101 |
| Pain score | 3.8 (3.3) | 4.2 (4.8) | 0.244 | 4.0 (3.3) | 3.6 (4.8) | 0.932 |

**Conclusion:** Depression and anxiety cause lower sexual function scores in female patients diagnosed with Sjogren's syndrome. The effect of fibromyalgia has not been demonstrated, but due to the limited number of patients, studies with a larger population will be more enlightening.
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AB0681

## HISTORY OF ABORTION AND MULTIPARITY IN SYSTEMIC AUTOIMMUNE DISEASES: RESULTS FROM A MULTIDISCIPLINARY PREGNANCY CLINIC (GYNECOLOGY, RHEUMATOLOGY AND NEPHROLOGY)

**Keywords:** Real-world evidence, Pregnancy and reproduction, Systemic lupus erythematosus

C. Sieiro Santos[1,2], H. Park[1,3], B. Magallares[1,3], H. Marco[4], E. Llurba[5], M. Díaz[4], S. Ros[1], P. Moya[1,3], J. L. Tandaipan[1,3,6], C. Díaz-Torné[1,3], C. Pitarch[6], S. P. Fernandez-Sanchez[1], A. Laiz[1,3], J. Torguet[1,7], H. Codes[1], I. Castellví[1,3], H. Corominas[1,3]. [1]*Hospital Universitari de la Santa Creu i Sant Pau, Rheumatology, Barcelona, Spain*; [2]*Complejo Asistencial Universitario de León, Rheumatology, León, Spain*; [3]*Universidad Autonoma de Barcelona, Universidad Autonoma de Barcelona, Barcelona, Spain*; [4]*Fundación Puigvert, Nephrology, Barcelona, Spain*; [5]*Hospital Universitari de la Santa Creu i Sant Pau, Obstetrics and Gynecology, Barcelona, Spain*; [6]*Hospital Dos de Mayo, Rheumatology, Barcelona, Spain*; [7]*Hospital Universitario Mútua Terrassa, Rheumatology, Terrassa, Spain*

**Background:** Pre-conception counselling and risk stratification performed in a multidisciplinary clinical setting with rheumatologists, obstetricians and nephrologists may improve pregnancy outcomes in systemic autoimmune disease (SAD).
**Objectives:** To compare clinical, obstetrical comorbidities and pregnancy outcomes in patients with SAD with history of pregnancy loss with patients without history of pregnancy loss.
**Methods:** A retrospective cohort study was conducted. A total of 41 patients with SADs that attended the multidisciplinary preconception outpatient clinic were included. Variables related to SADs, obstetric comorbidities and pregnancy outcomes were collected. Description of the sample and comparison of groups were carried out. Shapiro-Wilk test was used to study normality.
**Results:** The description and comparison of the comorbidities, preconception counselling and pregnancy outcomes are summarized in Table 1. A total of 18 (46%) patients had a history of pregnancy loss. Fewer patients with history of pregnancy loss, 38.5% were fit for conception compared to 54.3% of patients with a history of pregnancy loss. Deferment of pregnancy was advised for 38.5% of patients with history of pregnancy loss and 54.3% in patients without history of pregnancy loss. Patients with a history of pregnancy loss had significantly higher anti-DNAds, antiphospholipid positivity and longer time since last flare.There was no significant difference for adverse pregnancy outcomes, disease activity or treatment. Interestingly, the distribution of risk profile for adverse pregnancy was different between both groups: there were more moderate and high risk for adverse pregnancy in patients with a history of pregnancy loss.
**Conclusion:** Patients with a history of pregnancy loss present delay to plan a new pregnancy, higher anti-DNA and antiphospholipid positivity. No worse pregnancy outcomes were observed.
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