found to mediate this relationship (Sobel test z=4.77, p<.001). In the final model, the association between ACE and SLAQ was attenuated and not significant (β=0.72, SE=0.38, p=.06). Additional analyses restricting items to trauma specifically in adulthood resulted in substantively similar conclusions.

Conclusions Consistent with the stress proliferation theory, results suggest that childhood adversity increases the risk of traumas experienced in later developmental periods, including in adulthood. Adversities experienced at various developmental periods across the lifecourse increase SLE severity among Black American women, and may contribute to racial inequities in SLE outcomes. Importantly, findings suggest that the impact of childhood adversity on adult disease activity may be reversible through interventions aimed at preventing subsequent traumas.

LSO-023 | **CLINICAL CHARACTERISTICS OF SARS-COV-2 INFECTION IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN ARGENTINA: DATA FROM THE SAR-COVID NATIONAL REGISTRY**

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Background Patients with systemic lupus erythematosus (SLE) present greater severity of SARS-CoV-2 infection compared to the general population. High disease activity and some immunosuppressants have been associated with worse outcomes. The aim of this study was to describe the characteristics of SARS-CoV-2 infection in patients with SLE in Argentina from the SAR-COVID registry and to establish factors associated with a worse outcome.

Methods Observational study. Patients diagnosed with SLE with confirmed SARS-CoV-2 infection (RT-PCR and/or positive serology) from the SAR-COVID registry were included. Data was collected from August 2020 to March 2022. The outcome of the infection was measured using the World Health Organization – ordinal scale (WHO-OS). Severe COVID-19 was defined as an WHO-OS value $\geq$5. Descriptive analysis, Student's T test, Mann Whitney U, ANOVA, Chi2 and Fisher. Multiple logistic regression.

Results A total of 399 patients were included, 93% female, with a mean age of 40.9 years (SD 12.2), 39.6% had at least one comorbidity. At the time of infection, 54.9% were receiving glucocorticoids, 30.8% immunosuppressants, and 3.3% biological agents. SARS-CoV-2 infection was mild in most cases, while 4.6% had a severe course and/or died. The latter had comorbidities, used glucocorticoids and had antiphospholipid syndrome (APS) more frequently and higher disease activity at the time of infection. In the multivariate analysis, high

blood pressure (OR 5.1, 95%CI 1.8–15.0), the diagnosis of APS (4.7, 95%CI 1.2–15.8), and the use of glucocorticoids (10 mg/day or more: OR 5.5, 95%CI 1.6–20.5) were associated with severe hospitalization and/or death from COVID-19 (WHO-EO$\geq$5).

Conclusions In this cohort of SLE patients with confirmed SARS-CoV-2 infection, most had a symptomatic course, 22.1% were hospitalized, and 5% required mechanical ventilation. Mortality was close to 3%. The diagnosis of APS, having high blood pressure, and the use of glucocorticoids were significantly associated with severe COVID-19.

LSO-024 | **COMPARISON OF CLINICAL CHARACTERISTICS AND OUTCOMES IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A CROSS-NATIONAL STUDY**

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Background In a multiethnic U.S cohort compared to White patients., Black patients developed systemic lupus erythematosus (SLE) at a younger age, had more severe disease, and had worse outcomes. Patients of Asian ancestry developed SLE were similar but also had more frequent autoantibodies. Black and Asian SLE patients have not been directly compared across nations.

Methods The Georgia Lupus Registry (GLR) is a population-based registry of validated SLE patients in Atlanta of those with $\geq$4 ACR criteria or 3 ACR criteria with a final diagnosis of SLE by a rheumatologist. The Hanyang BAE Cohort is comprised of SLE patients meeting ACR and/or SLICC criteria from a single center. A total of 248 Black patients from 2002–04 (GLR) and 395 Korean patients from 2002–13 (BAE) with incident disease (<1 year) were compared. The outcomes of end-stage renal disease (ESRD) and mortality were evaluated for cumulative incidence over time and by multivariable Cox proportional hazard regression. Causes of death were derived from national databases.

Results A total of 248 U.S. Black patients were compared with 395 Korean patients. The cause-specific hazard ratio (GLR vs. BAE), adjusted by age of SLE onset, sex, and total number of ACR criteria, was 6.42 (2.40–17.16) for ESRD and 2.7 (1.40–5.21) for mortality. The most frequent causes of death in the U.S. Black population were SLE (33%), other (29.5%, of which 42.3% were neoplasms), and cerebrovascular disease (23.9%). In the Korean population, it was SLE (57.1%), infection (21.4%), and others (14.3%).

Conclusions U.S. Black and Korean SLE patients showed significant differences clinically in the first year of disease. Despite similar frequencies of renal involvement at baseline, there was a notable over six-fold increased risk in U.S. Black patients to progress to ESRD. These comparisons and contrasts are opportunities to better explore biological as well environmental differences in disease expression and outcomes.