Abstract LSO-086 Table 1 Sociodemographic, clinical and treatment characteristics among SLE women with at least one pregnancy at cohort inclusion related to obstetric morbidity

VARIABLES[1]	OBSTETRIC MORBIDITY		p value[3]	VARIABLES	OBSTETRIC MORBIDITY		p value[3]
Sociodemographic/comorbidities	**No (n=146)**	**Yes[2] (n=183)**		**SLE background**	**No (n=146)**	**Yes[2] (n=183)**	
Age (years)	41 (34-47)	39 (31.5-50)	0.542	Disease duration (months)	76 (28-153)	100 (36.5-162.5)	0.136
Education (years)	12 (10.2-15)	12 (10-15)	0.664	Antiphospholipid syndrome	**3/30 (10%)**	**24/46 (52.2%)**	**0.001**
Ethnicity			0.299	**Laboratory features**			
Afro-Latin American	14/146 (9.6%)	8/183 (4.4%)		Anti-dsDNA antibodies	107/134 (79.9%)	139/172 (80.8%)	0.885
White	30/146 (20.5%)	42/183 (23.0%)		Anti-Ro antibodies	51/109 (46.8%)	57/135 (42.2%)	0.518
Amerindian	3/146 (2.1%)	4/183 (2.2%)		Anti-La antibodies	20/107 (18.7%)	18/132 (13.6%)	0.293
Mestizo	99/146 (67.8%)	129/183 (70.5%)		C3 and/or C4, low	117/141 (83.0%)	147/174 (84.5%)	0.760
Socioeconomic level			0.184	Lupus anticoagulant	17/92 (18.5%)	34/121 (28.1%)	0.109
High	29/143 (20.3%)	41/181 (22.7%)		aCL[4] IgG	21/101 (20.8%)	34/129 (26.4%)	0.353
Medium	42/143 (29.4%)	67/181 (37.0%)		aCL[4] IgM	15/101 (14.9%)	33/130 (25.4%)	0.071
Low	72/143 (50.3%)	73/181 (40.3%)		Anti-ß2GP1[5] IgG	11/79 (13.9%)	15/95 (15.8%)	0.832
Medical coverage			0.260	Anti-ß2GP1[5] IgM	10/79 (12.7%)	15/95 (15.8%)	0.666
Complete/partial	94/141 (66.7%)	133/182 (73.1%)		**Treatment**			
No Coverage	47/141 (33.3%)	49/182 (26.9%)		Corticosteroids	143/146 (97.9%)	176/181 (97.2%)	0.736
Hypertension	47/83 (56.6%)	73/110 (66.4%)	0.180	Antimalarials	141/146 (96.6%)	177/181 (97.8%)	0.520
Diabetes mellitus	9/83 (10.8%)	6/110 (5.5%)	0.184	Immunosuppressors	118/146 (80.8%)	152/179 (84.9%)	0.373
Dyslipidemia	23/78 (29.5%)	31/109 (28.4%)	0.872	Aspirin	30/42 (71.4%)	53/65 (81.5%)	0.243
Smoking	22/50 (44.0%)	34/58 (58.6%)	0.176	Anticoagulation	18/42 (42.9%)	33/66 (50.0%)	0.554

[1]Numeric variables: medians (interquartile ranges); categorical variables: frequencies (percentages) were compared using Kruskal-Wallis, Chi-square or Fisher tests as appropriate. [2]Obstetric morbidity: pregnancy with any maternal-fetal morbidity (miscarriages, fetal deaths, pre-eclampsia, prematurity, neonatal lupus); [3]statistical significance: $p < 0.05$; [4]anti-cardiolipin antibodies; [5]beta-2 glycoprotein I antibodies.

follow-up) OM (miscarriages, fetal deaths, pre-eclampsia, prematurity, neonatal lupus) were evaluated.

Results At inclusion, 329 women have had at least one pregnancy [median (IQR): 2 (1–3)]: table 1. Of them, 293 (89.1%) had ≥1 live birth and 183 (55.6%) developed OM. Pre-eclampsia occurred in 49 (14.9%). Among 71 (21.6%) women with anti-SS-A(Ro)/SS-B(La) antibodies, 3 (4.2%) developed neonatal lupus (without cardiac involvement). Anti-phospholipid syndrome (APS) was associated with a higher risk of pregnancy complications (52.2% vs 10.0%; p< 0.001). Of the 755 pregnancies reported, 551 (73.0%) resulted in live births, of which 79 (14.3%) were premature. The remaining pregnancies ended in 178 (23.6%) miscarriages and 41 (5.4%) fetal deaths. During 2-follow-up years (figure 1), 24 single pregnancies occurred. All occurred under antimalarials; 16 (66.7%) resulted in live births, 4 (25.0%) premature; 12 (50.0%) developed OM. There were seven (29.2%) miscarriages and one fetal loss (4.2%) related to severe pre-eclampsia. One cholestasis gravidarum (4.2%) lead to prematurity. New cases of neonatal lupus were not reported.

Conclusions In GLADEL 2.0 cohort, around half of the women studied presented OM, being frequently related to APS. Miscarriages, prematurity, pre-eclampsia, and fetal deaths were the most common fetal-maternal complications. The incidence of neonatal lupus was lower than previously reported (16%).[2]

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Short oral presentation session 16: SLE treatment 2

LSO-087 SUB-OPTIMAL USE OF ANTI-MALARIAL THERAPY FOR SLE IN THE ASIA PACIFIC REGION; OBSERVATIONS FROM THE ASIA PACIFIC LUPUS COHORT

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