

was  $37.37 \pm 13.96$  years old, the average duration was  $6.7 \pm 5.8$  years. Among them, 310 patients were in glucocorticoid maintenance stage. 61% of patients received the medium dosage (30–60 mg/d) as the initial treatment dosage of glucocorticoid. However, patients receiving different initial dosage had no discrepancy on glucocorticoid in the maintenance therapy. In the maintenance stage, 51% of patients received 2.5–5 mg/d prednisone, while the dosage of 5–10 mg/d could maintain for a longer time. Patients with internal organs involvement had a higher tendency to receive 60–100 mg/d or pulse-dose therapy in the initial treatment, nevertheless there had no difference on the dosage of glucocorticoid in the maintenance stage. Among the 400 patients, 62 patients had glucocorticoid withdrawal, including 17 patients due to disease remission (17/400, 4.25%), 44 patients due to self-withdrawal (44/400, 11%) and one patient due to adverse reaction (1/400, 0.25%). **Conclusions** In China, the medium dosage of glucocorticoid is the most common choice in the initial treatment of SLE patients, and the dosage of 2.5–5 mg/d was most common in maintenance stage. Currently, the proportion of glucocorticoid withdrawal remains low after SLE patients achieving the remission.

**388 CHARACTERISATION OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS WHO WERE ADMITTED TO A UNIVERSITY HOSPITAL IN BOGOTA-COLOMBIA BETWEEN 2008 AND 2016**

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**Background and aims** Systemic lupus erythematosus is one of the most prevalent autoimmune disease, and it is associated with many complications, morbidity and mortality. The mortality in these patients is related with immune activity, infectious complication and a direct effect of pharmacology therapy. All these factors result in target organ injury.

**Methods** A retrospective-descriptive study of patients admitted to the intensive care unit of the Hospital Universitario de la Samaritana between 2008 and 2016 in the city of Bogota was performed. The aim of this study was to characterise the clinical, demographic and paraclinical features of patients with systemic lupus erythematosus.

**Results** 56 cases were collected, most of the patients were relatively young with an average age of 40.7 years (SD  $\pm 17.7$  y/o). These people were mainly female (71% vs 29%), the immune activity was measure with score SELENA SLEDAI with average 16.5 (SD $\pm 4.3$ ), in the analysis of target organ 69% of patient had lupus nephritis, 42% haematological commitment, 28% lung injury, 17% neurological complications and 48.25 had infectious process. When it comes to the days of mechanical ventilation, the average was 9 (SD  $\pm 10$ ), days of ICU stay 13.7 (SD  $\pm 14.3$ ) and finally the mortality was 39.2%.

**Conclusions** At ICU of our hospital, the prevalence of patients with systemic lupus erythematosus tends to be more frequent

than in other series reported, this information may be useful in future studies and can also reduce complications and mortality in this population.

**389 CLINICAL FEATURES OF SEVERE THROMBOCYTOPENIA IN CONNECTIVE TISSUE DISEASES: A REVIEW OF 131 CASES**

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**Background and aims** To examine the clinical features, prognosis and response to treatments for severe thrombocytopenia in patients with connective tissue diseases (CTDs).

**Methods** The data of 131 CTDs inpatients with severe thrombocytopenia were reviewed. Severe thrombocytopenia was defined as blood platelet counts (BPC) under 20 000/mm<sup>3</sup>, and patients were divided into 3 groups according to BPC at discharge: no response (NR), partial response (PR), complete remission (CR). The differences of clinical features, treatments, and prognosis were analysed.

**Results** Of the 131 patients, 70 cases were diagnosed as primary Sjögren's Syndrome (pSS), 53 cases as SLE and 8 cases as other CTDs. 88.6% of them were female and the mean age of SLE patients was younger than pSS and other CTDs patients. The bleeding severity was negatively correlated with patients' lowest BPC during hospitalisation. BPC at discharge was positively correlated with BPC during follow-up. There was no significant difference in basal data among NR, PR and CR group except serum IgG level that was lower in NR group than PR and CR group. The treatments were identical among the 3 groups, except that the use of IVIG was more frequently in CR group than the other 2 groups. Mortality in patients with partial or complete remission was significantly lower than in those without remission.

**Conclusions** Severe thrombocytopenia is more common in SLE and pSS patients than in other CTDs and high IgG level may predict a better efficacy. IVIG is helpful to achieve a full response and those unresponsive to the treatments at discharge have poor outcome.

**Pregnancy: the mother and the child**

**390 OUTCOMES OF PREGNANCY OF KYRGYZ SLE PATIENTS**

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**Background and aims** To study outcomes of pregnancy of Kyrgyz SLE patients.

**Methods** Included 75 patients with SLE passed the examination in the clinic NCCIM from 2001 to 2011. Age of women was 30 [20; 40] years old, duration of the disease on the 1st point-3 [0.8; 40] years. Assessed disease activity by SLEDAI 2K 1st point and the end point after an average of  $6.38 \pm 3.48$  years.

**Results** Evaluation of outcomes of gestation showed that in 9 cases, there has been a termination of pregnancy in the 1st trimester due to the high activity of SLE. They were mostly women with active lupus nephritis (7), one case with massive exudative pericarditis and one patient with lupus hepatitis. Pregnancy in 6 women on the background of a moderate (2) and minimal disease activity (4), with a primary skin (4) and articular syndrome (1), with the trace proteinuria (1) completed delivery of healthy children in the gestation of 36 to 38 weeks. In 3 of them - by Caesarean section, in 3 others - it was delivery was vaginally at 39 weeks gestation. 27 did not have children because of the risk of adverse effects of pregnancy on the course of the disease; the other 27 women had children prior to the development of SLE.

**Conclusions** Half of the women (52%) was not able to have children due to the high risk of adverse effects of pregnancy on the course of the disease, with active SLE caused the interruption of pregnancy in 13% of patients.

391 **PREGNANCY OUTCOME OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS IN CIPTO MANGUNKUSUMO NATIONAL REFERRAL HOSPITAL, JAKARTA, INDONESIA**

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**Background and aims** Systemic Lupus Erythematosus (SLE) is a multisystem autoimmune disease which commonly affects women of childbearing age. There were reports of the adverse pregnancy outcome in SLE patients but data from Indonesia was still lacking. The objectives of this study were to analyse the outcome of pregnancy in SLE patients and to identify the factors associated with pregnancy outcome.

**Methods** This was a retrospective study of pregnant SLE patients in Indonesian national referral hospital from 2012–2015. Medical records of all pregnant SLE patients who gave birth in our centre during that period were reviewed. Independent variables were previous and current nephritis, history of adverse pregnancy outcome, pre-pregnancy hypertension, and disease control during pregnancy. Dependent variables were maternal complications (ICU admission, SLE flare, hypertension/eclampsia/preeclampsia, and death) and fetal/neonatal complications (low birth weight, oligohydramnios, and abortion/fetal death/neonatal death).

**Results** There were 32 pregnancies of which 13 were first pregnancies. Preterm deliveries were observed in 37.5% patients and 66.7% patients were delivered by C-section. Eight patients (25%) experienced maternal complications with 1 patient died due to heart failure. There were 71.9% pregnancies with fetal/neonatal complications and among those, low birth weight was the main complication (39.1%). There were significant association between disease control during pregnancy and maternal complications ( $p=0.029$ ) and between history of adverse pregnancy outcome and fetal/neonatal complications ( $p=0.005$ ).

**Conclusions** The rate of maternal and fetal/neonatal complications was high. Pregnant SLE patients need to be monitored closely especially those with uncontrolled disease during pregnancy and history of adverse pregnancy outcome.

392 **SAFETY AND EFFICACY OF MODIFIED-RELEASE PREDNISONE IN SYSTEMIC LUPUS ERYTHEMATOSUS PREGNANCIES: AN IMPLEMENTED COHORT**

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**Background and aims** SLE often affects women of childbearing age. Prednisone is safely used during pregnancy. Modified-release prednisone (MRP) is a treatment option, but no data exist regarding gestation: we aimed to compare its safety and effectiveness to the immediate release formulation (IRP) in SLE pregnancies.

**Methods** During a 5 year period, we enrolled 18 SLE female patients experiencing a pregnancy. Nine (cases), taking low-dose MRP (5 to 7.5 mg/daily) as a baseline treatment, were matched to 9 controls (same age and disease duration), taking the same prednisone dose in the IR formulation. Pregnancy outcome; SLEDAI/SLEPDAI; patient's VAS and need of treatment changes were assessed at baseline, during pregnancy and at postpartum.

**Results** SLEDAI at baseline was  $2\pm 0.1$  among MRP and  $2\pm 0.3$  among IR women; SLEPDAI,  $3\pm 0.9$  and  $3\pm 0.2$  (both,  $p=ns$ ). No major perinatal complications were detected. Pre-term births, caesarean section rates, newborns weight and APGAR scores did not differ between the two subpopulations (all,  $p=ns$ ). SLEDAI at postpartum was  $3.8\pm 0.6$  in MRP subjects and  $5.4\pm 0.4$  in IR ( $p<0.05$ ). Patients VAS evaluation (MRP vs IR) was, respectively,  $30\pm 4$  and  $20\pm 9$  at baseline ( $p=ns$ );  $30\pm 6$  and  $48\pm 7$  during pregnancy ( $p<0.05$ ) and  $31\pm 3$  and  $52\pm 9$  at postpartum ( $p<0.05$ ). Prednisone regimen changes (add-on strategy), the observed rates involved 1/9 (MRP) and 5/9 (IR) women ( $p<0.05$ ).

**Conclusions** Among IR patients, activity was significantly higher during postpartum and treatment had to be increased. VAS was significantly different (higher among IR), both during pregnancy and postpartum. MRP seems to be as safe, but more effective, in comparison the IR, during pregnancy of SLE women.

393 **PREGNANCY ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN OUR HOSPITAL**

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**Background and aims** To evaluate the course of pregnancy associated with systemic lupus erythematosus (SLE).

**Methods** We picked up retrospectively the patients with SLE who was in pregnant. We studied the courses of pregnancy, the results of delivery, and the states of babies.

**Results** We found 35 courses of pregnancy associated with SLE. Twenty-six patients with SLE experienced pregnancy. Thirty-six babies were born through 35 courses of pregnancy (including a pair of twin). Early deliveries were found in 5 cases (including a pair of twin). Low weight born were found