Incomes / Medications	N	Mean	Std. Deviation	Median	Minimum	Maximum
Steroids						
No	91	43955	10357	40565	17946	67091
Yes	12	39702	8927	39643	32285	63629
Hydroxychloroquine						
No	11	40530	7320	40159	31013	52924
Yes	92	43810	10525	40159	17946	67091
Azathioprine						
No	85	43303	10028	40159	17946	67091
Yes	18	44199	11541	41050	31977	66374
Cyclophosphamide						
No	102	43454	10304	40159	17946	67091
Yes	1	44010		44010	44010	44010
Methotrexate						
No	95	43282	10351	40159	17946	67091
Yes	8	45567	9358	41625	38887	66374
Myocphenolate						
No	86	43809	10774	40362	17946	67091
Yes	17	41689	7035	39808	32566	51055
Belimumab						
No	100	43369	10380	40159	17946	67091
Yes	3	46468	3779	44574	44010	50819
Tacrolimus						
No	100	43709	10284	40362	17946	67091
Yes	3	35124	4361	32646	32566	40159
Any of the above*						
No	4	40431	9947	38893	31013	52924
Yes	99	43582	10296	40159	17946	67091

*p-value=0.592 (Mann-Whitney U Test)

400 ANA-NEGATIVE SLE: RE-EVALUATION IN AN INTERNATIONAL INCEPTION COHORT

[1]M Choi*, [1]A Clarke, [2]St Pierre Y., [3]J Hanly, [4]M Urowitz, [4]D Gladman, [2]S Pike, M. Fritzler[1], [5]SI SLICCInvestigators Group. *[1]University of Calgary, Medicine, Calgary, Canada; [2]McGill University, Medicine, Medicine, Canada; [3]Queen Elizabeth II Health Sciences Centre and Dalhousie University, Medicine, Halifax, Canada; [4]University of Toronto, Medicine, Toronto, Canada; [5]Allegheny Health Network, Medicine, Pittsburgh, USA*

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Background and aims The prevalence of ANA-negative SLE is reportedly 5%–20%. Cytoplasmic or mitotic cell indirect immunofluorescence (IIF) patterns are usually reported as ANA-negative. This study examined the prevalence of ANA-negativity (no intracellular IIF pattern) and pure cytoplasmic and/or mitotic IIF patterns (CMP) in the Systemic Lupus International Collaborating Clinics (SLICC) inception cohort and examined demographic, clinical and autoantibody associations.

Methods Three groups were examined 1) ANA-positive (presence of nuclear IIF pattern), 2) ANA-negative (no IIF pattern), and 3) pure CMP. ANA were detected by IIF on HEp-2000 substrate, SLE-related autoantibodies by laser bead immunoassay, and anti-dsDNA and anti-dense fine speckles 70 (DFS70) by chemiluminescence immunoassay.

Results 1137 patients were included; 89.9% were female. 92.3% were ANA-positive, 6.2% were ANA-negative, and 1.5% had a CMP. In the multivariate analysis (Tables 1 and 2), patients from Canada (Odds Ratio (OR) 2.07 [95% CI: 1.28, 3.36]) or with anti-DFS70 (OR 4.45 [95% CI: 1.37, 14.39]) were more likely to be ANA-negative or have CMP. Patients of Asian descent (OR 0.34 [95% CI: 0.13, 0.86]) or with anti-dsDNA (OR 0.53 [95% CI: 0.30, 0.94]), anti-SSA/Ro60 (OR 0.51 [95% CI: 0.30, 0.87]), or anti-UI-RNP (OR 0.35 [95% CI: 0.17, 0.70]) were less likely to be ANA-negative or CMP.

Conclusions In newly diagnosed SLE, the prevalence of ANA-negativity was at the lower end (6.2%) of the range previously published and an additional 1.5% had a CMP pattern. The prevalence of true ANA-negativity will likely decrease as future guidelines are expected to recommend that non-nuclear patterns, such as CMP, are also reported.

401 HIGHEST FREQUENCY OF CLINIC VISITS AND HOSPITALIZATIONS IN SLE AMONG RHEUMATIC DISEASES: 8 YEAR CENSUS OF A TERTIARY RHEUMATOLOGY CENTRE

ME Galdones-Velasco*, MFJ Edar, S Navarra. *University of Santo Tomas, Internal Medicine, Manila, Philippines*

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Background and aims We describe the frequency of clinic visits and hospitalizations among rheumatic diseases seen at a tertiary Rheumatology centre in Manila, Philippines

Methods The University of Santo Tomas (UST) Hospital is a tertiary care centre, with specialised subspecialty training in Rheumatology. This study is derived from the patient census of UST Hospital Rheumatology Clinics from 2008 to 2015.

Results Mean age of the total 15 730 rheumatic disease patients (10 808, 69% females; 13 607, 86.5% adults; 2123, 13.5% paediatrics) was 47.51±21.55 (range <1–103). Most common rheumatic conditions were osteoarthritis (OA) (2828, 17.98%), gout/pseudogout (2378, 15.12%) and systemic lupus