Abstract 419 Table 2 Cox Regression analysis results for mortality risk factors in SLE patients with incident hospital admissions compared to controls.

Univariate Cox Regression				
	Hazard Ratio	95.0% CI for Exp(B)		P-value
		Lower	Upper	
Lupus Diagnosis	1.656	1.447	1.895	<0.001
Multivariate Cox Regression				
	Hazard Ratio	95.0% CI for Exp(B)		P-value
		Lower	Upper	
Lupus Diagnosis	1.991	1.473	2.693	<0.001
Age	1.070	1.060	1.080	<0.001
Year of Incident Hospitalisation	1.047	1.007	1.088	0.020
Males	1.357	1.022	1.802	0.035
Length of Stay	1.016	1.006	1.026	<0.001
Uninsured	1.648	1.389	1.956	0.001

The role of anti-RNP/Sm antibodies in thrombosis deserves further studies

423 INDONESIAN EPIDEMIOLOGIC DATA OF PAEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims To estimate the epidemiological data of paediatrics systemic lupus erythematosus (SLE) in Indonesia.
Methods A nationwide prospective registry study for the epidemiological data of paediatric SLE was undertaken in Indonesia. Registry data from health service centres in 12 provinces were collected through online registry database since 2012.
Results Two hundred and ten cases of paediatric SLE were identified during the period of 2012–2015. The SLE frequency in girls was 9 times higher than in boys (18:172). The mean age was 11.2±3.2 years, with the peak incidence in 13 years old. Most patients were from West Java province, followed by North Sumatra, Jakarta, and South Sulawesi provinces, respectively. The chief complaints were mostly fever, skin disorder, and paleness.
Conclusions This national registry of paediatric SLE in Indonesia provided a good starting point to improve our understanding of the epidemiology of autoimmune diseases in Indonesia. Diagnosis and documentation of this disease are difficult due to challenges in disease recognition and lack of diagnostic facilities; hence, there is a possibility that SLE cases are underdiagnosed in some provinces. Future studies are needed to gain more comprehensive data on nationwide epidemiology of SLE.

424 COULD PRETERM DELIVERY BE A SURROGATE MARKER FOR ACCELERATED DEVELOPMENT OF CARDIOVASCULAR EVENTS IN WOMEN WITH SLE?

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