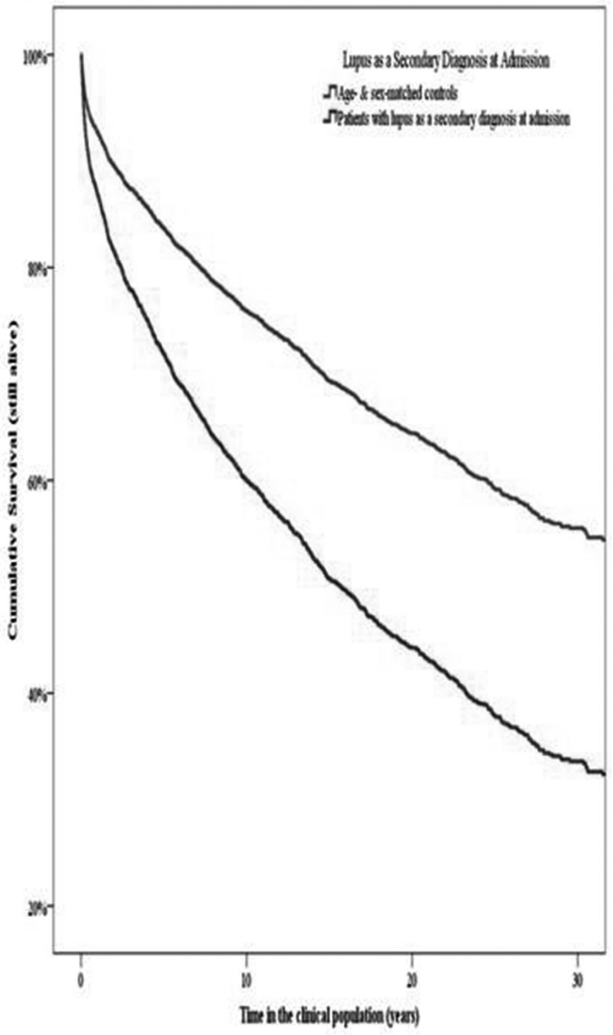

Abstract 420 Figure 1 Kalpan-Meier suvival analysis of mortality outcomes for SLE patients and age- & sex-matched controls (free of rheumatic disease conditions) from index hospitalisation (Log Rank (Mantel-Cox) $\chi^2$158.265, p<0.001).

compared to those who delivered later. Preterm delivery could be a surrogate marker for active SLE in pregnancy.

425 AUTOANTIBODIES PROFILE IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS: A STUDY IN MALARIA ENDEMIC AREA

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Background and aims Systemic lupus erythematosus is an autoimmune disorder characterised by elevated levels of autoantibodies. Association of specific autoantibodies with different clinical manifestations of SLE has been documented. Malaria infection is associated with raised levels of autoantibodies. It is not known what happens to autoantibody productions in SLE patients residing in malarial endemic areas and its association with disease manifestation. In the present study,we enrolled SLE patients residing in from different areas of Odisha state, Indiaand investigate possible association of *P. falciparum* endemicity with autoantibodies profile of SLEpatients.

Methods A total of 190 SLE patients from different districts of Odisha, which is endemic for *P. falciparum* malaria were enrolled in the present study. Clinically assessed, and autoantibodies levels were quantified by standard laboratory procedures. They were grouped as 1) Patients from low endemic area based on Annual Parasite Index (API) as low (API <4) and 2) High (API >4) and the data was analysed.

Results The mean age and disease duration of SLE patients were 28.44 and 1.67 years, respectively. 128 patients resided in lower endemic areas and 62 in high endemic areas. 62%of patients from higher endemic areas had nephritis and other major manifestations like NPSLE and myocarditis. Interestingly, SLE patients from areas(API >4) displayed higher levels of anti-Sm. Other auto antibodies levels were comparable among the two groups.

Conclusions The results of the present study revealed an association of malarial endemicity with differential production of autoantibodies, namely Sm. However, the role of malaria in the pathogenesis of SLE needs to be validated in a prospective study.

426 RENAL ACTIVITY AND DAMAGE INCUR HIGHEST MEDICAL COSTS AMONG FILIPINO PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims Systemic lupus erythematosus (SLE) predominantly affects individuals at peak age of productivity, and medical costs negatively impact on personal, family and community resources. This study aimed to identify annual medical costs and cost predictors among Filipino SLE patients.

Methods Direct annual healthcare costs were determined by survey questionnaires conducted among patients aged >18 years with minimum 1 year illness duration, consecutively seen at Lupus Clinics of University of Santo Tomas (UST) Hospital, Manila, Philippines from February to July 2016. Excluded were costs related to biologics. Predictors of cost were estimated using multiple regression analysis.

Results Respondents included 300 SLE patients (93.7% female) with mean age 32.84±9.89 (11-62) at diagnosis, mean disease duration 5.87±5.58 (1-36) years. Median and mean annual direct medical cost was Php 90 950 and Php 1 33 040 respectively (range Php 17 440–859,050). Annual cost was higher in those requiring dialysis (n=16) compared to nephritis without dialysis (n=150) vs without nephritis ever (n=134), (median Php 5 95 400 vs 1 44 700 vs 55 020), p<0.001. End stage renal disease (ESRD) (p<0.001), mycophenolate use (p<0.001), clinic visits (p=0.016) and hospitalisation (p=0.018) were independent variables which significantly contributed to annual costs. [Php47.5 = USD1]

Conclusions Nephritis especially if requiring dialysis was the most important cost predictor in this cohort, increasing annual costs up to 7 times. Mycophenolate use, frequency of hospitalisation and clinic visits increased annual costs by 147.2%, 173.8% and 2.6% respectively. This study reinforces need for

Abstract 420 Table 2 Cox Regression analysis for all-cause mortality.

Univariate Cox Regression				
	Hazard Ratio	95.0% CI for Exp(B)		P-value
		Lower	Upper	
Lupus Diagnosis	1.853	1.681	2.043	<0.001
Multivariate Cox Regression				
	Hazard Ratio	95.0% CI for Exp(B)		P-value
		Lower	Upper	
Lupus Diagnosis	1.621	1.333	1.971	<0.001
Age	1.073	1.066	1.079	<0.001
Year of Incident Hospitalisation	0.977	0.955	1.000	0.046
Males	1.427	1.171	1.739	<0.001
Length of Stay	1.012	1.006	1.018	<0.001
Uninsured	1.510	1.254	1.817	<0.001
Kidney Disorder	1.745	1.351	2.256	<0.001
Thrombotic Diseases	1.759	1.124	2.752	0.013
Cerebral Ischemia	2.041	1.119	3.722	0.020

early and aggressive disease control and prevention of complications especially in those with renal involvement.

427 RELAPSE OF LUPUS NEPHRITIS – RISK FACTORS AND IMPACT OF MYCOPHENOLATE TREATMENT

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Background and aims The management of lupus nephritis (LN) has evolved over time. There is limited data on renal flares in the recent era.

Methods We investigated the renal relapse rate in 139 patients with a history of Class III/IV±V diagnosed during the period of Jan 1983 to Dec 2013, and the factors associated with renal flares.

Results 135 episodes of renal relapse occurred over 112.5 ±88.4 months, giving a flare rate of 0.108 episode per patient-year. Reduced risk of renal flare was associated with maintenance treatment using mycophenolate (MPA) (OR 0.314, 95% CI 0.099–0.994, p=0.049), complete remission after the prior episode of active LN (OR 0.329, 95% CI 0.133–0.810, p=0.016), and diagnosis of LN after 1998 (OR 0.305, 95% CI 0.133–0.700, p=0.005) when maintenance therapy with MPA was instituted. Low-dose prednisolone and MPA maintenance immunosuppression was associated with better relapse-free survival (5 year 91% and 10 year 83%) than prednisolone and azathioprine (AZA) (70% and