and vasculitis disease activity over the observation period (p≤0.001 for all).

Conclusions Patients who ever experience HDAS represent a distinct clinical cohort with worse longitudinal disease outcomes.

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443 PERFORMACE OF SPECIFIC (SLE-QOL) AND GENERIC (SF-36) HEALTH RELATED QUALITY OF LIFE QUESTIONNAIRES IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS – A LONGITUDINAL STUDY

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Background and aims To compare specific health-related quality of life (HR-QoL) questionnaire (SLE-QoL) with a generic HRQoL questionnaire (SF-36) and to examine their sensitivity to changes defined by the global rating for change (GRC).

Methods Patients attending a single-centre lupus clinic in Thailand completed both validated SLE-QoL and SF-36 questionnaires, and rated their global change in QoL compared to previous visit using a 7-point Likert scale (GRC). Patients were grouped into either 'no change' (control group), 'deterioration' or 'improvement' categories (GRC status). Physician global assessment (PGA, 0–3) scores were collected for clinician-assessed disease activity. Associations between GRC status and SLE-QoL/SF-36 scores were examined using generalised estimating equations. Cohen's d effect sizes were estimated to compare mean changes in SLE-QoL and SF-36 scores.

Results The analysis included 248 patients with 1265 visits. Patients reported improvement in ~59%, deterioration in ~16% and no change in QoL in ~25% of visits. PGA demonstrated statistically significant (p<0.01), negative correlations with GRC (r=−0.49), SLE-QOL (r=−0.49), SF-36PCS (r=−0.50) and SF-36MCS (r=−0.36) scores. In contrast, SLE-QoL scores correlated positively and significantly (p<0.01) with SF-36PCS (r=0.56) and SF-36MCS (r=0.60) scores. Compared to control group, mean scores of SF-36PCS, SF-36MCS and SLE-QoL surveys were significantly lower in the deterioration group (mean change −4.96,−3.21, and −6.51, respectively, p<0.01) but SF-36PCS and SLE-QoL were significantly higher in the improvement group (mean change 1.22 and 1.35 respectively, p<0.01). Cohen's d effect sizes were similar for both questionnaires.

Conclusions Both SLE-QoL and SF-36 demonstrated similar, strong associations with GRC-based deterioration or improvement.

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444 PROMOTES [PATIENT AND PHYSICIAN REPORTED OUTCOMES – MEASURES OF THE TRUE EXPERIENCE IN SLE]

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Background and aims Patients with systemic lupus erythematosus (SLE) assess their disease activity differently to physicians. Prominent physician indices used to assess SLE disease activity include Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) and British Isles Lupus Assessment Group (BILAG) index. We evaluated whether multidimensional health assessment questionnaire (MDHAQ), an extensively used patient reported measure, may be useful in assessing disease activity in SLE.

Methods Seventy-two consecutive patients with SLE were studied in the usual care of three rheumatologists. All patients completed an MDHAQ and the rheumatologist completed a physician global, SLEDAI and BILAG for each outpatient visit. Patients were classified as likely fibromyalgia if they scored pain ≥6/10 and range of symptoms≥16/60. Scores and indices were compared using correlation and t-test.

Results Patients included 65 women and 7 men, with a total of 203 outpatient visits. In all patients, there were no correlations between patient reported outcomes and SLEDAI or BILAG. In patients without fibromyalgia, mean RAPID3, pain and patient global (PATGL) scores were significantly higher in patients with a severe BILAG class. However, none of these scores were significantly different between mild and moderate BILAG class. PATGL modestly correlated with physician global, and was usually higher than physician global.

Conclusions MDHAQ can alert the physician about the patient perception of disease activity, which is different to the physician's perspective, and is not part of the accepted SLEDAI/ BILAG assessment. These preliminary results support further study to evaluate the clinical utility of MDHAQ as a measure of SLE disease activity.

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445 PREDICTORS OF GOOD LONG-TERM RENAL OUTCOMES

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Background and aims To determine: 1-the predictive ability of proteinuria, urinary sediment (uRBCs) and serum creatinine (Cr) at 1 year to predict good long-term outcomes, and 2- the best proteinuria cut-off at 1 year to predict good long-term outcomes.

Methods Retrospective analysis on 1849 patients. Patients with lupus nephritis (LN) (24 hour proteinuria [24H-P]>0.5 g/d) with at least 7 years' follow-up were identified and baseline was defined as the onset of LN. Good renal outcome was defined as Cr <100 mmol/L and renal transplant/dialysis-free at 7 years.

ROC curves examined the predictive power of Cr, 24H-P, and uRBCs at 1 year post-LN diagnosis with respect to good renal outcome. AUC were analysed for: a) 24H-P at year 1, b) absolute change in 24H-P between year 1 and 7, and c) percent change in 24H-P between year 1 and 7. The proteinuria cutoff was identified by optimising sensitivity/specificity.

Results 101 LN patients were analysed with baseline 24H-P of 2.36±2.31 g/d. 24H-P of 0.6 g/d at 1 year after LN diagnosis best predicted good long-term renal outcome, with sensitivity 62%/specificity 70% (Figure 1).

AUC analysis confirmed that 24H-P at 1 year, but not absolute/percent change, is a predictor of good long-term renal outcomes (Figures 1 and 2). uRBCs did not provide any