

their impact on SLICC/ACR damage index (SDI) and disease outcome.

**Results** We detected one or more SDI scores in 77.87% of patients. Patients with disease duration of more than 10 years and subjects diagnosed at age above 40 had significantly higher SDI values. The most frequent damages were valvulopathies, cognitive dysfunction, angina pectoris and venous thrombosis. Higher cumulative glucocorticoid dose increased SDI, while chloroquin treatment was favourable for patients. Male gender, elevated SDI scores and higher cumulative doses of glucocorticoids increased mortality risk. Our data confirmed that disease duration, age at diagnosis, chronic high-dose glucocorticoid therapy have significant effects on the development of chronic organ damage. Higher SDI score is characterised with worse survival ratios. The most common chronic organ damages affected the cardiovascular or neuro-psychiatric system.

**Conclusions** As long-term survival in SLE improves, it becomes increasingly important to identify the determinants of chronic organ damage. Most of the chronic organ damage occurs in the cardiovascular and the neuropsychiatric systems, thus regular follow-up, screening and adequate therapy are essential for the best clinical outcome.

#### PS7:147 CLINICAL EXPERIENCE OF BELIMUMAB TREATMENT IN CLINICAL PRACTICE OF SLE PATIENTS

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**Purpose** To study the clinical safety and adverse events (AEs) of Belimumab treatment in routine clinical practice in SLE patients.

**Methods** Retrospective observational study in which data from patients diagnosed of SLE according to SLICC 2012 criteria treated with intravenous Belimumab therapy (Initial: 3 doses 10 mg/kg IV every 14 days and maintenance dose: 10 mg/kg IV every 28 days) were collected. Analytical data of serological profile, clinical manifestations at the onset of the disease and at present, concomitant immunosuppressant and AEs (grouped in non-infectious, infectious, and infusion/hypersensitivity reactions) from July 2012 to September 2017 were collected.

**Results** A total of 15 patients [13 women (86.6%), median (SD) age 32 (8.34) and age at diagnosis 20.17 (11.5) years] were included. Median follow-up was 20 months (range, 1–61). Serologic Activity and clinical manifestation are shown on table 1.

Discontinuation of Belimumab therapy was observed in 4 patients after a 1, 16, 13, and 61 months of follow-up respectively. One patient discontinued voluntary after 61 months of treatment due to desire for pregnancy. The other three patients discontinued by itchy skin lesions, primary pulmonary hypertension and peripheral venous insufficiency.

21 AEs were reported (19 infectious and 2 non-infectious), and 18 occurred in patients with more than 12 months of follow-up. No infusion-related reactions were observed.

All patients received concomitant immunosuppressant therapy (hydroxychloroquine in 8, mycophenolate mofetil in 6, azathioprine in 4, and methotrexate in 2). 12 patients were receiving simultaneous glucocorticoid treatment. We observed a significant decrease in the mean daily prednisone dose over time (8.0 mg/day at the beginning to 5.3 mg/day at the end of study).

**Conclusions** In conclusion, our data confirm the safety of Belimumab therapy in SLE patients. Overall, 4 (20%) patients discontinued treatment due to AEs and in one additional patient (7%) treatment was stopped due to pregnancy. Reduction of disease activity was observed in 12 (80%) of our patients. Finally, the significant decrease of prednisone dose is associated to and additional reduction in steroid-related AEs and with an increase in patient's quality of life.

Abstract PS7:147 Table 1

	SLE patients N=15
<b>Clinical manifestations at the onset:</b>	
Musculoskeletal	10 (66.6%)
Mucocutaneous	10 (66.6%)
Renal	7 (46.6%)
Cytopenias	5 (33.3%)
<b>Clinical manifestations at the end of follow-up:</b>	
Musculoskeletal	11 (73.3%)
Cytopenias	11 (73.3%)
Mucocutaneous	10 (66.6%)
Renal	3 (20%)
<b>Serological activity (defined as reduction level of C3/C4 and/or high level of anti-ds DNA)</b>	<b>12 (80%)</b>

#### PS7:148 THE RELATIONSHIP BETWEEN HYPOCOMPLEMENTEMIA AND HAEMATOLOGICAL INVOLVEMENT IN ALBANIAN SLE PATIENTS

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**Introduction** Haematological involvement in Systemic Lupus Erythematosus (SLE) is common in patients with SLE. On the other hand, one of the most important variables that helps in disease activity and severity is complement serum level.

**Objectives** The aim of this study was to evaluate the relationship between haematological involvement in Systemic Lupus Erythematosus patients and hypocomplementemia.

**Methods** This is an observational study where 62 patients with SLE haematological involvement were included. All the patients were followed-up at UHC Mother Teresa, Tirana, Albania. All clinical and laboratory data were evaluated, gathered and analysed at our University clinic. It was evaluated especially the level of complement and the complete blood count in order to achieve the data needed for this study.

**Results** It was found that from 62 patients with SLE and haematological involvement, 11 patients were found with only one series affected (anaemia, leucopenia, thrombocytopenia), 10 patients were found with bicytopenia, and 41 were found with pancytopenia. After evaluating the complement levels, hypocomplementemia was found in 2 patients (18.2%) from the first group, in 8 patients (80%) from the second group, and 38 patients (92.6%) from the third group.

**Conclusion** From our study was found that there is a directly proportional relationship between hypocomplementemia and the severity of haematological involvement in SLE patients.

The more severe it is the haematological involvement, the more affected seem to be the complement serum levels.

**PS7:149 COLD COMPRESS FROM CASSAVA AS A NOVEL THERAPY TO PREVENT EXACERBATIONS AND IMPROVE QUALITY OF LIFE OF LUPUS PATIENTS WITH STRESS**

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Cassava is one of Indonesia's natural materials that can be utilised as a basic ingredient of cold compress. New effect of cold compress founded to decrease the stress responses of Lupus patients. Purpose: to know the effects of cold compress from cassava to reduce stress responses, decrease exacerbations, and improve quality of life of patients with Lupus.

**Methods** 126 young adult Lupus patients with similar in sex, ethnicity, education status, and active disease activity (SLEDAI score >3) measured their stress responses and quality of life using Lupus Quality of Life Questionnaire (Lupus-QoL) (pre-test). Stress responses measured include physical responses {blood pressure, respiratory, headache scale, and insomnia using Insomnia Rating Scale (IRS), cognitive responses using Cognitive Symptoms Inventory (CSI), and emotional responses using Depression Anxiety and Stress Scale (DASS)}. Lupus patients with positive stress responses were given therapy of cold compress from cassava (17–24C) in forehead area for 20 min before bedtime for one week. Patients with cold allergies, open wounds in the compressed area, circulatory disorders, and Raynaud's syndrome were excluded. After one week of therapy, the patients (n=114) measured SLEDAI score, stress responses, and quality of life (posttest).

**Results** 62% had elevated blood pressure; 68% had respiratory enhancement; 72% had moderate-to-severe headache; 68% had insomnia; 56% increased CSI score; and 62% had mild-to-severe stress level. Cold compress therapy have significant effects in decreasing stress responses including respiratory, headache, insomnia, cognitive impairment, and stress levels ( $p=0.08$ ,  $p=0.01$ ,  $p=0.00$ ,  $p=0.02$ , and  $p=0.00$  respectively). The SLEDAI score decreased 32% ( $p=0.04$ ) and the Lupus-QoL increased 27% ( $p=0.03$ ). Suspected, local effects of vasoconstriction, decrease capillary permeability, and decrease temperature of prefrontal cortex in the brain by cold compress can decrease vasodilatation when headache occur and induce patients to sleep early. At bedtime, norepinephrine levels will decrease so the cognitive and emotional stress responses can be repaired. No side effects were found.

**Conclusions** This is a preliminary evidence to support hypothesis of development of cold compress from cassava as stress therapy in lupus that can be used to prevent exacerbations and improve the quality of life of Lupus patients.

## Poster session 8: Registries and cohorts

**PS8:150 MYCOBACTERIAL INFECTION IN SYSTEMIC LUPUS ERYTHEMATOSUS: CLINICAL SIGNIFICANCE AND ASSOCIATED FACTORS. DATA FROM THE REGISTRY OF PATIENTS WITH SLE OF THE SPANISH SOCIETY OF RHEUMATOLOGY (RELESSER)**

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The aim of this work is to study the prevalence of mycobacterial infection (M.I.), the associated factors and their clinical significance in patients included in a large SLE cohort.

**Methods** Retrospective descriptive study of RELESSER patients with a history of M.I. and analysis of the factors associated with the infection of this aetiology.

**Results** In RELESSER 3,658 SLE patients were included. 90% women, mean age of 32.9 years. 93% Caucasians. The mean follow-up time ( $\pm$ S.D.) was 120.2 ( $\pm$ 87.6) months. 705 (19.3%) patients had at least a serious infection, 1227 serious infections occurred. M.I. were diagnosed in 42 patients (1.2% of all RELESSER patients, 3.4% of all serious infections), 85.7% women. The incidence rate of mycobacterial infection was 1 per 1000 patients/year (95% CI: 0.7 to 1.4).

M.I. presentation was pulmonary in 18 (42.9%) patients and extrapulmonary in 24 (57.1%) patients: joints in 8 (19.0%) patients, soft tissue in 6 (14.3%) and other sites in 10 (23.8%). The extrapulmonary form was associated with the use of immunosuppressants: 84.6% of the 13 patients treated with immunosuppressive drugs versus 44.4% of the 27 patients without ( $p=0.01$ ). We did not observe this association with the use of corticosteroids.

To study the factors associated with mycobacterial infection, we performed a bivariate analysis including the variables associated with severe infection identified in RELESSER (age, sex, ethnicity, use of corticosteroids, immunosuppressants, antimalarials, previous admission by SLE activity, use of rituximab, use of anti-TNF, Katz severity index, SDI damage index, SLEDAI activity index and Charlson comorbidity index). There is a statistically significant association with previous admission by SLE activity (RR: 2.9, 95–95% CI: 1.3 to 6.2,  $p=0.007$ ), renal impairment (RR: 2.0, 95% CI: 1,1 to 3,7,  $p=0,04$ ), the Katz