

**Abstract LSO-086 Table 1** Sociodemographic, clinical and treatment characteristics among SLE women with at least one pregnancy at cohort inclusion related to obstetric morbidity

| VARIABLES <sup>1</sup>                | OBSTETRIC MORBIDITY |                          | p value <sup>3</sup> | VARIABLES                   | OBSTETRIC MORBIDITY |                  | p value <sup>3</sup> |
|---------------------------------------|---------------------|--------------------------|----------------------|-----------------------------|---------------------|------------------|----------------------|
|                                       | No (n=146)          | Yes <sup>2</sup> (n=183) |                      |                             | SLE background      | No (n=146)       |                      |
| <b>Sociodemographic/comorbidities</b> |                     |                          |                      | <b>SLE background</b>       |                     |                  |                      |
| Age (years)                           | 41 (34-47)          | 39 (31.5-50)             | 0.542                | Disease duration (months)   | 76 (28-153)         | 100 (36.5-162.5) | 0.136                |
| Education (years)                     | 12 (10.2-15)        | 12 (10-15)               | 0.664                | Antiphospholipid syndrome   | 3/30 (10%)          | 24/46 (52.2%)    | 0.001                |
| <b>Ethnicity</b>                      |                     |                          | 0.299                | <b>Laboratory features</b>  |                     |                  |                      |
| Afro-Latin American                   | 14/146 (9.6%)       | 8/183 (4.4%)             |                      | Anti-dsDNA antibodies       | 107/134 (79.9%)     | 139/172 (80.8%)  | 0.885                |
| White                                 | 30/146 (20.5%)      | 42/183 (23.0%)           |                      | Anti-Ro antibodies          | 51/109 (46.8%)      | 57/135 (42.2%)   | 0.518                |
| Amerindian                            | 3/146 (2.1%)        | 4/183 (2.2%)             |                      | Anti-La antibodies          | 20/107 (18.7%)      | 18/132 (13.6%)   | 0.293                |
| Mestizo                               | 99/146 (67.8%)      | 129/183 (70.5%)          |                      | C3 and/or C4, low           | 117/141 (83.0%)     | 147/174 (84.5%)  | 0.760                |
| <b>Socioeconomic level</b>            |                     |                          | 0.184                | Lupus anticoagulant         | 17/92 (18.5%)       | 34/121 (28.1%)   | 0.109                |
| High                                  | 29/143 (20.3%)      | 41/181 (22.7%)           |                      | aCL <sup>4</sup> IgG        | 21/101 (20.8%)      | 34/129 (26.4%)   | 0.353                |
| Medium                                | 42/143 (29.4%)      | 67/181 (37.0%)           |                      | aCL <sup>4</sup> IgM        | 15/101 (14.9%)      | 33/130 (25.4%)   | 0.071                |
| Low                                   | 72/143 (50.3%)      | 73/181 (40.3%)           |                      | Anti-β2GPI <sup>5</sup> IgG | 11/79 (13.9%)       | 15/95 (15.8%)    | 0.832                |
| <b>Medical coverage</b>               |                     |                          | 0.260                | Anti-β2GPI <sup>5</sup> IgM | 10/79 (12.7%)       | 15/95 (15.8%)    | 0.666                |
| Complete/partial                      | 94/141 (66.7%)      | 133/182 (73.1%)          |                      | <b>Treatment</b>            |                     |                  |                      |
| No Coverage                           | 47/141 (33.3%)      | 49/182 (26.9%)           |                      | Corticosteroids             | 143/146 (97.9%)     | 176/181 (97.2%)  | 0.736                |
| Hypertension                          | 47/83 (56.6%)       | 73/110 (66.4%)           | 0.180                | Antimalarials               | 141/146 (96.6%)     | 177/181 (97.8%)  | 0.520                |
| Diabetes mellitus                     | 9/83 (10.8%)        | 6/110 (5.5%)             | 0.184                | Immunosuppressors           | 118/146 (80.8%)     | 152/179 (84.9%)  | 0.373                |
| Dyslipidemia                          | 23/78 (29.5%)       | 31/109 (28.4%)           | 0.872                | Aspirin                     | 30/42 (71.4%)       | 53/65 (81.5%)    | 0.243                |
| Smoking                               | 22/50 (44.0%)       | 34/58 (58.6%)            | 0.176                | Anticoagulation             | 18/42 (42.9%)       | 33/66 (50.0%)    | 0.554                |

<sup>1</sup>Numeric variables: medians (interquartile ranges); categorical variables: frequencies (percentages) were compared using Kruskal-Wallis, Chi-square or Fisher tests as appropriate.

<sup>2</sup>Obstetric morbidity: pregnancy with any maternal-fetal morbidity (miscarriages, fetal deaths, pre-eclampsia, prematurity, neonatal lupus); <sup>3</sup>statistical significance: p < 0.05; <sup>4</sup>anti-cardiolipin antibodies; <sup>5</sup>beta-2 glycoprotein I antibodies.

follow-up) OM (miscarriages, fetal deaths, pre-eclampsia, prematurity, neonatal lupus) were evaluated.

**Results** At inclusion, 329 women have had at least one pregnancy [median (IQR): 2 (1–3)]; table 1. Of them, 293 (89.1%) had ≥1 live birth and 183 (55.6%) developed OM. Pre-eclampsia occurred in 49 (14.9%). Among 71 (21.6%) women with anti-SS-A(Ro)/SS-B(La) antibodies, 3 (4.2%) developed neonatal lupus (without cardiac involvement). Anti-phospholipid syndrome (APS) was associated with a higher risk of pregnancy complications (52.2% vs 10.0%; p < 0.001). Of the 755 pregnancies reported, 551 (73.0%) resulted in live births, of which 79 (14.3%) were premature. The remaining pregnancies ended in 178 (23.6%) miscarriages and 41 (5.4%) fetal deaths. During 2-follow-up years (figure 1), 24 single pregnancies occurred. All occurred under antimalarials; 16 (66.7%) resulted in live births, 4 (25.0%) premature; 12 (50.0%) developed OM. There were seven (29.2%) miscarriages and one fetal loss (4.2%) related to severe pre-eclampsia. One cholestasis gravidarum (4.2%) lead to prematurity. New cases of neonatal lupus were not reported.

**Conclusions** In GLADEL 2.0 cohort, around half of the women studied presented OM, being frequently related to APS. Miscarriages, prematurity, pre-eclampsia, and fetal deaths were the most common fetal-maternal complications. The incidence of neonatal lupus was lower than previously reported (16%).<sup>2</sup>

## REFERENCES

1. A longitudinal multiethnic study of biomarkers in systemic lupus erythematosus: Launching the GLADEL 2.0 Study Group. Gómez-Puerta JA, Pons-Estel GJ, Quintana R, Nieto R, Serrano Morales RM, Harvey GB, Wojdyla D, Scolnik M, Funes Soaje C, Alba Moreyra P, Novatti E, Arizpe F, Berbotto GA, González Lucero L, Porta S, Pérez N, Rodríguez AM, Appenzeller S, de Oliveira E Silva Montadon AC, Monticeli OA, Cavalcanti FS, Machado Ribeiro F, Borba EF, Torres Dos Reis-Neto E, Neira O, Chahuán JM, Mimica M, Aroca Martínez G, Tobón GJ, Vázquez G, Quintana-Lopez G, Moreno Alvarez MJ, Saavedra MÁ, Cristobal MP, Fragoso-Loyo H, Amezcua-Guerra LM, González-Bello YC, Abud-Mendoza C, Esquivel-Valerio JA, Duarte M, Acosta Colman I, Mora-Trujillo C, Reátegui-Sokolova C, Calvo Quiroz AA, Muñoz-Louis R, Cairoli E, Rosas I, Rebella M, Cardiel MH, García de la Torre I, Catoggio LJ, Alarcón GS, Pons-Estel BA. *Lupus*. 2021 Jan 28;961203320988586.
2. Cimaz R, Spence DL, Hornberger L, Silverman ED. Incidence and spectrum of neonatal lupus erythematosus: a prospective study of infants born to mothers with anti-Ro autoantibodies. *J Pediatr* 2003;**142**:678–83.

## Short oral presentation session 16: SLE treatment 2

### LSO-087 SUB-OPTIMAL USE OF ANTI-MALARIAL THERAPY FOR SLE IN THE ASIA PACIFIC REGION; OBSERVATIONS FROM THE ASIA PACIFIC LUPUS COHORT

<sup>1</sup>Rangi Kandane-Rathnayake\*, <sup>1</sup>Alberta Hoi, <sup>2</sup>Louthrenoo Worawit, <sup>3</sup>Yi-Hsing Chen, <sup>4</sup>Jiacai Cho, <sup>4</sup>Aisha Lateef, <sup>5</sup>Laniyati Hamijoyo, <sup>6</sup>Shue Fen Luo, <sup>6</sup>Yeong-Jian Jan Wu, <sup>7</sup>Sandra Navarra, <sup>7</sup>Leonid Zamora, <sup>8</sup>Zhanguo Li, <sup>9</sup>Sargunan Sockalingam, <sup>10</sup>Yasuhiro Katsumata, <sup>10</sup>Masayoshi Harigai, <sup>11,12</sup>Yanjie Hao, <sup>11</sup>Zhuoli Zhang, <sup>13</sup>BMDB Basnayake, <sup>14</sup>Madelynn Chan, <sup>15</sup>Jun Kikuchi, <sup>15</sup>Tsutomu Takeuchi, <sup>12</sup>Shereen Oon, <sup>16</sup>Sang-Cheol Bae, <sup>17,18</sup>Sean O'Neill, <sup>19,20</sup>Fiona Goldblatt, <sup>21</sup>Kristine (Pek Ling) Ng, <sup>22</sup>Annie Hui Nee Law, <sup>23</sup>Nicola Tugnet, <sup>24</sup>Sunil Kumar, <sup>25</sup>Naoaki Ohkubo, <sup>26</sup>Michael Tee, <sup>26</sup>Cherica Tee, <sup>25</sup>Yoshiya Tanaka, <sup>27</sup>Chak Sing Lau, <sup>1</sup>Vera Golder, <sup>12</sup>Mandana Nikpour, <sup>1</sup>Eric Morand. <sup>1</sup>Department of Medicine, School of Clinical Sciences at MH, Monash University, Australia, Australia; <sup>2</sup>Department of Internal Medicine, Chiang Mai University Hospital, Thailand; <sup>3</sup>Department of Allergy, Immunology and Rheumatology, Taichung Veterans General Hospital, Taiwan; <sup>4</sup>Department of Rheumatology, National University Hospital, Singapore; <sup>5</sup>Department of Internal Medicine, Padjadjaran University/Hasan Sadikin General Hospital, Indonesia; <sup>6</sup>Department of Rheumatology, Allergy and Immunology, Chang Gung Memorial Hospital Chang Gung University, Taiwan; <sup>7</sup>Joint and Bone Center, University of Santo Tomas Hospital, Philippines; <sup>8</sup>Department of Rheumatology and Immunology, People's Hospital Peking University Health Science Center, China; <sup>9</sup>Department of Medicine, University of Malaya, Malaysia; <sup>10</sup>Department of Rheumatology, Tokyo Women's Medical University, Japan; <sup>11</sup>Department of Rheumatology and Immunology, Peking University First Hospital, China; <sup>12</sup>Department of Rheumatology, St Vincent's Hospital Melbourne, Australia; <sup>13</sup>Department of Nephrology, Teaching Hospital Kandy, Sri Lanka; <sup>14</sup>Department of Rheumatology, Allergy and Immunology, Tan Tock Seng Hospital, New Zealand; <sup>15</sup>Department of Internal Medicine, Keio University, Japan; <sup>16</sup>Department of Rheumatology, Hanyang University Hospital for Rheumatic Diseases, Republic of Korea; <sup>17</sup>Department of Rheumatology, Liverpool Hospital, Australia; <sup>18</sup>Department of Medicine and Health, University of New South Wales, Australia; <sup>19</sup>Department of Rheumatology, Flinders Medical Centre, Australia; <sup>20</sup>Department of Rheumatology, Royal Adelaide Hospital, Australia; <sup>21</sup>Department of Medicine, North Shore Hospital, New Zealand; <sup>22</sup>Department of Rheumatology and Immunology, Singapore General Hospital, Singapore; <sup>23</sup>Department of Rheumatology, Greenlane Clinical Centre, New Zealand; <sup>24</sup>Department of Rheumatology, Middlemore Hospital, New Zealand; <sup>25</sup>Department of Internal Medicine, University of Occupational and Environmental Health, Japan; <sup>26</sup>Department of Medicine, University of the Philippines Manila, Philippines; <sup>27</sup>Department of Medicine, Queen Mary Hospital, the University of Hong Kong, Hong Kong

10.1136/lupus-2023-KCR.128