378 CLINICAL AND IMMUNOLOGICAL ACTIVITY IN POLISH COHORT OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS TREATED WITH GLUCOCORTICOIDS

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Background and aims Nowadays the lupus treatment strategy is based on background therapy, immunosupressive drugs and glucocorticoids (GC). Using minimal effective dose of GC only in flares is a recomandation for preventing complications which increase mortality. The Aim of the study was to evaluate SLE clinical and immunological activity in lupus patients during the standard clinical care and analyse GC treatment.

Methods We observed Polish cohort of patients with SLE recognised and confirmed by SLICC classification criteria 2012. 127 patients (118 female and 9 male) with average age 43±6 years (range 18–64 years), average disease duration 7.8±5.6 years (range 1.0–15.0 years). All of them were treated with oral and pulse GC and standard immunosuppressive therapies (CTX, MMF, AZT,MTX, CsA). As a background therapy 77% of these patients were on chloroquine or hydroksychloroquine (CQ/HCQ) Table 1. All patients were assesed according to SLEDAI (Gladman *et al*, 2002) and divided into 5 groups: no GC, low dose, medium dose, high dose and puls GC therapy group. Immunological activity was assessed by anti-dsDNA and C3 and C4 complements levels.

Results: Results Tables 2 and 3.

Conclusions In this Polish cohort lupus patients GC doses depended on lupus activity. Minimazing glucocorticoid exposure is an important part of appropriate management of lupus patients. Proper assessment of clinical and immunolgical lupus activity is critically for treatment decisions, especially for long-term GC use.

Abstract 378 Table 1 Baseline characteristic.

Gender	Female 93% (n=118)	Male 7% (n=9)			
SLEDAI score	Very high > 20 35% (44)	High 13-20 16% (20)	Moderate 6-12 36% (46)		Low < 6 13 % (17)
Serology	+dsDNA; ↓C3/C4 41% (n=52)	+dsDNA; N C3/C4 14% (n=18)	-dsDNA; ↓C3/C4 10% (n=13)	- dsDNA; N C3/C4 35% (n=44)	
Treatment	CTX 13% (n=17)	MMF 21% (n=27)	AZT 23% (n=29)	CsA/MTX 16% (n=20)	CQ/HCQ 77% (n=98)
Glucocorticoids	High dose 21% (n=27)	Medium dose 16% (n=20)	Low dose 41%(n=52)	No steroids 22% (n=28)	

+dsDNA – antibodies anti-dsDNA are present; -dsDNA - antibodies anti-dsDNA are not present; ↓C3/C4 – C3 or C4 complement level is below normal range; N C3/C4 – C3 or C4 complement is in normal range; CTX – cyclophosphamide; MMF – mycophenolate mofetil; AZT-azathioprine; CsA-cyclosporin A; MTX-methotrexate; CQ-chloroquine; HCQ-hydroxychloroquine

Abstract 378 Table 2 Clinical lupus activity and glucocorticoids (GC) doses*.

Glucocorticoids doses	Patients	Mean SLEDAI score ± SD	SLE activity by SLEDAI scores	
Group 1 no GC	22 % (n=28)	7 ± 3	SLEDAI <6	21%(n=6)
			SLEDAI 6-12	68%(n=19)
			SLEDAI 13-20	11%(n=3)
			SLEDAI >20	(n=0)
Group 2 <7,5mg.	41 % (n=52)	13 ± 7	SLEDAI <6	17%(n=9)
			SLEDAI 6-12	31%(n=16)
			SLEDAI 13-20	23%(n=12)
			SLEDAI >20	29%(n=15)
Group 3 7,5-10 mg.	16 % (n=20)	19 ± 15	SLEDAI <6	15%(n=3)
			SLEDAI 6-12	25%(n=5)
			SLEDAI 13-20	20%(n=4)
			SLEDAI >20	40%(n=8)
Group 4 >10 mg.	4%(n=5)	30 ± 13	SLEDAI <6	(n=0)
			SLEDAI 6-12	(n=0)
Group 5 puls therapy iv.	17%(n=22) 21%(n=27)		SLEDAI 13-20	15%(n=4)
			SLEDAI >20	85%(n=23)

*GC dose of prednizon

Abstract 378 Table 3 Immunological state and GC doses.

GC dose	Immunological SLE activity			
	+dsDNA; ↓C3/C4	+dsDNA; N C3/C4	-dsDNA; ↓C3/C4	- dsDNA; N C3/C4
Group 1	18% (n=5)	14% (n=4)	18% (n=5)	50% (n=14)
Group 2	29% (n=15)	17% (n=9)	8% (n=4)	46% (n=24)
Group 3	55% (n=11)	15% (n=3)	10% (n=2)	20% (n=4)
Group 4	100% (n=5)	n=0	n=0	n=0
Group 5	64% (n=14)	13% (n=3)	5% (n=1)	18% (n=4)

+dsDNA – antibodies anti-dsDNA are present; -dsDNA - antibodies anti-dsDNA are not present; ↓C3/C4 – C3 or C4 complement level is low; N C3/C4 – C3 or C4 complement is in normal range; Groups 1 – no GC; 2 – low dose of GC; 3 – medium dose of GC; 4 – high dose of GC; 5 –GC puls therapy