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sequelae. Compared with controls of 130 SLE patients without HZ, cases were significantly more likely to have received high-dose prednisone 65/65 *(OR 16.41, p=0.0066)* with mean prednisone 18.5+12 mg/day and cyclophosphamide (Cyc) 19/65 *(OR 7.05, p<0.0001)*. IV Cyc with mycophenolate mofetil (MMF) conferred greatest risk for HZ infection. There was no association of disease activity with HZ risk, whereas hydroxychloroquine was a negative risk factor for HZ infection *(OR 0.26, p=0.0005)*.

Conclusions Immunosuppressive agents and corticosteroids are risk factors associated with development of HZ in SLE. On the other hand, hydroxychloroquine appeared to have a protective role against HZ.

431 A MULTICENTER STUDY OF CLINICAL FEATURES AND REMISSION IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN CHINA

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10.1136/lupus-2017-000215.431

Background and aims To study the clinical characteristics and remission rate in systemic lupus erythematosus (SLE), and to investigate potential factors affecting remission. These data may provide evidence for rational medication of SLE.

Methods Clinical remission was defined as follows: SLEDAI ≤4, with no SLEDAI activity in major organ systems (renal, central nervous system, cardiopulmonary, vasculitis, hemolytic anaemia, fever) and no gastrointestinal activity; Current prednisone (or equivalent) dose ≤7.5 mg daily; Well-tolerated standard maintenance doses of immunosuppressive drugs, hydroxychloroquine, and/or approved biologic agents. A cross-sectional survey was undertaken in 11 hospitals of China from October 2013 to April 2014. Clinical data of 485 consecutive SLE patients were collected.

Results 1. A total of 82 patients (17.5%) achieved clinical remission. Patients who received hydroxychloroquine or immunosuppressant therapy for more than 6 months yielded a higher remission rate of 24.0% (69/288). 2. The factors, including gender, age, marriage, education background, work environment, income and history of autoimmune diseases, had no significant correlations with the remission of SLE. 3. There are 51.3% of the patients with SLEDAI ≤4. And 59.8% patients complained of symptoms, the most often symptoms were alopecia, Raynaud's phenomenon and arthritis. Antinuclear Antibody, anti-dsDNA, and hypocomplementaemia were common seen in SLE patients. 4.Most SLE patients received small doses of glucocorticoid. Hydroxychloroquine is a common choice in the SLE therapeutics in China.

Conclusions The clinical remission among SLE patients is infrequent. Half of the patients are in a stable state. In order to target remission, prevent damage and improve quality of life, treating-to-target-in-SLE should be recommended.

432 PERICARDIAL EFFUSION AND CARDIAC TAMPONADE IN SYSTEMIC LUPUS ERYTHEMATOSUS

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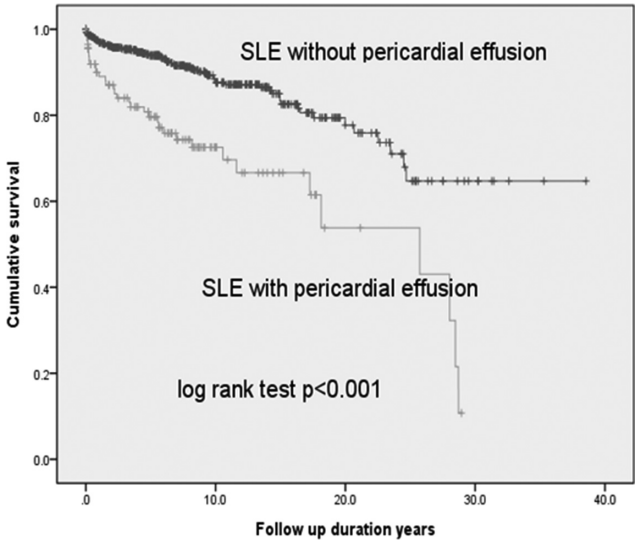
10.1136/lupus-2017-000215.432

Background and aims To investigate the factors associated with systemic lupus erythematosus (SLE)-related pericardial effusion/cardiac tamponade and its long-term outcome in Chinese patients.

Methods Medical records of 690 SLE patients who admitted in Chang Gung Medical Centre from 2005 to 2012 were reviewed.

Results The mean ages at onset and at admission were 36.3 ±16.4 years and 40.8±16.0 years, respectively. Of the 690 patients, 113 (16.4%) had SLE-related pericardial effusion. Cardiac tamponade developed in 9.7% (11 of 113) patients with pericardial effusion or in 1.5% (11 of 690) of SLE patients. Moreover, 4 of the 11 patients represented with cardiac tamponade as initial presentation of SLE. Cox regression analysis indicated that age at admission >50 years (HR 3.38, 95% CI 2.06–5.55, p<0.001), pericarditis (HR 1.70, 95% CI 1.00–2.90, p=0.049), pleuritis (HR 2.30, 95% CI 1.43–3.72, p=0.001), leukopenia (HR 1.90, 95% CI 1.11–3.24, p=0.019), thrombocytopenia (HR 3.28, 95% CI 1.82–5.89, p<0.001), and seizure (HR 1.84, 95% CI 1.12–3.00, p=0.016) were associated with mortality in SLE. The mortality rate was higher in the pericardial effusion group (30.1%; 34/113) than in the non-pericardial effusion group (11.3%;



Abstract 432 Figure 1