

462

ANTIMALARIALS IMPROVE SURVIVAL OF SYSTEMIC LUPUS ERYTHEMATOSUS ON CHOLESTEROL: RESULTS OF A FIFTEEN-YEAR CHINESE MULTICENTER RETROSPECTIVE STUDY IN JIANGSU PROVINCE

¹F Wang*, ¹W Zhang, ¹S Wang, ²W Pan, ³L Liu, ⁴M Wu, ⁵X Ding, ⁶H Wei, ⁷Y Zou, ¹X Feng, ¹L Sun. ¹Affiliated Drum Tower Hospital of Medical School – Nanjing University, Department of Rheumatology and Immunology, Nanjing, China; ²Huaian First People's Hospital, Department of Rheumatology, Huaian, China; ³Xuzhou Central Hospital, Department of Rheumatology, Xuzhou, China; ⁴Third Affiliated Hospital of Soochow University, Department of Rheumatology, Changzhou, China; ⁵Lianyungang First People's Hospital, Department of Rheumatology, Lianyungang, China; ⁶Subei People's Hospital of Jiangsu province, Department of Rheumatology, Yangzhou, China; ⁷Wuxi People's Hospital, Department of Rheumatology, Wuxi, China

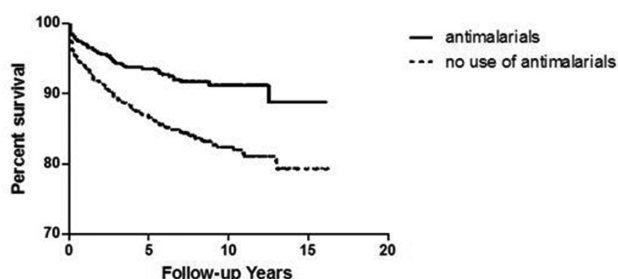
10.1136/lupus-2017-000215.462

Background and aims Nowadays the importance of antimalarials, especially hydroxychloroquine (HCQ) and chloroquine (CQ), in treatment of systemic lupus erythematosus (SLE) has been demonstrated. However, few have examined the efficacy of HCQ and CQ on eastern Chinese SLE patients.

Methods The analysis is based on 1372 patients who were enrolled in a retrospective study of 26 centres from January 1st, 1999 through December 31st, 2009, during which time is their first hospitalisation. Baseline and follow-up clinical, laboratory and therapeutic data and survival status before April 30th, 2015 were recorded. Statistical analysis consist of Chi-square test, *t*-test, Kaplan-Meier curves and logrank test.

Results Compared with 562 patients without HCQ or CQ treatment, the hazard ratio (HR) of deaths in 810 patients taking those was reduced (HR 0.52, 95% CI 0.38–0.70, *p*<0.001). 376 of these 1372 patients experienced their second hospitalisation, during which treating group (165 of 376) showed high blood level of total cholesterol (TG), compared to control group (4.47 (0.13) vs 5.03 (0.21), *p*=0.027), while no statistical difference of TG exists between the two groups' first hospitalisation (*p*>0.05). Other metabolic data, such as systolic and diastolic blood pressure, fasting blood sugar, triglyceride and uric acid were similar between the two groups in two times of hospitalisation. On second inpatient visit, disease activity (SLE disease activity index, blood sedimentation rate, complement) and organ involvements of antimalarials takers and no users showed no significant differences either.

Conclusions Use of HCQ or CQ lower the risk of mortality and TG levels of eastern Chinese SLE patients.



Abstract 462 Figure 1

463

STANDARDISED MORTALITY RATIO, OUTCOME AND PROGNOSTIC FACTORS OF NEUROPSYCHIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS: A REAL WORLD SINGLE CENTRE STUDY

¹X Li*, ²S Liu, ³Y Liu, ⁴L Feng, ¹C Li, ¹Z Li. ¹Peking University People's Hospital, Department of Rheumatology and Immunology, Beijing, China; ²Peking University, Third Hospital, Beijing, China; ³Jilin University Fourth Hospital, Department of Geriatrics, Changchun, China; ⁴No.2 Hospital Xiamen, Department of Rheumatology and Immunology, Xiamen, China

10.1136/lupus-2017-000215.463

Background and aims To investigate the survival rate and prognostic factors of neuropsychiatric systemic lupus erythematosus (NPSLE) in a cohort.

Methods A total of 101 NPSLE inpatients diagnosed in a single centre from 2005 to 2016 were included. Information on survival status, date and causes of death was acquired by follow-up. Data were analysed using Kaplan-Meier curves, log-rank tests and Cox proportional hazards modelling.

Results The overall survival rates of the NPSLE cohort were 89%, 85% and 84% at 1, 3 and 5 years respectively. The standardised mortality ratio (SMR) of NPSLE patients was 11.14. The most common cause of death was NPSLE (7, 47%), including intracranial hypertension syndrome (4, 27%), cerebrovascular disease (2, 13%) and motor neuron disease (1, 7%). The remaining causes included other SLE complications (3, 20%) and infection (2, 13%). Crude analysis showed that the following variables at diagnosis were associated with a shorter survival period: cardiac involvement, renal involvement, diffuse NPSLE, acute confusional state, number of NPSLE manifestations >1, lymphocyte <10⁹/L, elevated C-reactive protein(CRP), abnormal cerebrospinal fluid and high systemic lupus erythematosus disease activity index (SLEDAI). On multivariate analysis, acute confusional state (*p*=0.004), high SLEDAI (*p*=0.020) and elevated CRP (*p*=0.023) were independently prognostic of death.

Conclusions Our study demonstrate an 11.14-fold increased mortality of NPSLE patients compared with general population. NPSLE itself is the most frequent cause of death. Acute confusional state is the most significant predictive factor for poor prognosis.

464

LUPUS LOW DISEASE ACTIVITY STATE: PREVALENCE AND EFFECT ON DAMAGE ACCRUAL IN A MONOCENTRIC COHORT OF 293 SLE PATIENTS

A Doria*, M Zen, F Saccon, M Gatto, M Larosa, L Iaccarino. University of Padova, Department of Medicine DIMED- Division of Rheumatology, Padova, Italy

10.1136/lupus-2017-000215.464

Background and aims To assess the prevalence and validate the effect on damage accrual of the recently defined "Lupus Low Disease Activity State"(LLDAS) in a monocentric cohort of patients with Systemic Lupus Erythematosus (SLE).

Methods We studied 293 Caucasian SLE patients during 7 year follow-up. Disease activity was assessed by SLEDAI-2K and SELENA-SLEDAI physician global assessment (PGA), and damage by SLICC/ACR Damage Index (SDI). Franklyn et al¹