

with HPV. Three Socioeconomic status (SES) groups were established (Graffar).

EditorResults 73 SLE patients and 104 healthy control were included. Table 1: Demographics characteristics.

SLE patients 25/73 (34.3%) had HPV versus 6/104 (5.8%) in the control group ($p=0.00$).

In the SLE-HPV were found statistically significant differences in: low SES, sexual partners ≥ 5 , antiDNA+ and low complement and a trend to low educational level ($p=0.07$).

At check data the average dose of steroids was 10.8 Mg/d (SLE-HPV) vs 2.9 Mg/d in without HPV ($p=0.00$) while 61% (HPV group) vs 29% (without HPV) were receiving immunosuppressors (IS) (Table 2)

Non-differences were found related to duration of SLE, smoking, beginning of sexual intercourse, condom use and anal or oral intercourse.

Conclusions The frequency of HPV was high in women with SLE. We remark oligo/asymptomatic HPV and its association with low SES, serological activity and treatment.

As we detected a high frequency of sole anal lesions we highlight the anoscopy regardless of symptoms.

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ASSOCIATION OF SMOKING WITH VASCULAR DAMAGES IN SYSTEMIC LUPUS ERYTHEMATOUS FROM KOREAN LUPUS NETWORK (KORNET) REGISTRY

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Background and aims To investigate association between smoking and vascular damages in patients with systemic lupus erythematosus (SLE).

Methods A total of 500 SLE patients were enrolled in KOREan lupus Network (KORNET) registry from January 2014 to January 2016. Disease activity and organ damage were measured by Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) score and Systemic Lupus International Collaborating Clinics (SLICC) damage index. Association analyses using multivariate logistic regression analysis of covariance models with smoking status (three groups: current smoker, ex-smoker, never smoker) as outcome variable were conducted. We were divided into two groups depending on SLICC items (vascular vs. nonvascular involved items) according to the presence or absence of vascular damage including cardiovascular and peripheral vascular systems. Laboratory data was obtained including autoantibodies (antiphospholipid antibodies, anti-double-stranded DNA, etc.), complements, C-reactive protein.

Results There are significant differences in vascular component score of SLICC score among current, ex-, and never smokers (0.17 ± 0.38 , 0.03 ± 0.17 , and 0.03 ± 0.20 , $p=0.003$). whereas overall SLICC scores were similar among three groups ($p=0.284$). Current smoker showed higher vascular component score of SLICC score than never smoker ($p=0.014$) and than ex-smokers ($p=0.039$). Patients who has history of smoking exposure (current and ex-smoker) showed significantly higher positivity of antiphospholipid antibody (OR 2.58, 95% CI 1.31–5.08, $p=0.006$).

Conclusions This study revealed that smoking was associated with vascular component scores in SLICC damage index. It

suggests that that smoking status may implicate the development of vascular events in SLE.

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PREVALENCE AND RISK FACTORS ASSOCIATED WITH NEUTROPENIA IN KOREAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOUS

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Background and aims This study was performed to identify the prevalence and risk factors that are associated with neutropenia in Korean patients with systemic lupus erythematosus (SLE).

Methods A total 160 admissions of 85 SLE patients between 2006 and 2013 were retrospectively reviewed. Neutropenia was defined as absolute neutrophil count (ANC) below 1500/mm³. Baseline characteristics of the patients were compared between patients who experienced neutropenia and those without. Clinical and serological factors related to neutropenia episode during admission were analysed.

Results Thirty two (37.6%) patients experienced neutropenia, and neutropenia episode was found in 35 (21.9%) of admissions. Most of the neutropenia episodes were mild to moderate. Severe neutropenia of ANC < 500/mm³ occurred in 3.1% of the cases. Patients with neutropenia had higher frequencies of ANA (100.0 vs 86.8%, $p=0.042$) and anti-dsDNA (87.5 vs 60.4%, $p=0.008$), and satisfied more SLE classification criteria at the time of the diagnosis than those without (4.8 vs 4.1, $p=0.014$). Clinical characteristics at admission such as comorbidities, concomitant medications, and SLEDAI were not different between admissions with and without neutropenia. Anaemia, leukopenia, thrombocytopenia and low complement levels were frequently associated with neutropenia. Co-existence of chronic kidney disease (OR, 16.91; 95% confidence interval (CI), 2.09–136.6; $p=0.008$) and Sjögren's syndrome (OR, 6.48; 95% CI, 1.46–28.66; $p=0.014$) was associated with increased risk of developing neutropenia.

Conclusions This study demonstrates that most of neutropenia in SLE patients occur as part of hematologic and immunologic abnormalities. SLE patients with renal damage and Sjogren's syndrome should be closely monitored for development of neutropenia.

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RISK OF PULMONARY EMBOLISM IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims To study the risk factors of pulmonary embolism (PE) in SLE patients.

Methods 1739 SLE patients admitted to Renji Hospital between 2005 and 2014 (0.9% prevalence) were enrolled. The clinical data (SLEDAI) and lab data (anti-dsDNA antibody, D-Dimer, antiphospholipid antibody) were analysed.

Results Nine cases were found to be accompanied with pulmonary hypertension, and nine cases were with antiphospholipid syndromes simultaneously. Almost every patient had symptoms of chest pain or shortness of breath, and disease activities assessed by SLEDAI were at moderate-high level when the PE occurred. Accordingly, increased anti-dsDNA antibody was found in ten cases, and heavy urinary protein was found in six cases (>1g/24 hour). High levels of D-Dimer were encountered only in five cases, and were negative in up to 25% of cases. Successful recovery was noted in all patients treated with steroid and anticoagulant. One patient died at one-year follow-up. Of those with PE (n=16), the ratio of positive aPL, elevated D-Di, and concurrent PAH were higher than those without PE (p=0.000; p=0.012; p=0.000, respectively). **Conclusions** Unexplained chest pain and shortness of breath are two major symptoms indicating PE in SLE patients. Patients whose aPL, D-Dimer were elevated, or concurrent have pulmonary hypertension, are at high risk for thrombosis and subsequent pulmonary embolism.

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DISEASE BURDEN AND HEALTHCARE RESOURCE UTILISATION AMONG CUTANEOUS LUPUS ERYTHEMATOSUS PATIENTS WITH DEPRESSION AND/OR ANXIETY; QUANTIFYING THE UNMET NEED

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Background and aims Activity, with erythema and scale of skin, and damage accrual over time, including extensive scarring, dyspigmentation, and alopecia, is often devastating for CLE patients. Recent studies indicate that DLE patients are at increased risk of developing depression, which has been correlated with worsening disease activity, with an estimated over

Abstract 155 Table 1 Patient demographic characteristics

	Commercially Insured N=20,794	Medicare Insured N=3,426
Mean age	46.7	72.0
Female	84.4%	81.1%
Average follow-up time	2.5 years	2.7 years

35% of patients not receiving any care for their mental condition. Study objectives were to better understand unmet need among patients diagnosed with CLE, and to quantify the psychological and mental health implication of patients diagnosed with CLE.

Methods Administrative health insurance claims data from 1/2010-9/2015 were analysed to identify CLE patients, defined as having at least two claims with associated ICD-9-CM as 695.4 that dated 30+ days apart in a one-year period. Patients were followed from the first CLE claim for a minimum of 1 year until disenrollment. Prevalence of depression and anxiety and use of antidepressants and anxiolytics were assessed.

Results 20 794 commercially-insured and 3426 Medicare beneficiaries with CLE were identified (Table 1). Of the commercially-insured, 32.0% were diagnosed with either depression (21.7%) or anxiety (21.3%), and 40.1% filled prescriptions for antidepressants (32.2%) or anxiolytics (24.6%). Findings for Medicare CLE patients were similar (Table 2).

Conclusions The clinical burden, along with the psychosocial implications of CLE, pose a large burden on the healthcare system and individual patients. Given the lack of efficacious treatments for active CLE and the high impact of this disease as observed in this current analysis, there is currently a large unmet need for new targeted therapies.

Abstract 155 Table 2 Depression and anxiety:prevalence and medication use

	Commercially-insured (N=20,794)		Medicare beneficiaries (N=3,426)	
Diagnosed with depression or anxiety*, N (%)	6,644	(32.0%)	987	(28.8%)
Depression, N (%)	4,507	(21.7%)	656	(19.1%)
Anxiety, N (%)	4,425	(21.3%)	622	(18.2%)
Use of antidepressants, N (%)	6,700	(32.2%)	984	(28.7%)
Days of supply per year, Mean (SD)	177	(122)	184	(125)
Use of anxiolytics, N (%)	5,118	(24.6%)	840	(24.5%)
Days of supply per year, Mean (SD)	103	(115)	112	(115)