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 higer 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.

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

[1,2]V Werth, [3]A Eldar-Lissai*, [3]W Ning. *[1]Corporal Michael J. Crescenz Veterans Affairs Medical Centre, Dermatology, Philadelphia, USA; [2]University of Pennsylvania, School of Medicine, Philadelphia, USA; [3]Biogen, Global Market Access, Cambridge, USA*

10.1136/lupus-2017-000215.155

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 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 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

Abstract 155 Table 2 Depression and anxiety:prevalence and medicatin 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)