Abstract 176 Table 2 Cumulative comorbidities by year in caucasians compared to all other ethnicities

	Follow up years since SLE diagnosis							
Comorbidity	1	2	3	4	5	6	7	8
AVE Caucasian (%)	0.59	0.88	2.06	2.95	3.54	4.13	4.42	5.60
AVE Other (%)	0.53	0.53	0.79	0.79	1.59	1.59	1.59	1.59
Osteoporosis Caucasians (%)	0.00	0.59	1.18	1.77	2.06	3.25	3.55	4.14
Osteoporosis Others (%)	0.79	0.79	0.79	1.06	1.06	1.06	1.32	1.32
Osteonecrosis Caucasians (%)	0.59	1.18	1.18	1.47	1.47	2.07	2.07	2.66
Osteonecrosis Others (%)	0.26	1.59	2.91	3.44	4.23	4.76	5.29	5.82
Diabetes Caucasian (%)	1.77	2.65	2.65	2.95	2.95	2.96	2.96	3.25
Diabetes Other (%)	1.85	2.12	2.12	2.38	2.38	2.91	3.17	3.70

Results Of the 717 patients followed for at least 8 years, 90.2% were female, 47.3% were Caucasian, 13.8% were Black, 19.4% were Asian, 16.3% Hispanic and 3.2% other. Their mean age at enrolment was 34.2±13.1 years and SLEDAI-2K at enrolment was 4.17±4.49. The duration from diagnosis to enrolment was 5.9±4.4 months.

Mean SDI gradually increases over 8 years. The accumulation of AVEs, osteoporosis, osteonecrosis and diabetes all increase progressively over an 8 year period. Caucasians accumulate AVEs and osteoporosis more frequently than all "other" ethnicities. In contrast, all "other" ethnicities accumulate osteonecrosis more frequently than Caucasians. All ethnicities accumulate diabetes at the same frequency.

Conclusions As expected disease damage and comorbidities in newly diagnosed patients increase over their first 8 years. Different ethnicities accumulate comorbidities at different rates.

177 ASSOCIATION BETWEEN CHRONIC ANTIMALARIAL THERAPY AND ELEVATED MYOCARDIAL BIOMARKERS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND NO PRIOR HEART DISEASE: A PRELIMINARY REPORT

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Background and aims Antimalarial (AM)-induced cardiomyopathy is an extremely rare complication of AM treatment in systemic lupus erythematosus (SLE). The use of specific cardiac biomarkers may identify patients at risk. We sought to investigate the prevalence and associated factors for abnormal myocardial biomarkers in lupus patients.

Methods Consecutive patients (n=179) attending the Toronto Lupus Clinic were enrolled. BNP (brain natriuretic peptide, assessing pressure and/or volume overload) and cTnI (cardiac troponin I, assessing myocardial necrosis) were measured simultaneously. None had ECG abnormalities suggestive of acute coronary syndrome. Analysis was performed with SAS 9.3; $p<0.05$ was considered significant.

Results Twenty-seven patients (15.1%) had elevated BNP and/or cTnI; 11 with prior history of heart failure, coronary artery disease, pulmonary hypertension and/or exertional dyspnea were excluded. Compared to subjects with normal biomarkers, the remaining patients (n=16) were older [54.7 ±15.1 vs. 47.8±12.2 years, p=0.037], had longer disease duration [22.6±10.4 vs. 15.5±10.1 years, p<0.001], longer AM use [12.5±9.6 vs. 7.9±8 years, p=0.034] and more frequently persistent CPK elevation [44.4 vs. 16.4%, p<0.001]. Multi-variable regression analysis showed chronic AM treatment combined with CPK elevation to be an important predictor for elevated myocardial biomarkers [HR=1.41, 95% CI=1.06–1.89, p=0.02]. Two patients were diagnosed with AM-induced cardiomyopathy on endomyocardial biopsy; both had CPK and BNP/cTnI elevation.

Conclusions Approximately 9% of unselected SLE patients had elevated myocardial biomarkers, in the absence of prior cardiac disease. Chronic AM therapy accompanied by persistent CPK elevation conferred an increased risk for abnormal BNP and cTnI, which might predict cardiomyopathy in such patients.

178 ASSESSMENT OF THE RISK OF FLARES IN SYSTEMIC LUPUS ERITHEMATOSUS

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Background and aims A prospective analytic study was conducted during February 2015–February 2016, which included adult patients with SLE, according to SLICC, 2012 classification criteria. The subjects were prospectively fallowed–up every month 3, 5, 9, 12 visit and disease activity by SLEDAI and SLAM, SELENA/SLEDAI flare index and laboratory tests were assessed. The risk of flare was calculated by Pearson correlation coefficient and risk ratio (RR) with 95% CI.

Results In the study were included 102 SLE patients, 94,1% females, mean age±SD42.4±13.3 (range 20–73) years, mean disease duration±SD93.9±77.1 (range 0,1–228) months.