

The following table shows the characteristics of each patient.

**Conclusion** HS is a rare life-threatening manifestation (<0.5%). It must be suspected in patients with persistent fever who do not respond to antibiotics, cytopenias and evidence of multiorgan involvement.

**PS8:152 TRENDS AND OUTCOMES OF VENOUS THROMBOEMBOLISM IN HOSPITALISED PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: RESULTS FROM NATIONWIDE INPATIENT SAMPLE DATABASE 2003–2011**

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**Background/purpose** Venous thromboembolism (VTE) is a major cause of morbidity and mortality in hospitalised patients particularly patients with autoimmune disorders. Nationwide Inpatient Sample (NIS) database was analysed to determine trends in rate of hospitalisation and mortality from VTE in hospitalised systemic lupus erythematosus (SLE) patients to assess its impact.

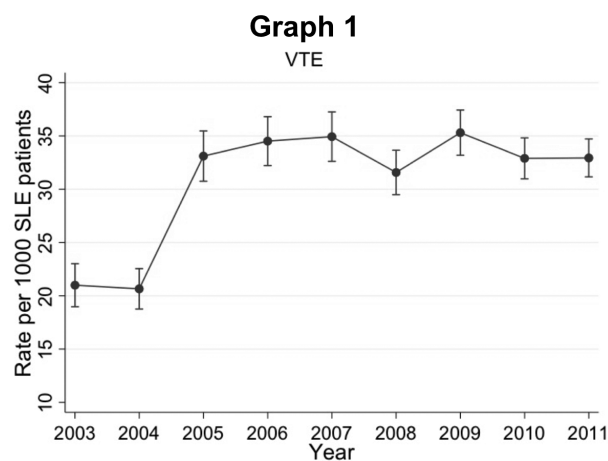
**Methods** 2003–2011 NIS database of Healthcare Cost and Utilisation Project was queried to identify all adults (age >18 years) hospitalised with SLE and VTE. Demographic characteristics and in-hospital outcomes of this population were compared to SLE patients without a VTE diagnosis. Multivariate logistic regression analysis was used to obtain adjusted odds ratio (OR).

**Results** The total number of hospitalised patients with SLE was 2 99 595 of which 9175 (3.06%) had VTE. Mean age of the study population was 50 years and 89% were females. Mean age of SLE patients with VTE was lower than those without VTE (48 vs 51 years). Rate of VTE was higher in African Americans as compared to Caucasians (3.8% vs 2.8%) and in males when compared to females (4.3% vs 2.9%).

After adjusting for potential confounders, compared to those without VTE, SLE patients with VTE had higher inpatient mortality (5% vs 2.0%, OR 2.35 (CI: 2.10 to 2.62,  $p<0.001$ ), greater disability at discharge (34% vs 26%, OR 1.53 (CI: 1.46 to 1.62),

$p<0.001$ ), longer length of stay by 3.57 days and higher cost of hospitalisation by \$24 500 (table 1).

The rate of VTE among SLE patients have increased since 2005 as shown in Graph 1.



**Abstract PS8:152 Figure 1**

**Conclusion** VTE in hospitalised patients with SLE is associated with significantly higher inpatient mortality, greater disability at discharge, increased length of stay and higher cost of hospitalisation. The rate of VTE in SLE patients is on rise likely due to awareness and higher reporting. In this database patients with SLE and VTE were younger. Male sex and African-American race may be associated with an increased risk of VTE in patients with SLE. This cross-sectional study would help in the development and implementation of appropriate prophylactic strategies in high risk SLE population.

**PS8:153 SUBTYPES AND LOCATION OF MYOCARDIAL INFARCTIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS**

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**Introduction** Patients with systemic lupus erythematosus (SLE) are affected by morbidity and premature mortality from

**Abstract PS8:152 Table 1 Outcomes**

Variable	All Patients	VTE	No VTE	OR	p-Value
Inpatient Mortality	6132 (2%)	429 (5%)	5703 (2%)	2.35 (CI 2.10 – 2.62)	<0.001
Moderate to severe disability at discharge	77904 (26%)	3117 (34%)	74787 (26%)	1.53 (CI 1.46 – 1.62)	<0.001
Variable	All Patients	VTE	No VTE	Co-efficient	p-Value
LOS Median (IQR), Days	4	6	4	3.57 (CI 3.32 – 3.83)	<0.001
Total Charges (\$10,000) Median (IQR)	23100	36100	22800	2.54 (CI 2.30 – 2.79)	<0.001
Data are presented as Number of patients (%) or Median ( $\pm$ IQR).					
Abbreviations: OR = Odds Ratio (95% Confidence Intervals (CI)); LOS = Length of stay; VTE = Venous Thromboembolism; IQR = Interquartile range					