

Abstract PS3:47 Table 2 Comparison of results between NIS and NHDS databases

Characteristics and outcomes in SLE with PE	NIS	NHDS
Mean age	49 years	47.9 years
Overall number of Females	86 %	90.4 %
Risk of developing PE with SLE	1.84*	2.0*
Prevalence in African-Americans vs Caucasians	1.5 % vs 1.2 %	1.9 % vs 1.7 %
Length of stay (Days)	6	6.7
Increase in Inpatient mortality	3 times *	1.21 times *
Prevalence in Males vs Females	1.7 % vs 1.2 %	1.3 % vs 1.7 %
* = p-value <0.0001		
<b>Abbreviations: Nationwide Inpatient Sample database (NIS); National Hospital Discharge Survey (NHDS); Systemic lupus erythematosus (SLE); Pulmonary Embolism (PE)</b>		

**Background** Systemic Lupus Erythematosus (SLE) may increase this risk of acute pulmonary embolism (PE) and its complications in hospitalised patients. Herein, Nationwide Inpatient Sample (NIS) database from 2003–2011 was analysed to assess the relationship of PE and SLE in hospitalised patients.

**Methods** NIS database (2003–2011) was queried to identify all adults (age >18 years) with SLE and PE using appropriate ICD-9 codes. Demographic characteristics and in-hospital outcomes were compared between SLE patients with and without a PE. Multivariate logistic regression analysis was used to obtain adjusted odds ratio (OR).

**Results** Of 2 99 595 hospitalizations of patients with SLE from 2003–2011, 3839 (1.28%) had PE, 1.83 times of the background prevalence with OR 1.85 ( $p<0.0001$ ). Overall, 89% were females with mean age of 51 years, while those with PE were younger, mean age of 49 years. Rate of PE was higher in African-Americans vs Caucasians (1.5% vs 1.2%) and in males vs females (1.7% vs 1.2%). After adjusting for potential confounders, compared to those without PE, SLE patients with PE had significantly higher inpatient mortality [6% vs 2.0%, OR 2.99 ( $p<0.001$ )], greater disability at discharge [31% vs 26%, OR 1.26 ( $p<0.001$ )], longer length of stay (LOS) by 2.91 days and higher cost of hospitalisation by \$19400 [table 1].

In comparison to 10-year-analysis of National Hospital Discharge Survey (NHDS) database, the results show similar overall increase in risk of developing PE with SLE, mean age, sex ratio, length of stay, higher risk in African-Americans and increased mortality except, in NIS database, PE was more common in males not females (table 2).

**Conclusion** SLE significantly increases the risk of developing PE in hospitalised patients. Furthermore, PE with SLE is associated with significantly higher mortality and cost of hospitalisation, increased LOS and greater disability at discharge. These results also suggest that African-Americans may have a higher risk of PE but role of sex needs further evaluation. These results suggest thromboembolism prophylaxis should be considered in hospitalised SLE patients but more studies are needed to further elucidate the relationship and risk of PE in SLE, especially in hospitalised patients.

#### PS3:48 THE INCIDENCE OF CARDIOVASCULAR EVENTS IN ITALIAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IS LOWER THAN IN NORTH EUROPEAN AND AMERICAN COHORTS: IMPLICATION OF DISEASE-ASSOCIATED AND TRADITIONAL RIS

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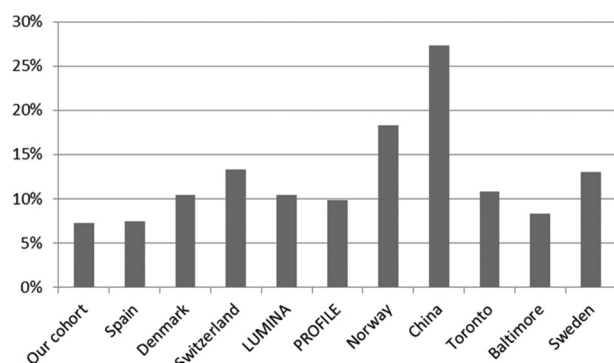
**Background** Previous study from our group have pointed out a lower number of cardiovascular (CV) events in Italian patients with Systemic Lupus Erythematosus (SLE) than in North European and American ones. This study aims to assess the incidence of the first CV event in a large, multicenter, Italian cohort of patients with SLE and search for differences in disease and traditional risk factors among distinct cohorts.

**Methods** Clinical charts of SLE patients consecutively admitted to five Italian rheumatologic centres from November 1 st 2000 and December 31 st 2015 were retrospectively studied. Patients selected were free of CV events at baseline. CV incidence rate was expressed as the number of events in the cohort divided by the total number of years at risk. CV cumulative incidence were evaluated as the proportion of patients who experienced a new CV event over the follow up period. Our incidence was compared with that detected in the Italian general population and those reported in SLE cohorts from other countries.

**Results** The median duration of follow-up was 6 years (IQR=3–11). During the observational period, 37(cumulative incidence=7.2%) patients had a first episode of CV event with an incidence rate of 10.1/1000 person-years i.e 12 times higher than in the general population. The CV incidence rate and cumulative incidence detected in our Italian cohort was lower than those from North European and American cohorts. The Italian cohort differed from other SLE cohorts in some

traditional risk factors (smoke, hypertension, dyslipidemia) and treatment with aspirin and hydroxychloroquine.

**Conclusion** Our results confirmed that Italian lupus patients suffer a high incidence of CV disease compared with general population. However, this incidence was lower than that detected in North European and American lupus cohorts



Abstract PS3:48 Figure 1

#### PS3:49 EVALUATION OF CAPILLAROSCOPIC PATTERN IN SLE PATIENTS WITH AND WITHOUT RAYNAUD SYMPTOM

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**Background** Capillaroscopy is a noninvasive method for evaluating nailfold abnormalities and differentiating between primary and secondary Raynaud syndrome (RP). It is widely investigated in systemic sclerosis (SSc) but not in systemic lupus erythematosus (SLE). SSc pattern is described with decreased capillary density, haemorrhage, neoangiogenesis and avascularity.

**Objective** Evaluate capillaroscopic pattern and clinical features in SLE patients; examine the influence of RP on capillaroscopic pattern and capillary density.

**Methods** 318 systemic autoimmune patients and 25 healthy controls were collected, 73 fulfilled SLE classification criteria. All patients underwent detailed nailfold capillaroscopic investigation. Density, intercapillary distance was recorded as well as the progression and diagnostic parameters described by Cutolo in semiquantitative manner. Presence of RP was investigated by a detailed questionnaire. Patients with and without RP were compared. 89 patients fulfilled SSc classification criteria, the median capillary density was 6.66 (5.2; 7.94) in this group, the median microangiopathy evaluation score (MES) was 1.97 (1.19; 3.13) in SSc subgroup.

**Results** 23 patients had pure 'idiopathic' SLE, 36 fulfilled SLE plus another classification criteria, 11 SLE plus two other, 2 SLE plus three other and 1 SLE plus four other. Median capillary density was 8.23 (7.4; 8.94), the median MES was 1.00 (0.56; 1.47); the median giant capillary number was 0.00 (0.00; 0.75) in the entire SLE group. 6.9% of all SLE patients had SSc early pattern, 1.4% SSc active pattern, 20.6% had SSc late pattern and 71.2% had no SSc pattern. Among patients having SSc pattern all except two had RP. Comparison of capillaroscopy of SLE patients with and without RP showed that patients in the former group had

significantly lower capillary density (7.97 [7.19; 8.72] vs. 8.92 (8.19; 9.34),  $p < 0.05$ ). Dilatation point and giant capillary point was significantly higher in the RP-SLE subgroup (0.36 [0.13; 0.69] vs 0.13 [0.06; 0.28]  $p < 0.05$ , 0.06 [0.00; 0.28 vs. 0.00 [0.00; 0.00]  $p < 0.001$ ).

**Conclusion** SSc capillary pattern is present in SLE as well, most of these particular patients had Raynaud's phenomenon. Patients having both SLE and RP have lower capillary density and worse capillary structure. SLE patients capillary density is higher than the density found in SSc controls.

#### PS3:50 INCIDENCE, DISEASE SEVERITY AND OUTCOME OF LUPUS NEPHRITIS. RESULTS FROM AN INCEPTION COHORT OF HISPANIC SLE PATIENTS

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**Background** Lupus nephritis among Hispanic SLE patients have been identified with poor outcomes when it is compared to other populations; so, we aimed to identify lupus nephritis characteristics and its outcomes in an inception cohort of Hispanic SLE patients.

**Patients and methods** two-hundred twenty-three patients with SLE of recent-onset were studied. At baseline, standardised medical history and laboratory tests were done; follow-up visits occurred quarterly, and information about renal disorder, disease activity, damage accrual and comorbidities was updated annually. Main outcome was the development of renal disorder since SLE diagnosis, incidence of LN and ESRD over time, and mortality associated with renal disease.

**Results** At entry into the cohort, age of SLE patients [mean (SD)] was 27.3 (9.1) years and 90% were female. One-hundred thirty-one (59%) patients developed lupus nephritis during 9.95 years of follow-up; incidence-rate 59/1000 py, most events (78%) were developed within the first year of diagnosis. Patients with lupus nephritis had lower baseline BMI, less frequency of arthritis, and higher hypertension. There were no differences on age at lupus diagnosis, gender and baseline comorbidities between lupus patients with and without renal involvement. Among patients with renal biopsy, 80% had ISN/RPS Class IV and V alone or in combination. Twenty-eight (21%) developed ESRD, five of them (18%) have been received renal transplantation. Severe renal disease was strongly associated with poor outcomes in this cohort.

**Conclusion** LN in Hispanic SLE patients represents an early and severe manifestation with higher incidence. It imposes poorer prognosis during first years of disease duration.

#### PS3:51 MULTIMORBIDITY BURDEN IN SLE: PRELIMINARY DATA FROM THE COMMUNITY-BASED LUPUS REGISTRY OF CRETE

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