

sites and relation to clinical characteristics, laboratory features and disease activity.

Patients and methods Medical records of 250 Egyptian SLE patients attending the Rheumatology department, Cairo University hospitals were reviewed retrospectively for the clinical and laboratory features, SLE disease activity index (SLEDAI) and treatment received.

Results Infection was found in 119 (47.6%) patients, with bacterial infection being the commonest in 99 (83%) followed by fungal infection in 30 (25%) and viral infection in 22 (18.5%). The commonest site of infection was the skin (37%) followed by the urinary tract (31%) and chest (19%). In SLE patients with infection there was a significant increase in the frequency of malar rash ($p=0.001$), photosensitivity ($p=0.01$), oral ulcers ($p<0.001$), alopecia ($p=0.017$) and Raynauds ($p=0.017$) compared to those without infection. Pulmonary and neuropsychiatric manifestations were also significantly increased in those with infection ($p=0.001$ and $p<0.001$). A significantly higher number of patients with infection were receiving pulse steroids ($p=0.016$), cyclophosphamide ($p=0.011$) and a higher oral prednisolone dose ($p=0.03$). The SLEDAI was significantly higher (26.02 ± 8.23) in those with infection compared to those without (15.57 ± 6.43) ($p<0.001$). C-reactive protein (CRP) was significantly higher in those with infection ($p<0.001$). On performing a logistic regression analysis, only SLEDAI ($p<0.001$) and CRP ($p<0.001$) were significant predictors of infection.

Conclusion Disease activity and CRP are important predictors for infection in SLE patients.

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THE ASSOCIATION BETWEEN SELF-REPORTED PHYSICAL ACTIVITY ON DISEASE STATUS PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM KOREAN LUPUS NETWORK (KORNET) REGISTRY

S Kim, J Choe, S Park, H Lee. *Catholic University of Daegu School of Medicine, Daegu, South Korea*

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Objective The aim of this study was to identify the influence of physical activity on disease activity and damage in systemic lupus erythematosus (SLE).

Methods A total of 464 patients with Sjögren's syndrome were consecutively enrolled from KOREAN lupus Network (KORNET) registry. This registry assessed clinical features, disease activity (Systemic Lupus Erythematosus Disease Activity Index 2000 [SLEDAI-2K]), and disease damage (Systemic Lupus International Collaborating Clinics/American College of Rheumatology [SLICC/ACR] damage index) at the enrollment of study. Self-reported physical activity was measured by international physical activity questionnaire (IPAQ). Statistical analyses were used by Spearman's correlation and Mann-Whitney U test.

Results The median total physical activity (MET-minute/day) was 1173.0 (IQR 396.0–2772.0). There is significant difference of vigour activity between patients with lupus nephritis ($n=110$) and without lupus nephritis ($n=354$) ($p=0.048$), but not total, moderate, and walking activities. Among total patients, total IPAQ score was marginally associated with SLEDAI and SLICC/ACR scores ($r=-0.142$, $p=0.008$ and $r=-0.104$, $p=0.026$). Higher SLICC/ACR scores was associated with lower walking activity and total activity of IPAQ in

patients with lupus nephritis, ($r=-0.256$, $p=0.007$ and $r=-0.193$, $p=0.044$, respectively).

Conclusion This study showed that self-reported physical activity might be in part associated with disease activity and damage in patients with SLE.

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IMPACT OF LUPUS NEPHRITIS ON MORTALITY IN SYSTEMIC LUPUS ERYTHEMATOSUS. A POPULATION BASED COHORT FROM NORWAY

¹SER Moe, ¹Ø Molberg, ²EH Strøm, ¹K Lerang. ¹Department of Rheumatology, Oslo University Hospital, Rikshospitalet, Oslo, Norway; ²Department of Pathology, Oslo University Hospital, Rikshospitalet, Oslo, Norway

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Objective Recent data has shown that patients with lupus nephritis (LN) have increased mortality. However, no studies have been population based, and few compare mortality data in Systemic Lupus Erythematosus (SLE) patients with and without LN. The aim of our study was to investigate mortality in patients who does or does not develop LN in a population based cohort.

Methods Multiple sources were used to identify all SLE patients in Oslo during 1999–2009 who met 4 or more of the American College of Rheumatology (ACR) criteria. Follow up time was until 1 st January 2014. Presence of LN was defined by the ACR criteria. Standardised mortality ratio (SMR) was compared to observed deaths in a matched control population.

Results Of the 325 SLE patients included in this study, 98 (30%) developed LN. 75 patients (77%) had biopsy proven LN. A total of 56 deaths occurred during the study period, corresponding to an overall SMR for all SLE patients of 2,1 (95% confidence interval (CI) 1,2 to 3,4). The SMR estimate for LN patients were 3,8 (95% CI: 2,1 to 6,2) and 1,7 (95% CI: 0,9 to 2,7) for non LN patients.

Conclusion LN is associated with increased mortality, however SLE patients who do not develop LN have a good overall prognosis with no significant higher mortality than the general population.

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LIPID PROFILE CHARACTERISATION IN PATIENTS WITH JUVENILE SLE WITH AND WITHOUT LUPUS NEPHRITIS – EXPERIENCE OF A PORTUGUESE CENTRE

^{1,2}A Águeda, ³M Guerra, ⁴I Jorge, ^{2,5}R Ferreira, ^{2,6}M Rodrigues, ^{2,6}I Brito. ¹Rheumatology, Centro Hospitalar do Baixo Vouga E.P.E., Aveiro, Portugal; ²Faculty of Medicine of Porto University, Porto, Portugal; ³Rheumatology, Centro Hospitalar Vila Nova de Gaia/Espinho, Porto, Portugal; ⁴Physical Medicine and Rehabilitation, Centro Hospitalar do Porto, Portugal; ⁵Rheumatology, Centro Hospitalar de São João, Porto, Portugal; ⁶Pediatric Rheumatology Unit, Porto, Portugal

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Introduction SLE is a multisystem chronic inflammatory disease and has been associated with premature atherosclerosis and so, controlling classic cardiovascular (CV) risk factors is crucial. Dyslipidaemia is an important CV risk factor and has been found to be altered in SLE patients.

Purpose Compare lipid profiles of two groups of Juvenile SLE patients, without Lupus Nephritis (group 1) and with Lupus Nephritis (group 2). Verify factors that might correlate with abnormalities in lipid profile.