and the process of acceptance, and then all that is required in daily life'). The core themes that emerged from the LVC and comments emcompassed: disease knowledge, support network, coping strategies, healthcare system, and self-management (Figure 1).

Conclusions Understanding these aspects is necessary to address the educational needs of people with lupus. A health-promoting curriculum aiming to support lupus patients' self-management should consider the critical role that the knowledge plays to move forward into effective personal and collective actions. Epistemic justice is also a primary principle to conduct health policies that seek the full integration of these patients into the society.

PO.6.123 A RAPID DECALAGE OF IMMUNOSUPPRESSIVE THERAPY IN A YOUNG WOMAN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

[1]G Montozzi, [1]L Gamba, [1]R Santangeli, [1]S Salvucci, [2]L Manfredi*, [2]G Moroncini. *[1]Internal Medicine Resident Program, Università Politecnica delle Marche ~ Ancona ~ Italy; [2]Clinica Medica, Dipartimento di Medicina Interna, AOU Ospedali Riuniti di Ancona ~ Italy*

10.1136/lupus-2022-elm2022.144

Purpose Autoimmune myopathies are an heterogeneous group of diseases, among which polymyositis and dermatomyositis are probably the best known. Autoimmune myositis can overlap with other autoimmune rheumatic diseases, particularly it is a rare but recognized complication of systemic lupus erythematosus (SLE).

Here we report a case of SLE-related myositis, successfully treated with combined immunosuppressive therapy with rituximab and immunoglobulin infusion and then relapsed due to rapid decalage of immunosuppressive therapy with mycophenolate mofetil.

Methods A 28-year-old woman was affected from 2016 by SLE with haematological, articular and renal involvement treated with immunosuppressive therapy with good clinical response.

After five years of disease remission, patient presented to the emergency department for a rapid onset of a clinical scenario with fever, alopecia, articular and muscular pain. The pharmacologic treatment was mycophenolate mofetil 500 mg/day (at this dose for about a year, after decalage by 2 gr/day), hydroxychloroquine 200 mg/day, belimumab 200 mg/week, prednisone 5 mg/day. On physical examination, she presented severe asthenia, pain on muscle palpation and loss of muscle tone with slight edema in the lower limbs. No signs of arthritis or active ulcers. Laboratory examinations revealed proteinuria > 2g/ 24h, severe increase of transaminases, phosphocreatine kinase, ANA positivity (titre1/2560) with high titres of anti-dsDNA and complementary consumption (both C3 and C4).

Clinical and laboratoristic examinations raised the suspicion of SLE reactivation complicated by myositis. We performed a kidney biopsy with histological examination suggestive for class IV lupus nephritis and an electromyography with a pattern of myositis.

So we decided, according to disease involvement, to begin treatment with Rituximab (four administrations, 375 mg/m2) and gradual reintroduction of full-dose mycophenolate mofetil therapy (2 g/day).

Results Disease activity was high so immunosuppressive therapy with high-dose corticosteroids, Rituximab and mycophenolate mofetil was started with subsequent good clinical response.

One month after the infusion of Rituximab, muscle enzymes were yet elevated thus we added therapy with endovenous immunoglobulin with discrete clinical and laboratory improvement.

Conclusions Pharmacological treatment with rituximab and endovenous immunoglobulin can be considered as a good and safe therapeutic option for clinical management of SLE-related myositis. This clinical case underlines the importance of maintaining immunosuppressive treatment for a long period, and to decrease dose very slightly, when disease is in long remission.

PO.6.124 EFFECT AND SAFETY PROFILE OF BELIMUMAB AND TACROLIMUS COMBINATION THERAPY IN THIRTY-THREE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

[1]M Okada*, [1,2]S Fukui, [1]Y Ikeda, [1]A Nomura, [1]H Tamaki, [1,2]M Kishimoto, T Nakai. *[1]Immuno-Rheumatology Center, St. Luke's International Hospital, 9-1 Akashi-cho, Chuo-ku, Tokyo, Japan; [2]Department of Nephrology and Rheumatology, Kyorin University School of Medicine, Tokyo, Japan; [3]Department of Emergency and General Medicine, Kyorin University School of Medicine, Tokyo, Japan; [4]Center for Clinical Epidemiology, St. Luke's International University, Tokyo, Japan*

10.1136/lupus-2022-elm2022.145

Introduction/Objectives Belimumab combined with mycophenolate mofetil has been proven to be effective for treating systemic lupus erythematosus (SLE) in several randomized controlled trials. Calcineurin inhibitors are also useful in controlling the activity of SLE. However, the safety and effectiveness of belimumab-calcineurin inhibitor combination therapy have not been addressed. Therefore, the current single-center retrospective study aimed to analyze the safety/efficacy profile of belimumab-tacrolimus (B-T) combination therapy in patients with SLE.

Method Patients with SLE administered tacrolimus and belimumab during treatment were included in the study. Samples were analyzed for the drug retention rate, SLE flare rate, infection incidence rate, and glucocorticoid-sparing effect of the B-T combination therapy.

Results Thirty-three patients with SLE were treated with B-T combination therapy at our institution. Four patients discontinued treatment due to insufficient response or adverse events. The drug retention rate was over 90% at week 52 and approximately 80% at day 1000. Only one patient developed serious infection. The lupus low disease activity state (LLDAS) achievement ratio was 9.1% on the day of initiation and improved to 64.0% at 52 weeks after initiation. SLE flares were observed in three patients (9.1%) in the first 52 weeks after initiation, and in five patients (15.2%) throughout the study period. A glucocorticoid-reducing effect was also observed in patients treated with B-T combination therapy.

Conclusions In most patients with SLE, B-T combination therapy is well tolerated with a good efficacy profile and glucocorticoid-reducing effect. Thus, B-T combination therapy represents a feasible option for patients with refractory lupus.