initially grouped according to clinician diagnosis. Patients with a clinician diagnosis of UCTD were reviewed and reclassified, where appropriate, using ACR-1982/1997 SLE, ACR/EULAR-2016 Sjögren's syndrome, ACR/EULAR-2013 Systemic Sclerosis, and 1975-Myositis criteria. Arterial stiffness (pulse wave velocity-PWV) was measured using the TensioMed device (TensoMed-LTD, Budapest). PWV between groups was analysed by linear regression, and adjusted for confounders (age, gender, ethnicity, smoking, systolic blood pressure and disease duration).

Results Baseline characteristics are described in Table-1. UCTD patients had comparatively shorter disease duration than many CTDs but significant treatment burden with 15 (33%) taking an immunosuppressant and 20 (44%) taking oral-steroids. UCTD patients had no renal disease and lower serositis compared to the SLE cohort. As expected, pulmonary artery hypertension and interstitial lung disease were comparatively lower in UCTD. Using classification criteria, 15 UCTD patients could be reclassified as SLE and 1 as Sjögren's syndrome; relating predominately to musculoskeletal and cutaneous features including ulcers-(30.6%), photosensitive rash-(40.8%) and arthritis-(55.1%) rather than deep-organ manifestations. There was higher immunosuppressant-use in reclassified UCTD patients (62% vs 39%, p=0.013) suggesting they required more aggressive intervention. The UCTD and SLE cohorts were of similar ages and had comparable PWV (7.65 vs 7.45 m/s, p=0.746), with no significant differences even when UCTD patients were reclassified. A historic control group of 19 healthy subjects aged 30.7 years (25.0,32.9) had a PWV of 6.20 m/s suggesting UCTD patients have increased cardiovascular burden, similar to SLE.

Conclusions Patients diagnosed with UCTD may meet classification criteria for other CTDs and it is important to continuously reassess these patients for new or evolving features. UCTD patients are also often exposed to significant therapies, including immunosuppressants. There is similar arterial stiffness to the SLE cohort suggesting a comparatively high cardiovascular burden.

PS8:155 THE PREVALENCE OF HEAVY MENSTRUAL BLEEDING (MENORRHAGIA) IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

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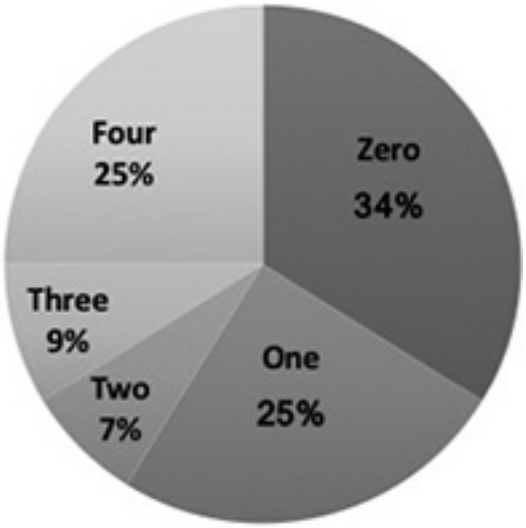
Background Heavy menstrual bleeding (HMB) affects 27% of the general female population and may ultimately result in iron deficiency and anaemia. Given that systemic lupus erythematosus (SLE) predominantly affects women of childbearing age it is important to consider the burden of HMB in these patients.

Purpose To identify the prevalence of HMB in pre-menopausal women with SLE.



Abstract PS8:155 Figure 1 Total number of risk factors for HMB in all menstruating patients

Methods From May 2017, female patients fulfilling revised ACR criteria diagnosis of SLE were asked to complete a health questionnaire including sections on anaemia and menstrual history based upon a similar validated questionnaire that has previously been used in other previous large studies to assess for HMB prevalence. Patients were considered to have HMB if two or more of the following criteria were met;

- passing of large blood clots,
- need for double sanitary protection,
- need for frequent changes of tampons or towels (every 2 hours or less),
- flooding to clothes/bedding.

Patients were also asked how many menstrual periods they had in the previous 12 months and whether they had sought medical help for HMB before.

Results A total of 107 patients completed the questionnaire (Age range 17–82; median 42; IQR 32–52). For the purpose of this study we included only the 68 patients who reported having at least one menstrual period in the last 12 months (Age range 17–51; median 35; IQR 29–40). The majority (31/68; 46%) had 12 periods in the previous year and only 9/68 (13%) had less than 6 periods in that time. Over a third (24/68; 35%) reported they had sought help for symptoms of HMB in the past. Of the 68 patients who had atlas one menstrual period in the last year; 41% (28/68) reported two or more of the features that would fit with a diagnosis of HMB; see figure 1. The prevalence of each of the four risk factors is summarised in figure 2.

Conclusions The prevalence of HMB in women with lupus (41%) is higher than in previous studies of the general population (27%) thus increasing the risk of iron deficiency.