

**Introduction** As a consequence of increased SLE patients survival, patients with long disease duration represent a significant proportion of our cohorts. This study aims to evaluate health resource use and the 6 months costs in patients with SLE with long disease duration.

**Methods** The economic evaluation was performed in terms of cost-of-illness analysis as part of a larger study enrolling SLE patients with at least 15 years of disease duration regularly followed at our unit. At enrollment, the following information were collected: disease activity (SLEDAI), organ damage (SLICC-DI score), comorbidities, treatment patterns; in addition to clinical data, patients were required to complete an ad-hoc questionnaire for the collection of facts relevant for the estimation of the economic dimension and covering the previous six-months. Such a time frame was considered to be appropriate as recall period. Direct health (drugs, hospitalizations, emergency visits, specialists visits, laboratory tests and instrumental examination) and non-health costs (transportation and accommodation) as well as indirect costs because of productivity loss were estimated.

**Results** 51 adult patients with long disease duration were recruited (98% female, mean age  $49 \pm 11$  years, median disease duration 17 years, IQR 15–23). Median (IQR) SLEDAI score was 2 (0–4), median SLICC-DI was 1 (0–2). The median (IQR) direct health costs per patients over the previous 6 months resulted 410€ (201–1687); indirect costs because of productivity lost were 130€ (0–356). The median overall cost to the Society was 473€ (327–2148); the presence of comorbid conditions resulted associated with higher overall cost for the Society (552€ [327–1807] vs 264€ [94–1164]  $p=0.046$ ); disease activity and damage at enrollment were not associated with costs increase in this cohort.

**Conclusions** This cohort of patients with long lasting disease is characterised by low disease activity and mild organ damage; in this setting, the disease burden on the single patient and family is significant and the costs to the Society are influenced by the presence of comorbidities.

**Subjects and methods** One hundred and fifty male patients (pts) aged 15 to 64 years (mean age 30, 5 y) with a valid diagnosis of SLE who had been followed up for 15 years were assessed. Results: The mean age at onset was 20 year (range 6–62 years). The distribution of disease onset by decade of age was following: between the ages of 6–20 y – 80 pts (53%), 21–40 y – 49 pts (33%), 41–64 y – 21 pts (14%). Mean duration from the onset to time of diagnosis valid SLE was 12 month (range 1–336). 77 pts were diagnosed during first year from disease onset. 35 pts had delay of true diagnosis for 5 and more years. The most common manifestations for men at disease onset were arthritis (50%), renal disease (16,7%) and haematological abnormalities (23,3%). During follow-up we observed malar rash (58%), arthritis (73,3%), renal disease (54,7%), CNS involvement (49,4%), photosensitivity (51,3%), discoid lupus (14%), mucosal ulcers (28%), serositis (32,7%), haematological (72%) and immunological (93,3%) abnormalities.

41 male pts (27,3%) satisfied classification Sapporo criteria of definite antiphospholipid syndrome (APS)/Vascular thrombosis developed in 41 pts: 26 pts had only venous thrombosis, 8 pts – merely arterial thrombosis, 7 pts – a+v thrombosis. Pts with APS had higher frequency of livedo reticularis (13 pts, 31,7%), pulmonary hypertension (8 pts, 19,5%) and heart valve disease (20 pts, 48,8%) in comparison to pts without APS (11,9%, 6,5%, 16,6% respectively).

**Conclusion** The present investigation do not confirm older age at disease onset among men with SLE: one half of our pts were younger 20 y at disease onset. We found high frequency of arthritis, renal disease and neuropsychiatric manifestations over the course of illness. CNS involvement was the rare initial symptom. Men with SLE often had delay of valid diagnosis of SLE. We observed high incidence of definite APS in men with SLE.

#### PS8:163 CHARACTERISTICS AND OUTCOME OF LUPUS NEPHRITIS IN MOROCCO

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There is wide variation in clinical presentation and outcome of lupus nephritis (LN) among different ethnic groups. Few data for LN exist on North Africans, especially those from Morocco. The aim of our study was to review retrospectively the features and outcome of LN in Moroccan patients.

**Patients and methods** We performed a multicentric retrospective study. A total of 209 patients with LN were included. All patients met American Rheumatism Association criteria. LN was classified according to the International Society of Nephrology/Renal Pathology Society classification. We adopted previously defined outcome criteria for LN.

**Results** There were 185 females and 24 males, with a mean age of 27.2 years. At first presentation, we noted hypertension in 31%, hematuria in 72%, nephrotic syndrome in 47%, and renal failure in 64% of cases. Renal biopsy revealed predominant proliferative classes in more than 80% of patients. Patients received different regimens mainly based on intravenous cyclophosphamide and Mycophenolate. After a mean follow-up of 22 months, remission occurred in 46.7%, relapses in 81%, end-stage renal failure in 24%, and death in 13% of

Abstract PS8:161 Table 1

	0	1	2
Hospitalizations due to SLE or complications	40 (78.4%)	10 (19.6%)	1 (2%)
ER visits	45 (88.2%)	6 (11.7%)	0
	<b>Median</b>	<b>Interquartile range</b>	
Specialist visit	1	1-3	
Instrumental exams	2	1-3	
Laboratory exams	2	1-4	

#### PS8:162 DISEASE PATTERN OF MALE LUPUS

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**Introduction** Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease that occurs primarily in women (9:1 compared to men). Available data argue that gender and sex hormones modify susceptibility to, and expression of SLE.