In turn, IL-1b levels may reflect renal function, which requires further study in a larger cohort of patients with SLE.

3. SLE comorbidities

**LP-019** SOCIAL MALADJUSTMENT AND ANXIETY-DEPRESSIVE SPECTRUM DISORDERS IN SYSTEM LUPUS ERYTHEMATOSUS AND PRIMARY ANTIPHOSPHOLIPID SYNDROME PATIENTS

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Background stress factors (SF), anxiety-depressive spectrum disorders (ADSD) in patients with rheumatic disorders (RD) are related to stress vulnerability

Methods 110 patients (62 – SLE, 48 – PAPS), mostly women (85 (77,3%), mean (M±SD) age 37.5±12.2 years, were consecutively enrolled in the study. ADSD were diagnosed in accordance with ICD-10. PSS-10 scale was used.

Results The majority of patients suffered ADSD (100 (90.9%),) that were mostly related to SF and developed earlier than RD in 48 (77.4%) SLE and 31 (63.3%) PAPS patients.

SF in childhood (0–11 years) (58 (93,5%) vs 33 (68,8%) p=0,001), first of all parental deprivation in 0–3 years (44 (70.9%) vs 17 (35,4%), p=0,0001) were found more often in SLE than PAPS patients.

SF in adolescence (11–16 years) were more commonly found among SLE but not PAPS patients (34 (54.8%) vs 17 (35,4%), p=0,03) with more often social maladjustment in SLE (15 (24,2%) vs (4 (8,33%), p=0,02).

SF during few months before the RD onset were experienced by 45 (72.6%) SLE, 31 (64.5%) PAPS patients. SLE patients also were significantly more likely to be exposed to multiple stress factors before RD than PAPS (29 (46.8%) vs 9 (18.8%), p=0,002).

As a result, SLE were more vulnerable to stress factors compared to PAPS patients, according to PSS-10: 28,7±6,25 vs 26,2±6,68, p=0,05.

Conclusions SF in childhood are related to social maladjustment and predispose to ADSD and SLE onset.

**LP-022** PREFERENCE AND EFFICACY OF ZOLEDRONATE FOR THE TREATMENT OF GLUCOCORTICOID-INDUCED OSTEOPOROSIS IN PATIENTS WITH AUTOIMMUNE DISEASE INCLUDING SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Bisphosphonates (oral alendronate and risedronate, and intravenous zoledronate) are effective agents for glucocorticoid-induced osteoporosis (GIOP). Zoledronate is a convenient and highly compliant treatment compared to other bisphosphonates. In this study, we aimed to compare the efficacy, patient satisfaction, and preference of zoledronate with other bisphosphonates.

Methods We included 50 patients diagnosed with GIOP during treatment for autoimmune diseases including systemic lupus erythematosus (SLE). All patients had new fractures or persistent osteoporosis in follow-up bone densitometry after taking oral bisphosphonates for at least 1 year. After 1 year of treatment with zoledronate, a face-to-face survey was conducted on patients’ preference and satisfaction. The treatment efficacy was analyzed by comparing the changes in bone density and fractures with patients maintaining oral bisphosphonates as controls.

Results Patients with SLE and rheumatoid arthritis were included, with a mean age of 64.1 years (96% were female), and the mean duration of GIOP of 5.5 years. There was no difference in the cumulative glucocorticoid doses of the two groups. There were no significant differences in the treatment efficacy between zoledronate and oral bisphosphonate; annualized percentage change in bone density in the lumbar spine (1.9±3.91g/cm2 vs. 1±5.3g/cm2, p=0.355), femur neck (-0.91±6.31g/cm2 vs. 0.41±5.07g/cm2, p=0.264), and hip (0.29±2.91g/cm2 vs. 0.41±5.07g/cm2, p=0.388). The incidence of new fractures was two in each of the two groups, showing no difference. As a result of the survey, 39 patients (78%) preferred intravenous zoledronate over oral bisphosphonates and had higher satisfaction, and the most common reasons were administration interval and convenient regimen. The infusion-related adverse events of zoledronate were only 2 patients (4%).

Conclusions The patient reported preference and satisfaction of zoledronate were significantly higher than that of oral bisphosphonates, and the treatment efficacy for osteoporosis was similar. Therefore, zoledronate is recommended as a proper treatment for GIOP in patients with autoimmune disease including SLE.

**LP-023** SYSTEMIC LUPUS ERYTHEMATOSUS CONCOMITANT WITH ATOPIC DERMATITIS, A CASE SERIES REPORT

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Description Systemic lupus erythematosus (SLE) and atopic dermatitis (AD) are both immune disorders that can lead to significant physical complications. There have been several reports of coexistence or association of the two diseases. In cases of concurrence of SLE and AD, patients may require more comprehensive therapeutic strategies for proper control of both diseases’ activities. In addition, physical trauma such as excoriation can exacerbate or initiate cutaneous lupus erythematosus lesions, so called Koebner phenomenon.

Herein, we report 12 patients with SLE accompanied with AD. They commonly presented with eczematous lesions or lichenification of the flexural areas with marked itching. They all showed elevation of immunoglobulin E (IgE) level, thus satisfying the diagnostic criteria for AD. Additionally, ANA titer and Anti-dsDNA antibody were elevated in laboratory tests. Also, they satisfied other diagnostic criteria for SLE, such as acute or chronic cutaneous lupus erythematosus. Under the diagnosis of concurrent AD and SLE, they were...