LP-069 UPDATE OF THE EPIDEMIOLOGY AND MORTALITY OF JUVENILE ONSET SLE AND PEDIATRIC SLE IN ITALY

[1]Margherita Zen*, [2]Laura Salmaso, [1]Ilenia Anna Gennaio, [3]Claudio Barbiellini Amidei, [3]Ugo Fedeli, [2]Mario Saia, [1]Andrea Doria. *[1]Department of Medicine, University of Padua, Italy; [2]Clinical Governance Unit, Azienda Zero, Veneto Region, (Italy), Italy; [3]Epidemiology Unit, Azienda Zero, Veneto Region, (Italy), Italy*

10.1136/lupus-2023-KCR.180

Background Very limited and old data regarding the epidemiology of juvenile-onset SLE (jSLE) are available. Our aim was to estimate jSLE incidence and mortality rate in incident cases over the period 2012–2020. In addition, we also assessed point prevalence of pediatric SLE in 2020.

Methods This is a retrospective population-based study conducted using the Veneto Region Population Registry, an administrative health database where all residents are recorded (4.9 million people), which was linked to the mortality register. SLE cases were identified by any hospital diagnosis of SLE (ICD-9-CM 710.0), or a healthcare copayment exemption for SLE (national registry code 028), whichever came first, between 2021 and 2020. All SLE diagnoses in subjects <19 years-old were considered. Standardized incidence rate (IR) was reported by gender. Standardized point prevalence of pediatric SLE was assessed considering prevalent SLE cases aged <19 years-old in 2020.

Results During the study period, among 1,092 incident SLE cases, 68 (6.2%) were jSLE (54 females, 79.4%). IR (95%CI) over the study period was 0.94 overall: 0.38 (0.23–0.63) x 100,000 residents in males, and 1.54 (1.18–2.01) x 100,000 in females. This incidence rate was significantly lower than those observed in other age groups (age groups 19–44, 45–60, 60–75, >75 years). Incidence was 4-folds higher in females (female-to-male IR ratio: 4.09, 95% CI 2.27–7.36, p<0.0001). No death occurred among the incident cases of jSLE. In 2020, 34/3,472 prevalent SLE patients were <19 years-old (1%); point prevalence of pediatric SLE was 3.9 (2.6–5.2) per 100,000 residents, significantly lower than that of adults SLE (71.2, 68.8–73.5). No death occurred among the incident cases of jSLE.

Conclusions Between 2012 and 2020, jSLE incidence was 1:10,000 residents, confirming that pediatric SLE is a rare condition, as reported in older studies in other European countries. Over the last decade, early jSLE mortality has been negligible.

LP-070 MEDICATION COMPLIANCE IN SYSTEMIC LUPUS ERYTHEMATOSUS: COMMUNITY-BASED STUDY IN SURAKARTA, INDONESIA

[1]Indrayana Sunarso*, [2]Ariana Setiani, [1]Arief Nurudhin, [1]Yuyani Werdiningsih. *[1]Rheumatology Division Internal Medicine, Faculty of Medicine Sebelas Maret University, Indonesia; [2]Psychiatry Department, Faculty of Medicine Sebelas Maret University, Indonesia*

10.1136/lupus-2023-KCR.181

Background Systemic lupus erythematosus (SLE) is a chronic autoimmune inflammatory disease requiring a long-term therapeutic approach. Low compliance with medication leads to the worsening of the disease. Evaluating medication compliance rates and factors associated with low compliance are important to design further compliance interventions.

Methods We conducted a cross-sectional analysis of adult individuals with SLE from Tittari Community, Surakarta. Patient completed the 5-item version of Compliance Questionnaire for Rheumatology (CQR5), Quick Systemic Lupus Activity questionnaire (Q-SLAQ), and Hamilton Anxiety Depression Rating Scale (HADS). Association between compliance and demographic, disease-related characteristics, and medication characteristics were explored.

Results A total of 78 individuals with SLE participated in the study, 76 (96.4%) were female with a mean age of 36±10.9 years. The Majority of SLE patients reported disease duration >5 years (52.7%), were prescribed <5 drugs (52.7%) and had side effect complaints in 28 (35.89%). Low compliance was found in 29.49% of patients. In logistic regression analysis, having mental health issues such as anxiety (OR 4.3, CI 95% 0.6–28.7), depression (OR 3.7, CI 95% 0.9–14.1), or both anxiety and depression (OR 2.6, CI 95% 0.5–13.5) tend to increase the risk of low compliance. Other factors associated with low compliance were disease duration of 1–3 years (OR 4.9, CI 95% 0.5–47.7), and the presence of medication adverse events (OR 1.7, CI 95% 0.6–5.1).

Conclusions The prevalence of low medication compliance among SLE patients was high. SLE patients with anxiety and/or depression who had been living with the disease for 1–3 years, or experienced medication adverse events were found to have a higher risk of low compliance.

LP-071 ACCURACY OF DISEASE-SPECIFIC ICD-10 CODE FOR INCIDENT SYSTEMIC LUPUS ERYTHEMATOSUS; RESULTS FROM A POPULATION-BASED COHORT STUDY SET IN NORWAY

[1]Sigrid Reppe Moe*, [1,2]Hilde Haukeland, [3]Cathrine Brunborg, [1]Torhild Garen, [4]Antonella Botea, [2]Nenad Damjanic, [5]Gro Wivestad, [6]Heidi Kverneggen Øvreås, [7]Thea Bøe, [8]Anniken Orre, [9]Sella Aarrestaad Provan, [1,10]Øyvind Molberg, [1]Karoline Lerang. *[1]Department of Rheumatology, Oslo University Hospital, Norway; [2]Department of Rheumatology, Martina Hansen Hospital, Norway; [3]Oslo Centre for Biostatistics and Epidemiology, Oslo University Hospital, Norway; [4]Department of Rheumatology, Betanien Hospital, Norway; [5]Department of Rheumatology, Sørlandet Hospital, Norway; [6]Department of Rheumatology, Revmatismesykehuset, Norway; [7]Department of Internal Medicine, Vestfold Hospital, Norway; [8]Department of Rheumatology, Drammen Hospital, Norway; [9]REMEDY – Center for treatment of Rheumatic and Musculoskeletal Diseases, Diakonhjemmet Hospital, Norway; [10]Institute of Clinical Medicine, University of Oslo, Norway*

10.1136/lupus-2023-KCR.182

Background It is not clear how well administrative data identify incident disease in complex chronic disorders like Systemic Lupus Erythematosus (SLE). We aimed to clarify accuracy of ICD-10-coding in incident SLE by comparing incidence-rates from code-based case-definitions and confirmed SLE diagnosis by expert clinical assessment in a defined population.

Methods From administrative data, we identified all individual cases registered with a SLE-specific ICD-10 code (M32) during 1999–2017 in three Southeast Norway counties(2.1 million). All cases were manually chart-reviewed to confirm SLE diagnosis. To prevent against admixture of prevalent cases, we defined incident by presence of M32 in 2004–2017, but not in 1999–2003. Incidence-rates were estimated from five case-definition; (a-c) first occurrence of one-, two- and three or more M32-codes 2004–2017, (d) SLE diagnosis confirmed by chart-review and (e) SLE classified by 1997 ACR classification criteria. To define accuracy, we applied incidence-rate ratios obtained from dividing M32-derived incidence-rates to those from SLE diagnosis.