LP-137 BENEFITS OF ANA SCREENING FOR NPSLE IN PATIENTS ADMITTED TO THE DEPARTMENT OF PSYCHIATRY

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Background Neuropsychiatric systemic lupus erythematosus (NPSLE) presenting with mood disorder, headache, psychosis, and cognitive impairment appears within 1 year of SLE diagnosis in more than half of cases.[1–2] Most studies have focused on the epidemiology of neuropsychiatric manifestations in patients with established SLE.[3] Therefore, diagnosing NPSLE in patients who have visited the hospital with psychiatric symptoms is challenging. Although some studies have conducted anti-nuclear antibody (ANA) screening in psychiatric patients, none have occurred in an Asian population.[4–5] We aimed to determine the benefits of ANA screening for NPSLE in patients admitted to the department of psychiatry in Korea.

Methods We investigated patients admitted to the department of psychiatry who underwent ANA testing between January 2015 and December 2021 at a single tertiary center in Korea. Patients diagnosed with SLE before admission were excluded from this study. Electronic medical records, including ANA titer, extractable nuclear antigen (ENA) were reviewed retrospectively. Diagnosis at psychiatric hospitalization was classified according to the International Classification of Diseases (ICD)-10.

Results Throughout the study period, 2523 patients were hospitalized, 1355 of whom underwent ANA testing. The median age of all patients was 40 (27–58), and 897 (66.2%) were female. Of the 1355 patients, 96 (7.1%) were positive with a titer of ≥1:80. Among the 17 patients who underwent ENA testing, 1 was positive for anti-Ro and anti-La, eventually diagnosed with Sjogren's syndrome. According to the diagnostic classification of admission, there was no significant difference in the ANA positivity rate (p=0.205).

Conclusions There was no difference in the positivity rate of ANA in the general population when testing was performed for screening purposes on patients admitted to the psychiatric department. Additionally, none of the 1355 patients were diagnosed with NPSLE after undergoing ANA screening. Thus, the benefits of performing routine screening appear to be limited.

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LP-138 PREDICTORS FOR FUTURE DEVELOPMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS IN KOREAN SJÖGREN'S SYNDROME PATIENTS

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Background The prognosis of Sjögren's syndrome (SS) is generally better than that of systemic lupus erythematosus (SLE). But, if SLE develops later in SS patients, it could be one of the factors that increase the mortality of SS. Therefore, we determined the impact of demographic factors, clinical manifestations, disease activity, and serological tests at baseline on future SLE development in SS patients.

Methods This retrospective study assessed 1,082 SS patients without other autoimmune diseases at baseline who visited our hospital between January 2012 and March 2021. We analyzed demographic features, extra-glandular manifestations (EGMs), clinical indices, and laboratory values at baseline between the two groups divided per future SLE development (SS/SLE group vs. SS group). The probability and predictors of SLE development in SS patients were estimated using the Kaplan-Meier method and Cox proportional hazards models.

Results The median follow-up duration was 1083.5 days. Forty-nine patients (4.5%) developed SLE that met the 2012 Systemic Lupus International Collaborating Clinics or 2019 EULAR/ACR classification criteria. The baseline EULAR SS disease activity index (ESSDAI) score was significantly higher in the SS/SLE group (p<0.001). The SS/SLE group had more lymphadenopathy and renal involvement (p=0.015 and p=0.017, respectively). Shorter SS disease duration (<3 years) (hazard ratio [HR]=2.61, p=0.012), high ESSDAI (HR=3.04, p=0.024), leukopenia (HR=2.20, p=0.017), hypocomplementemia (HR=17.40, p<0.0001), and positive for anti-dsDNA (HR=19.93, p<0.0001), anti-ribonucleoprotein (RNP) (HR=2.96, p=0.025), and anti-ribosomal P (HR=2.74, p=0.048) at baseline were SLE development predictors in SS patients.

Conclusions Shorter disease duration and higher disease activity of SS at baseline may be risk factors for future SLE development. Serologic predictors of SLE development are hypocomplementemia, leukopenia, and positivity for anti-dsDNA, anti-RNP, and anti-ribosomal P antibodies. If the above factors are observed, close monitoring will be necessary during the follow-up period, considering the possibility of future SLE development.

LP-139 BASELINE CHARACTERISTICS OF A LONGITUDINAL, MULTINATIONAL, MULTIETHNIC STUDY OF LUPUS PATIENTS, WITH OR WITHOUT LUPUS NEPHRITIS

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Background Clinically evident kidney disease eventually occurs in up to one-half of SLE patients. The aim of this study is to describe sociodemographic, clinical, serological and treatment characteristics of a multicenter and multiethnic Latin American SLE cohort of patients with or without lupus nephritis (LN).

Methods GLADEL 2.0 is an ongoing observational cohort. Patients were categorized according to renal involvement: Group I (LN never); Group II (prevalent renal involvement currently inactive); Group III (prevalent renal involvement, currently active) and Group IV (incident renal involvement). Demographic, clinical manifestations, treatments, disease activity were examined at baseline. A descriptive cross-sectional analysis was performed.

Results A total of 991 SLE patients were included, 884 (89.2%) female and 656 (68.3%) Mestizos (Amerindian and European ancestry). Median (IQR) age at cohort entry was 35 (28–45) years and disease duration were 67 months (18–139). Patients with incident LN had a higher proportion of males,

Abstract LP-139 Table 1 Sociodemographic and clinical characteristics and treatment at cohort entry

Variable	Group I (n=393)	Group II (n=213)	Group III (n=224)	Group IV (n=161)	p-value	Variable	Group I (n=393)	Group II (n=213)	Group III (n=224)	Group IV (n=161)	p-value
Female n%	361/393 91.9	193/213 90.6	200/224 89.3	130/161 80.7	0.002[a]	**Ethnic group n%**					<0.001[b]
Age (years)[d]	39 (30-48)	38 (30-48)	30 (25-37)	33 (25-40)	<0.001[c]	*Caucasian*	106/372 28.5	54/208 26.0	37/222 16.7	28/159 17.6	
Disease duration (months)[d]	77.1 (32-146)	106 (52-187)	64.4 (25-130)	3.0 (0.7-26)	<0.001	*Mestizo*	236/372 63.4	138/208 66.3	167/222 75.2	115/159 72.3	
Education (years)[d]	12.5 (11-16)	14 (11-16)	13 (11-16)	12 (11-16)	<0.001[c]	*Indigenous*	4/372 1.1	2/208 1.0	0/222 0	2/159 1.3	
Fever n%	132/375 (35.2)	105/210 (50.0)	82/224 (36.6)	75/153 (49.0)	<0.001	*Afro-LAtin American*	26/372 7.0	14/208 6.7	18/222 8.1	14/159 8.8	
Discoid rash n%	40/376 (10.6)	11/210 (5.2)	20/224 (8.9)	6/151 (4.0)	0.025	*Methylprednisolone bolus* n%	107/349 (30.7)	145/199 (72.9)	161/205 (78.5)	102/142 (71.8)	<0.001
Pleuritis n%	73/373 (19.6)	49/208 (23.6)	67/224 (29.9)	50/153 (32.7)	0.003	*Hydroxychloroquine* n%	321/365 (87.9)	182/205 (88.8)	194/220 (88.2)	121/136 (89)	0.985
Pericarditis n%	40/375 (10.7)	49/209 (23.4)	41/224 (18.3)	40/152 (26.3)	<0.001	*Azathioprine* n%	197/291 (67.7)	101/205 (49.3)	108/216 (50.0)	23/89 (25.8)	<0.001
Anti-dsDNA n%	231/361 (64.0)	167/204 (81.9)	194/216 (89.8)	134/150 (89.3)	<0.001	*Cyclophosphamide-IV* n%	47/289 (16.3)	129/202 (63.9)	139/214 (65.0)	38/89 (42.7)	<0.001
Anti-Sm n%	88/324 (27.2)	47/167 (28.1)	73/187 (39.0)	60/128 (46.9)	<0.001	*Mycophenolate* n%	75/291 (25.8)	151/206 (73.3)	183/218 (83.9)	35/89 (39.3)	<0.001
Positive Anti-Cardiolipin n%	79/320 (24.7)	41/184 (22.3)	38/187 (20.3)	12/126 (9.5)	0.005	*Tacrolimus* n%	1/291 (0.3)	6/206 (2.9)	28/216 (13.0)	3/87 (3.4)	<0.001
Positive Anti-B2GP1 n%	41/254 (16.1)	15/148 (10.1)	19/149 (12.8)	6/106 (5.7)	0.037	*Belimumab* n%	23/290 (7.9)	8/205 (3.9)	7/216 (3.2)	3/88 (3.4)	0.083
Low C3 n%	228/367 (62.1)	158/205 (77.1)	193/218 (88.5)	137/150 (91.3)	<0.001	*Rituximab* n%	25/291 (8.6)	21/205 (10.2)	37/215 (17.2)	6/87 (6.9)	0.009
Low C4 n%	244/367 (66.5)	155/203 (76.4)	193/217 (88.9)	134/150 (89.3)	<0.001	**SLEDAI[c]**	2 (0-6)	2 (0-4)	10 (6-16)	16 (11-21.2)	<0.001

[a] Chi-squared test was used
[b] Fisher exact test was used
[c] Kruskal-Wallis test was used
[d] Median and IQR was reported for continuous variables

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