

Results As compared to German nationals, non-Germans had a 81% higher chance of impairment despite treatment (adjusted odds ratio [aOR]=1.81; 95%-CI=1.17–2.78) (table 1). Also, patients who worked in a semi-skilled or unskilled position had a 40% higher chance of a poor outcome than those in skilled occupational positions (aOR=1.40; 95%-CI=1.02–1.92). Disparities did not significantly differ between the years in which services were utilized. There were also no difference between men and women, between different age or diagnostic groups.

Conclusions The study illustrates disparities in health care outcomes associated with different diversity characteristics, which likely result from different obstacles some disadvantaged population groups encounter in the health system. This heterogeneity must be taken into account through strategies of diversity-sensitive health care provision.

LO-002 'SKIN-DEEP RESILIENCE' IN THE BLACK WOMEN'S EXPERIENCES LIVING WITH LUPUS (BEWELL) STUDY

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Background The 'skin-deep resilience' hypothesis suggests that Black Americans from disadvantaged backgrounds who persevere and attain academic or professional success despite various social obstacles may nevertheless suffer from poorer underlying physical health. This study examined the 'skin-deep resilience' phenomenon among Black American women with systemic lupus erythematosus (SLE).

Methods Data were from the Black Women's Experiences Living with Lupus (BeWELL) Study, which recruited largely from a population-based sample of Black women living with SLE in metropolitan Atlanta, GA, USA (n=438). Multivariable linear regression models were specified examining SLE disease activity measured using the patient-reported Systemic Lupus Activity Questionnaire (SLAQ), in relation to educational attainment, adverse childhood experiences (ACEs), and experiences of racial discrimination in adulthood. We examined whether associations between racial discrimination and disease activity differed by educational attainment and ACEs, particularly for those who achieved high levels of education despite greater childhood adversity—an indicator of resilience.

Results We found a significant three-way interaction between educational attainment, ACEs, and racial discrimination, consistent with the skin-deep resilience hypothesis ($F(26,399)=2.92$, $p=.02$). As expected, racial discrimination was positively associated with disease activity ($b=1.89$, 95% Confidence Interval [CI] [1.19, 2.59], $p<.001$). However, this relationship was strongest among those who experienced greater childhood adversity and attained a graduate degree, in other words, those who were highly resilient. There was no interaction between education attainment and racial discrimination among those who experienced low childhood adversity.

Conclusions Findings suggest that 'highly resilient' Black women living with SLE (those who achieved a graduate

degree despite high childhood adversity), were the most physically impacted by experiences of high racial discrimination. This study challenges traditional conceptualizations of resilience by demonstrating the unintended physical health tolls of 'building resilience' without addressing other social and structural inequities stemming from racism.

LO-003 PREVALENCE OF REMISSION ACCORDING TO PHYSICIAN AND PATIENT AND LEVEL OF AGREEMENT IN A REAL-WORLD MULTICENTER LUPUS REGISTRY

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Background To investigate the prevalence and level of agreement between remission according to physician and patient criteria and to evaluate the impact of remission on HRQoL in patients with SLE.

Methods Prospective study of patients included in RELESSER-PROS, a multicenter register of SLE patients, protocol previously described.¹ Remission according to physician was defined in agreement with DORIS 2021 criteria.² Remission according to patient was defined as SLAQ (Systemic Lupus Activity Questionnaire) question 1 with no flare in the last 3 months (score 0).

Patients were classified in three groups according to remission status (DORIS, SLAQ, both). Level of agreement was