

### LSO-021 EPIDEMIOLOGY AND SURVIVAL OF SLE IN THE LAST DECADE: DATA FROM A LARGE POPULATION-BASED STUDY IN NORTHEASTERN ITALY

<sup>1</sup>Margherita Zen\*, <sup>2</sup>Laura Salmaso, <sup>3</sup>Claudio Barbiellini Amidei, <sup>3</sup>Ugo Fedeli, <sup>2</sup>Stefania Bellio, <sup>2</sup>Mario Saia, <sup>1</sup>Andrea Doria. <sup>1</sup>Department of Medicine, University of Padua, Italy; <sup>2</sup>Clinical Governance Unit, Azienda Zero, Veneto Region, (Italy), Italy; <sup>3</sup>Epidemiological Department, Azienda Zero, Veneto Region (Italy), Italy

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**Background** Updated information regarding the epidemiology and survival of SLE in the last decade is scanty. We aimed at estimating the incidence, prevalence, and survival of SLE in northeastern Italy over the period 2012–2020.

**Methods** A retrospective population-based study was conducted in Veneto Region (4.9 million people) using the Population Registry, an administrative health database where all residents are recorded, which was linked with healthcare copayment exemption database, hospital discharge records, and mortality records. Between 2012 and 2020, SLE cases were defined by a healthcare copayment exemption for SLE (national registry code 028) or any hospital diagnosis of SLE (ICD-9-CM 710.0), whichever came first. Standardized incidence and prevalence were reported by age and gender; trends during the follow-up were analyzed through Poisson regression models. SLE mortality rates (MRs) and standardized mortality ratios (SMRs) were calculated. MRs per 1,000 were stratified by year, sex, and age. SMRs were derived by comparing MRs of the general regional population.

**Results** We identified 4,283 SLE patients (85% female), with 1,092 incident cases. Across the study period, SLE standardized point prevalence increased from 66.7 (95% CI 64.3–69.0) to 72.9 per 100,000 residents (95%CI 70.5–75.3,  $p < 0.0001$ , figure 1A). SLE incidence was 2.8 per 100,000 (95%CI 2.6–2.9), with an 8% annual decline ( $p < 0.0001$ , figure 1B). The highest incidence was observed in women aged 30–39: 8.40 (7.31–9.65). Among prevalent cases, 603 deaths occurred, corresponding to an MR of 18.6 (95%CI 17.0–20.2) per 1,000 person/year. Ninety out of 1,092 incident cases died, corresponding to an MR of 16.7 (13.3–20.3) per 1,000 person/year. Five- and 8-year survival was 91% and 89%, respectively. Overall, SMR was 2.65 (2.13–3.26).

**Conclusions** Over the last decade, SLE prevalence has increased, and incidence has declined. Survival since SLE

diagnosis is good, however mortality is still higher in SLE patients compared with the general population.

### LSO-022 ADVERSE CHILDHOOD EXPERIENCES AND DISEASE ACTIVITY: THE ROLE OF TRAUMA IN THE BLACK WOMEN'S EXPERIENCES LIVING WITH LUPUS (BEWELL) STUDY

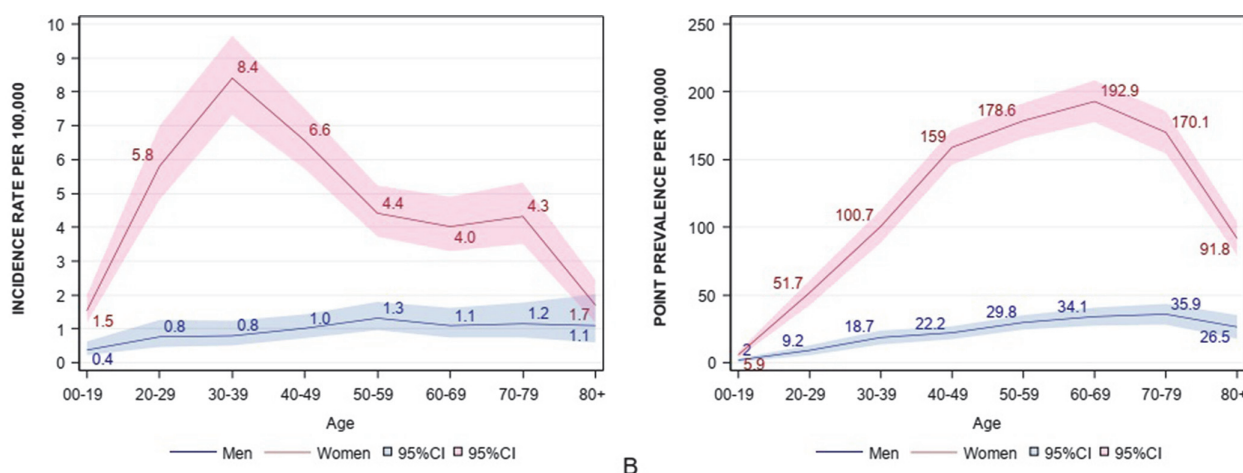
<sup>1</sup>Kara W Chung\*, <sup>2</sup>Evelyn A Hunter, <sup>3</sup>John Bridges, <sup>3</sup>Emily A Smitherman, <sup>4</sup>Connor D Martz, <sup>5</sup>Maria I Danila, <sup>1</sup>David H Chae. <sup>1</sup>Social, Behavioral, and Population Sciences, Tulane School of Public Health and Tropical Medicine, New Orleans, LA, USA; <sup>2</sup>Department of Special Education, Rehabilitation, and Counseling, Auburn University, Auburn, AL, USA; <sup>3</sup>Department of Pediatrics, University of Alabama at Birmingham, Birmingham, AL, USA; <sup>4</sup>Population Research Center, University of Texas at Austin, Austin, TX, USA; <sup>5</sup>Division of Clinical Immunology and Rheumatology, University of Alabama at Birmingham, Birmingham, AL, USA

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**Background** Adverse childhood experiences (ACEs) have been linked to poorer adult health outcomes. ACEs may be a risk factor for heightened disease activity among Black American women living with systemic lupus erythematosus (SLE), who experience worse outcomes compared to their White counterparts. However, there is a paucity of research on the role of ACEs in the pathogenesis of SLE, and in particular, mechanisms through which childhood adversity may impact disease activity. This study sought to examine if ACEs (e.g., physical/sexual abuse, household incarceration, etc.) and other traumas experienced in the lifecourse are associated with disease activity among Black American women living with SLE.

**Methods** Participants were from the Black Women's Experiences Living with Lupus (BeWELL) Study, which recruited Black women ( $n=418$ ) with a validated diagnosis of SLE living in metropolitan Atlanta, GA, USA, largely from a population-based registry. Multivariable cross-sectional regression models were specified examining patient-reported disease activity, measured using the Systemic Lupus Activity Questionnaire (SLAQ), in relation to the ACE Questionnaire and the Trauma History Screen.

**Results** Controlling for sociodemographic and health-related covariates, ACE score was significantly associated with disease activity ( $\beta=1.52$ ,  $SE=0.35$ ,  $p < .001$ ). Trauma was



Abstract LSO-021 Figure 1