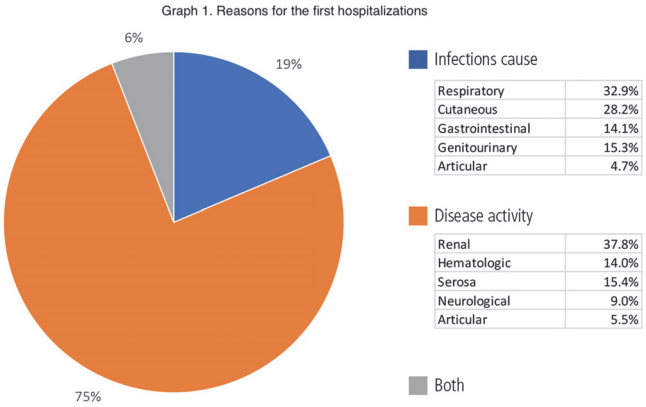

Abstract LSO-032 Figure 1 Reason for the first hospitalization

hospitalization during these patients' follow-up due to either infection and/or SLE disease activity was examined. Baseline sociodemographic, clinical, damage (SDI) and treatments were evaluated as possible predictors. First, descriptive analyses were performed. Predictors of infection or SLE disease activity associated hospitalization were identified using univariate and multivariate logistic.

Results A total of 1341 patients were included; 1201 (89.6%) were female. Their median interquartile range (IQR) age at diagnosis was 27 (20–37) years and their median IQR follow up time 27.5 (4.7–62.2) months; 456 (34.9%) patients were hospitalized; 344 (75.4%), 85 (18.6%) and 27 (5.9%) were hospitalized for disease activity, infections, or both, respectively, as depicted in graph 1. In the multivariable analysis, arthritis was associated with hospitalizations due to infection. Serositis, disease activity and damage were associated with hospitalizations due to disease activity. Older age, higher socioeconomic status and antimalarial use were found to be protective, as depicted in table 1.

Conclusions In this large LA lupus cohort, one third of the patients had at least one hospitalization; of them, three quarters were due to SLE disease activity. Our findings call attention for controlling disease activity and preventing damage using antimalarials early in the disease course disease to prevent the first hospitalization.

LSO-033 COMPARISON OF THE SYSTEMIC LUPUS INTERNATIONAL COLLABORATING CLINICS FRAILTY INDEX (SLICC-FI) AND THE FRAIL SCALE FOR IDENTIFYING FRAILTY AMONG INDIVIDUALS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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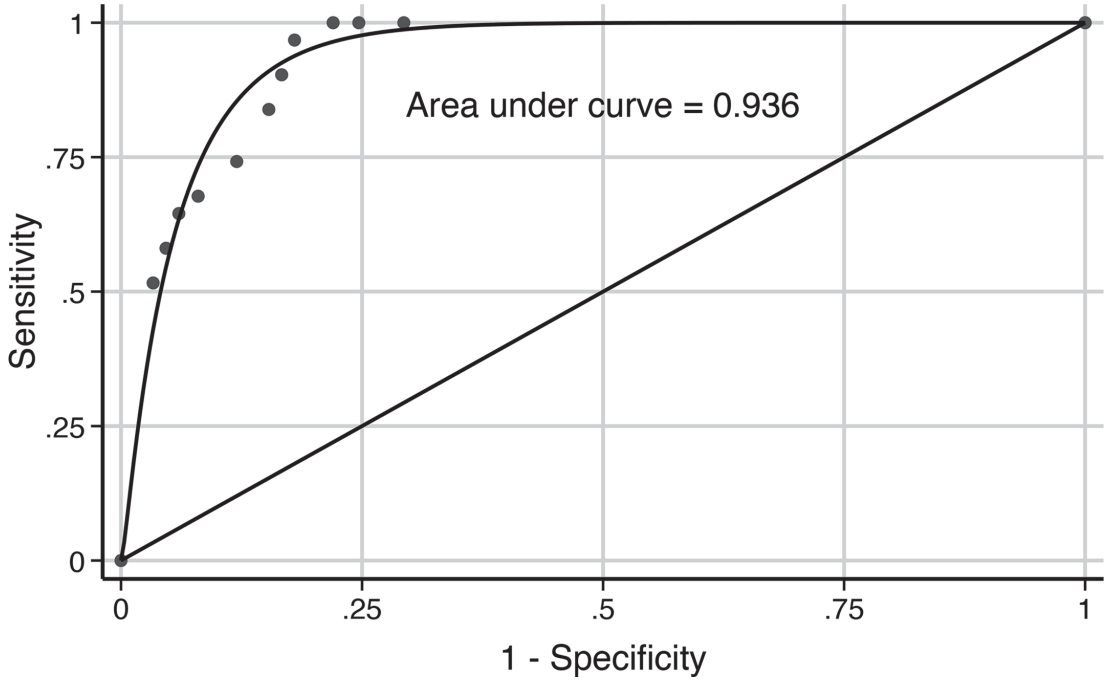
Background Frailty is associated with adverse health outcomes in systemic lupus erythematosus (SLE). We aimed to assess the agreement between two frailty measures, the SLICC Frailty

Abstract LSO-033 Table 1 Clinical and laboratory characteristics of SLE patients based on frailty status (n=181)

	FRAIL scale questionnaire			SLICC frailty index (SLICC-FI)		
	Non-frail (n=150)	Frail (n=31)	p-value [c]	Non-frail (n=124)	Frail (n=57)	p-value [c]
Age in years, mean (SD)	52.9 (14.3)	62.7 (11.8)	**0.0004**	52.1 (13.8)	59.9 (14.2)	**0.0006**
Female, n (%)	133 (88.7)	30 (96.8)	0.319	111 (89.5)	52 (91.2)	0.721
Education, n (%)			**0.033**			**0.002**
Did not complete HS	9 (6.0)	5 (16.1)		5 (4.0)	9 (15.8)	
Completed HS	35 (23.3)	11 (35.5)		27 (21.8)	19 (33.3)	
Completed college	106 (70.7)	15 (48.4)		92 (74.2)	29 (50.9)	
Employment status, n (%)			**0.002**			**<0.001**
Employed	79 (53.0)	5 (16.1)		73 (59.4)	11 (19.3)	
Student	4 (2.7)	1 (3.2)		3 (2.4)	2 (3.5)	
Retired	37 (24.8)	15 (48.4)		30 (24.4)	22 (38.6)	
Disability	25 (16.8)	9 (29.0)		14 (11.4)	20 (35.1)	
Unemployed	4 (2.7)	1 (3.2)		3 (2.4)	2 (3.5)	
Cigarette smoking, n (%)			0.297			
Ever smokers	64 (43.0)	16 (53.3)		48 (39.0)	32 (57.1)	**0.024**
Current smokers	20 (13.4)	3 (10.0)		15 (12.2)	8 (14.3)	0.698
SLE disease duration in years, mean (SD)	19.8 (11.1)	22.4 (12.8)	0.258	18.8 (11.1)	23.3 (11.8)	**0.015**
SLEDAI-2K, median (IQR)	1 (0-2)	2 (0-2)	0.618	0.5 (0-2)	2 (0-4)	0.057
SDI, median (IQR)	1 (0-2)	2 (1-3)	**0.0003**	0 (0-2)	2 (1-3)	**0.0003**
SF-36 MCS score, mean (SD)	45.6 (13.1)	41.5 (13.3)	0.109	47.4 (12.2)	39.7 (13.8)	**0.0002**
SF-36 PCS score, mean (SD)	41.3 (11.2)	19.3 (6.7)	**<0.0001**	43.9 (10.2)	23.7 (8.1)	**<0.0001**
CRP [a] (mg/L), median (IQR)	2.5 (1.1 – 5.5)	4.0 (1.6 – 9.8)	**0.028**	2.3 (1.0 – 4.4)	4.1 (1.6 – 9.2)	**0.003**
ESR [b] (mm/hr), median (IQR)	20 (16 – 29)	26.5 (18 – 55)	**0.046**	20 (15.5 – 27.5)	24 (17 – 45)	**0.037**
Glucocorticoid use, n (%)	3 (2.0)	3 (9.7)	0.064	2 (1.6)	4 (7.0)	0.079
Antimalarial use, n (%)	84 (56.0)	11 (35.5)	**0.037**	70 (56.5)	25 (43.9)	0.115
Immunosuppressive use, n (%)	39 (26.0)	11 (35.5)	0.282	32 (25.8)	18 (31.6)	0.420
Biologic use, n (%)	3 (2.0)	1 (3.2)	0.532	1 (0.8)	3 (5.3)	0.093

SD = standard deviation; IQR = interquartile range; SDI = SLICC/ACR damage index; SF-36 = Short Form-36; MCS = mental component summary; PCS = physical component summary; CRP = C-reactive protein; ESR = erythrocyte sedimentation rate.
[a] Missing CRP values for 24 patients.
[b] Missing ESR values for 16 patients.
[c] Statistical differences between frail and non-frail patients evaluated using Fisher's exact (if cell sizes < 5) or Chi-square tests for categorical variables, t-tests for normally distributed continuous variables, and Wilcoxon rank-sum tests for non-normally distributed continuous variables.



Abstract LSO-033 Figure 1 Receiver operating characteristic (ROC) curve for SLICC frailty index (SLICC-FI) values, based on agreement with frailty status as determined by the FRAIL scale

Index (SLICC-FI) and the FRAIL scale, for identifying frailty among SLE patients. We also evaluated differences in characteristics between frail and non-frail SLE patients according to each frailty definition.

Methods This was a cross-sectional study of consecutive adult SLE patients assessed in the Lupus Clinic at a single academic medical centre from December 2020-November 2021. At a single visit, participants were assessed for disease activity, organ damage, comorbidities, medications, and health-related quality of life (HRQoL). A SLICC-FI score was calculated for each patient. The 5-item FRAIL scale was administered at the same visit. Agreement between the SLICC-FI and the FRAIL scale was evaluated. Receiver operating characteristic (ROC) curve analysis was performed to determine the optimal threshold SLICC-FI value based on agreement with the FRAIL scale.

Results The 181 SLE patients were mostly female (90.1%) with mean (SD) age 54.6 (14.3) years. Mean (SD) baseline SLICC-FI score was 0.17 (0.08), with 57 patients (31.5%) classified as frail (SLICC-FI >0.21). Based on the FRAIL scale, 31 patients (17.1%) were classified as frail (≥3/5 items). There was moderate correlation between the FRAIL scale and the SLICC-FI ($r=0.639$; $p<0.0001$). Agreement occurred in 84.5% of cases ($\kappa=0.591$; $p<0.0001$). The ROC curve analysis yielded an AUC of 0.936 (figure 1). The existing SLICC-FI cut-off value of >0.21 was the optimal threshold (sensitivity 96.8%, specificity 82%). For both frailty definitions, there were significant differences between frail and non-frail SLE patients in terms of age, education, employment status, organ damage, HRQoL, CRP levels, and ESR values (table 1).

Conclusions There is moderate agreement between the SLICC-FI and the FRAIL scale for identifying frailty in SLE patients. Each frailty metric may have distinct advantages in different settings.

LSO-034 ASSOCIATION OF LATENT TUBERCULOSIS INFECTION WITH CLINICAL AND SEROLOGICAL PARAMETERS IN SYSTEMIC LUPUS ERYTHEMATOSUS- A PROSPECTIVE OBSERVATIONAL STUDY

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Background Identifying clinical and serological associations of Latent tuberculosis infection (LTBI) in lupus may be important in preventing progression to overt TB. This study aimed to assess prevalence of LTBI, its association with clinical and serological parameters in SLE.

Methods This is a single center prospective observational study. SLE patients with no prior TB were recruited (n=219). Demography and disease parameters were noted at baseline, 6 and 12 months. LTBI was assessed using TB-IGRA (IFN-γ release assay) and SLE cases were divided into IGRA positive and negative groups. Correlation of disease activity was assessed with IFN-γ levels in unstimulated tube of TB IGRA (for baseline immune activation).

Results Among 219 patients, prevalence of LTBI was 18.7%. Average disease duration was 3.5 years. Proportion of Ro 52 was higher in IGRA positive (43.9%) than negative group (25.3%) ($p=0.014$) and anticardiolipin IgM antibody higher in IGRA negative group (12.9%) than positive group (2.4%) ($p=0.032$). Comparison of clinical features yielded no statistically significant difference. Serology revealed greater proportion of low C4 in IGRA negative as compared to the positive group($p=0.036$). There was no correlation of SLE disease activity with the IFN-γ levels in the unstimulated tube of TB IGRA. Follow up data was available for 56% at 1 year and