

Short oral presentation session 11: SLE outcomes and prognosis

LSO-058 CHANGES IN CLINICAL FEATURES AND MORTALITY OF EARLY (1998–2007) AND LATE COHORT (2008–2017) OF SYSTEMIC LUPUS ERYTHEMATOSUS: A PROSPECTIVE INCEPTION COHORT STUDY

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Background Prognosis of systemic lupus erythematosus (SLE) has been improved during past decades. However, some clinical features which might be associated with poor prognosis persist or increase. This study aimed to identify changes of clinical features and mortality between late and early cohort.

Methods Among 1,448 SLE patients, 621 defined to inception cohort. They divided into early (1998–2007, n=317) and late (2008–2017, n=304) cohort and followed for 10 years until 2008 and 2018, respectively. They were compared with ACR criteria, SLEDAI, Adjusted Mean SLEDAI (AMS), SDI, and mortality. Mortality data were collected by linking with data from the Korean National Statistics Office. Poisson Cox hazard model was used to investigate risk factors for mortality.

Results Mean age at enrollment was 28.5 ± 10.9 years and women were 92.3% in overall inception cohort. Baseline demographic characteristics and the number of ACR criteria during follow-up were not different between two cohorts (all $P > 0.05$). SLEDAI at enrollment ($P < 0.001$) and AMS ($P = 0.03$) were lower in late cohort than early cohort. There was no difference in SDI accrual ($P = 0.546$). However, most common organ damage in early cohort was musculoskeletal (12.3%), followed by neuropsychiatric (8.2%) and renal (7.3%), whereas in late cohort, musculoskeletal (11.5%), followed by pulmonary (6.6%) and skin (5.6%). Renal damage was less in late cohort (7.3% and 2.6%, $P = 0.013$). Mortality was not different between them [$n = 10$ (3.2%) and $n = 8$ (2.6%), $P = 0.882$]. Risk factors for mortality in early cohort was no use of hydroxychloroquine ($P = 0.017$) and neuropsychiatric damage ($P = 0.024$), whereas in late cohort pulmonary damage ($P = 0.028$).

Conclusions Prognosis of late cohort have been improved regarding to disease activity and renal damage. Mortality was not different, but risk factors for mortality in late cohort have been changed from neuropsychiatric to pulmonary damage, which could be a target to improve outcomes for SLE patients diagnosed recently.

LSO-059 SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS IN AUCKLAND: EPIDEMIOLOGY AND ATTAINMENT OF LUPUS LOW DISEASE ACTIVITY STATE (LLDAS)

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Background New Zealand became a member of the Asia Pacific Lupus Collaboration (APLC) group in 2018. The APLC treat-to-target (T2T) LLDAS study is an ongoing, prospective longitudinal study ($n = 4,106$).

The aim of this study was to: (1) assess SLE epidemiology from the Auckland cohort of APLC T2T LLDAS study, and (2) examine if there are ethnic differences in association with the ability to achieve LLDAS, with emphasis on lupus nephritis.

Methods All patients fulfilled either the ACR or SLICC lupus criteria. At each study visit (3 to 6 monthly), patients are assessed for flares using SLEDAI-2K. Information on medication and laboratory data are collected. Patients are assessed annually for SLE damage.

Results 144 patients from 3 Auckland hospitals were recruited during 2018–2020. The ethnic breakdown was Asian 42%, European 33%, Pacific Island (PI) 19% and Maori 4.9%. Arthritis ($n = 115$, 80%), was the most common clinical feature. 41 patients (28%) had renal disease.

The incidence of SLE in Auckland is 6.32 per 100,000. Asian ($n = 23/60$, 38%) and PI patients ($n = 9/28$, 32%) had more renal disease ($p = 0.03$). PI patients had proportionally more proliferative (Class III/IV) lupus nephritis that can potentially lead to long term renal damage compared to the other ethnic groups ($n = 8/9$, 89%; $p = 0.046$). 76% ($n = 109$) of patients achieved LLDAS on at least one occasion. 90% ($n = 129$) of patients were on hydroxychloroquine. The mean SDI damage score is 0.4.

Conclusions This is the first NZ study to provide prospective data on SLE disease activity and damage. There are ethnic differences in lupus nephritis with over representation in Asian and PI patients.

LSO-060 SELF-EFFICACY IS ASSOCIATED WITH A LOWER PROBABILITY OF DAMAGE ACCRUAL IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Self-efficacy for managing chronic conditions assesses the confidence an individual has on her/his ability of successfully performing specific tasks related to a chronic condition in several different situations. It is considered a modifiable behavior in educational interventions in SLE patients. The aim of this study was to evaluate the association between self-efficacy and damage accrual in SLE patients.

Methods We evaluated SLE patients from the Almenara Lupus Cohort. Self-efficacy was ascertained with six instruments of the Patient-Reported Outcomes Measurement Information System® (PROMIS®) Self-efficacy for Managing Chronic Conditions. For PROMIS instruments, a score of 50 is the average for a clinical population (people with a chronic condition),