PERFORMANCE OF CONVENTIONAL CARDIOVASCULAR RISK FACTORS ASSOCIATED WITH THE DEVELOPMENT OF HYPERTENSION WITH HIGHER LUPUS ERYTHEMATOSUS

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Background Cardiovascular disease (CVD) is a major cause of mortality in systemic lupus erythematosus (SLE). Role of conventional risk scores which look at cardiovascular events, in assessing subclinical atherosclerosis in SLE is not fully established. This study aims to assess performance of QRISK3 (QRSK3), systemic coronary risk evaluation (SCORE) and WHO (World Health Organization) CVD risk scores in subclinical atherosclerosis and determine clinical associations of the same.

Methods This is a single center cross-sectional analytical study which enrolled 79 patients with SLE (without CVD) and 76 healthy controls. Demography, disease activity, autoantibodies, steroid dose were noted. Subclinical atherosclerosis (carotid plaque or abnormal carotid intima media thickness cIMT) and CVD risk (QRSK3, SCORE and WHO scores) were assessed. Agreement between scores was determined using kappa coefficient.

Results Subclinical atherosclerosis was seen in 52% SLE (abnormal cIMT-47% and plaque- 8%) and 53% healthy controls. Demography, disease activity, autoantibodies, steroid dose were noted. Subclinical atherosclerosis (carotid plaque or abnormal carotid intima media thickness cIMT) and CVD risk (QRSK3, SCORE and WHO scores) were assessed. Agreement between scores was determined using kappa coefficient.

Conclusions Sensitivity of conventional CVD scores in detecting subclinical atherosclerosis was very poor in SLE with QRSK3 and WHO score having good specificity. Hence, until further scores are validated, screening for subclinical atherosclerosis with carotid ultrasound remains gold standard.

ASSOCIATION OF HYPERTENSION WITH HIGHER CHRONICITY INDEX SCORES AMONG PATIENTS WITH LUPUS NEPHRITIS

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Background Kidney biopsies provide useful information to guide management in lupus nephritis (LN). Standard histopathology report includes ISN/RPS class, as well as Activity Index (AI) and Chronicity Index (CI) scores representing inflammation and fibrosis, respectively. We analyzed the clinical attributes associated with histopathologic class, AI and CI scores in patients with LN.

Methods We reviewed the medical records of LN patients seen at the University of Santo Tomas (UST, Manila Philippines) who underwent kidney biopsies from 2015 to 2022. Correlations between SLE disease characteristics at time of biopsy with ISN/RPS class, AI and CI scores were analyzed using Pearson correlation coefficient.

Results Of 44 patients (95.5% females), 13 and 29 patients had Class III and Class IV LN respectively, 1 each with coexisting Class V. Two patients had pure Class V, there were no patients in the other classes. Mean age was 25.1±10.3 years at LN diagnosis, with average disease duration of 2.4±3.7 years from diagnosis to biopsy. 70.5% had mild to moderate disease (SLEDAl<12) at biopsy. Average serum creatinine was 1.4±0.87 mg/dL, eGFR 71.8±37.7 mL/min, UPGR 2.6±1.4, and SLEDAl 10.6±4.4. Of renal parameters, only hypertension was associated with higher CI (r=0.417, p=0.002); although there was a trend for higher UPGR (r=0.144, p=0.176) and serum creatinine (r=0.221, p=0.075).