

### LSO-085 NATIONWIDE PATTERNS AND FACTORS ASSOCIATED WITH ADVERSE PREGNANCY OUTCOMES IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

<sup>1</sup>Yu-Seon Jung\*, <sup>2,3</sup>Yeo-Jin Song, <sup>4</sup>Jihyun Keum, <sup>2,3</sup>Soo-Kyung Cho, <sup>2,3</sup>Yoon-Kyoung Sung, <sup>1,5</sup>Sun-Young Jung. <sup>1</sup>College of Pharmacy, Chung-Ang University, Republic of Korea; <sup>2</sup>Department of Rheumatology, Hanyang University Hospital for Rheumatic Diseases, Republic of Korea; <sup>3</sup>Hanyang University, Institute for Rheumatology Research, Republic of Korea; <sup>4</sup>Department of Obstetrics and Gynecology, College of Medicine, Hanyang University, Republic of Korea; <sup>5</sup>Department of Global Innovative Drugs, Graduate School of Chung-Ang University, Republic of Korea

10.1136/lupus-2023-KCR.126

**Background** Systemic Lupus Erythematosus (SLE) is predominant in women of childbearing age. Careful family planning is required because SLE disease activity and SLE therapy affect the risk of adverse pregnancy outcomes (APOs). This study investigates prevalence and risk factors of APOs (Pre-term birth (PB), pre-eclampsia/eclampsia).

**Methods** We conducted a cohort study of pregnancies in women with SLE using the National Health Insurance Service (NHIS) database of Korea (2002–2018). SLE was defined as having both ICD-10 codes (M32.0) and rare intractable disease registration codes (V136). Pregnancies from 2005 to 2017 of women aged 15–49 with SLE-related visits at least a year before the Last Menstrual Period (LMP) were included. Logistic regression models for APOs were conducted, including age, SLE-related clinical characteristics before pregnancy (SLE treatments during 3 months before LMP, number of SLE-related outpatient visits or hospitalization), use of immunosuppressants (mycophenolate mofetil (MMF)/methotrexate (MTX)/cyclophosphamide (CYC)) during pregnancy, comorbidities, parity, and obstetric complications.

**Results** In 5,044 total pregnancies, mean age was 32.4 years (standard deviation 4.3). PB and pre-eclampsia/eclampsia were 11.0% and 4.3%, respectively. Only 42.3% were prescribed hydroxychloroquine (HCQ) during pregnancy, and 2.8% were prescribed MMF/MTX/CYC during 1st trimester. PB was associated with more than 10 SLE-related visits (Adjusted Odds Ratio [AOR] 2.15, 95% Confidence Interval [CI] 1.64–2.81) in previous year and pre-eclampsia/eclampsia (AOR 2.02, 95% CI 1.42–2.85). The risk of pre-eclampsia/eclampsia was associated with MMF/MTX/CYC use during the first trimester (AOR 3.55, 95%CI 1.32–9.57), hypertension (AOR 2.70, 95%

CI 1.93–3.77), and steroids use during 3 months before LMP ( $\geq 7.5$ mg AOR 1.89, 95%CI 1.28–2.79 vs. 0mg).

**Conclusions** The limited use of HCQ during pregnancy was observed in study period. PB was associated with higher number of SLE visits before pregnancy and pre-eclampsia/eclampsia. Pre-eclampsia/eclampsia was associated with MMF/MTX/CYC use during the first trimester, hypertension, and steroid use, reflecting the effects of maternal comorbidities and SLE disease activity.

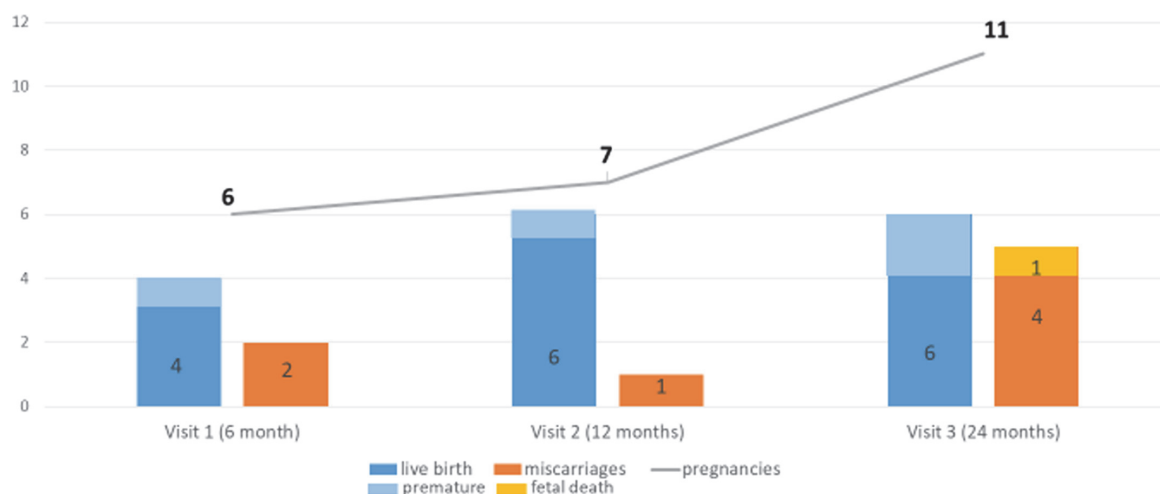
### LSO-086 PREGNANCY OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM A MULTIETHNIC, MULTINATIONAL LATIN AMERICAN COHORT

<sup>1</sup>Rosa M Serrano Morales, <sup>1</sup>Romina Nieto, <sup>1</sup>Rosana Quintana, <sup>1</sup>Paula Alba, <sup>1</sup>Sabrina Porta, <sup>1</sup>Lucia Hernandez, <sup>1</sup>Guillermo A Berbotto, <sup>1</sup>Verónica Bellomio, <sup>1</sup>Nilzio Antonio Da Silva, <sup>1</sup>Odirlei Andre Monticelo, <sup>1</sup>Fernando De Souza Cavalcanti, <sup>1</sup>Francinne Machado Ribeiro, <sup>1</sup>Eduardo F Borba, <sup>1</sup>Eloisa Bonfa, <sup>1</sup>Loreto Massardo, <sup>1</sup>Gustavo Aroca Martinez, <sup>1</sup>Andrés Cadena Bonfanti, <sup>1</sup>Gerardo Quintana López, <sup>1</sup>Mario Moreno, <sup>1</sup>Jorge A Esquivel Valerio, <sup>1</sup>María I Acosta, <sup>1</sup>Astrid Paats Nicora, <sup>1</sup>Claudia S Mora Trujillo, <sup>1</sup>Marina Scolnik, <sup>1</sup>Diana Fernandez, <sup>1</sup>Carmen Funes Soaje, <sup>1</sup>Verónica Saurit, <sup>1</sup>Mercedes García, <sup>1</sup>Eduardo Kerzberg, <sup>1</sup>Graciela Gómez, <sup>1</sup>Cecilia Pisoni, <sup>1</sup>Edgard Torres dos Reis Neto, <sup>1</sup>Iris Guerra Herrera, <sup>1</sup>Oscar Neira Quiroga, <sup>1</sup>Carlos A Cañas, <sup>1</sup>Miguel A Saavedra Salinas, <sup>1</sup>Margarita Portela Hernández, <sup>1</sup>Hilda Fragoso Loyo, <sup>1</sup>Luis H Silveira, <sup>1</sup>Ignacio García de la Torre, <sup>1</sup>Manuel Ugarte-Gil, <sup>1</sup>Armando Calvo-Quiroz, <sup>1</sup>Roberto Muñoz Louis, <sup>1</sup>Ricardo Robaina, <sup>1</sup>Vicente Juárez, <sup>1</sup>Álvaro Danza, <sup>1</sup>Carlos E Toro-Gutierrez, <sup>1</sup>Carlos Abud Mendoza, <sup>1</sup>Ana Malvar, <sup>1</sup>Graciela S Alarcón, <sup>2</sup>Ashley Orillion, <sup>2</sup>Urbano Sbarigia, <sup>2</sup>Federico Zazzetti, <sup>1</sup>Guillermo J Pons-Estel\*, <sup>1</sup>Bernardo A Pons-Estel. <sup>1</sup>Latin American Group for the Study of Lupus, GLADEL, Argentina; <sup>2</sup>Janssen Pharmaceutical Companies of Johnson and Johnson, ., USA

10.1136/lupus-2023-KCR.127

**Background** Obstetric morbidity (OM) is higher in Systemic Lupus Erythematosus (SLE) women than in healthy ones. Few data on SLE pregnancy outcomes in Latin America (LA) have been reported. The aim of this study was to assess SLE pregnancy outcomes in LA.

**Methods** GLADEL 2.0 is an observational prevalent/incident cohort started in 2019.<sup>1</sup> To date, 43 centers from 10 LA countries have enrolled 1030 SLE patients,  $\geq 18$  years, 1982/1997 ACR or SLICC criteria. Women with at least one pregnancy were included. Past and ongoing (6, 12, 24 months



Abstract LSO-086 Figure 1 Pregnancy outcome during 2-year follow-up (6, 12 and 24 months)