

received cyclophosphamide, 27 mycophenolate mofetil (MMF), 7 methotrexate, 5 azathioprine and 4 patients were on belimumab. Mortality in the study population was 2%. Complete remission of the disease was obtained for 17 patients (33%), 6 patients (11%) benefited from medical evacuation, follow-up data remained unknown for 10 patients (18%). The main complications are infectious in the foreground with cases of neuromeningeal cryptococcosis, severe bacterial endocarditis (*S.aureus* secreting Panton Valentine toxin), pulmonary nocardiosis and shingles. Then follow the complications of the disease: obstetric APS, deterioration of renal function then iatrogenic complications (aplasia due to azathioprin).

The uniqueness of the Mahorese cohort relies on the high prevalence of severe forms of SLE (especially kidney involvement) although non-severe forms are probably insufficiently diagnosed in the territory. The occurrence of opportunistic infection in this dysimmune status with immunosuppressive treatment is also a particularity of the Mahorean lupus population. To our knowledge, this is the first study describing the epidemiology of SLE in Mayotte. Additional studies are nevertheless necessary to evaluate the immunological and histological profile of Mahorais patients.

P81 LIGHT CHAIN DEPOSITION IN THE KIDNEYS OF PATIENTS WITH LUPUS NEPHRITIS

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Objective Light chain deposition has been shown to be an important histologic hallmark with differences in isotype, characteristics and ratio of kappa and lambda light chains having a significant role in pathobiology, pathogenesis and prognosis of several glomerular diseases. However, there is, to the best of our knowledge, no study dedicated to evaluating light chain deposits in patients with lupus nephritis (LN).

Methods We have conducted a retrospective cohort study to evaluate the characteristics and prognostic significance of light chain deposition profile in the kidney of subjects with LN. We have collected data on demographics, clinical and laboratory parameters and histopathology (light, immunofluorescent and electron microscopy). Lambda domination (LD) was defined as lambda intensity – kappa intensity $\geq +1$. SLE was diagnosed using the ACR criteria and renal outcomes per KDIGO.

Results A total of 56 patients with LN were followed up for at least one year after kidney biopsy (79% women, mean age at biopsy 38±13 years). Mean number of glomeruli per biopsy sample was 26±12. A total of 42 (75%) patients had light chain deposition in the glomerulus with 4 (7%) having restricted lambda chain deposition and none had restricted kappa chain deposition. Mean immunofluorescent intensity was 1.6±1.0 for lambda and 1.8±1.0 for kappa light chain. A total of 12 (21%) patients had LD in the glomerulus.

When examining renal outcomes at one year post-biopsy, 55% of patients achieved complete response (CR), 30% achieved partial response (PR) and 15% had no response. There were no differences in achievement of remission (CR or PR) between patients with vs. without light chain deposition (88% vs. 71%, $p=0.60$) as well as between those with vs. without LD (90% vs. 83%, $p>0.99$).

Conclusion Light chain deposition is prevalent in LN, but LD is much lower than in IgA nephropathy. While their deposition did not affect renal outcomes in our patients, light chains are an important factor to consider in LN patients, especially where restriction is present and further work-up, primarily for hematologic disease, is needed. Further investigation of the potential effect of pathobiologic characteristics of light chains in LN is warranted.

P82 HEALTH LITERACY STATUS AND ITS CORRELATES AMONG PATIENTS WITH LUPUS NEPHRITIS

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Objectives Low health literacy (HL) is associated with worse clinical outcomes. In systemic lupus erythematosus (SLE) this has not been extensively studied, particularly in the United Kingdom. We sought to evaluate the health literacy in patients with lupus nephritis (LN) in a deprived area of East London.

Methods Health literacy in patients with biopsy proven LN was assessed. Patients were contacted via phone and with verbal consent completed two assessments of health literacy. The Brief Health Literacy Screening Tool (BRIEF), a validated assessment of health literacy, and the Dupus Knowledge Assessment Test (LKAT) developed within Duke University Hospital to assess SLE specific knowledge. Highest educational attainment and first language was recorded. Univariate analyses (Fisher's exact and Kruskal Wallis rank-sum test) were applied to the results.

Results 161 eligible patients were identified, 99 were successfully surveyed, 13 refused, 2 were unable to take part and 47 were unsuccessfully contacted on two separate occasions. 53/99 patients (53.54%) spoke English as a first language and 73 patients (73.73%) belonged to a minority ethnic group, the majority being Asian ethnicity (38/99) followed by White (27/99) and Black (17/99). 85/99 patients were female (85.86%). 46/99 patients (46.46%) attended higher education (classified as college or university), 29 patients (29.29%) achieved A-level equivalent and 16 patients (16.16%) GCSE.

Average LKAT score was 2.43 (maximum score 4) and 62 patients (62.63%) achieved 'adequate HL' according to BRIEF. Educational attainment and first language were not statistically linked ($P < 0.102$). Performance on the BRIEF and LKAT were strongly correlated ($P < 0.00013$). LKAT was significantly linked with first language ($P < 0.042$) but not educational attainment ($P < 0.056$). BRIEF was significantly related to educational attainment ($P < 0.0017$) but not first language ($P < 0.229$), with attending higher education being the most significant factor for good health literacy.

Conclusion This study has identified that language and educational attainment are important correlates of health literacy in patients with LN. For the LN specific assessment language more than educational attainment was a key discriminator.