the deviance used for inclusion in and exclusion from the model.

Results 229 SLE patients were included, and baseline characteristics are summarised in table 1. Total follow-up 3448 patient-years; median (IQR) follow up time was 11.6 (6.7, 21.4) years. Intensive therapy was initiated in 110 (48%) patients. The median (IQR) time to intensive therapy was 2 (0.5,8) years. Rituximab was the most common intensive therapy followed by cyclophosphamide (51.8% and 40.9%, respectively). In UVA, factors associated with increased risk of intensive therapies requirement were antibodies positivity for anti-Ro, anti-Sm and anti-RNP, cumulative number of Ab positivity, low complement levels, 2019 EULAR/ACR criteria score≥20, and higher cSLEDAI-2K score. While in MVA, anti-Ro+, low complement levels, and higher cSLEDAI-2K were associated with increased risk of intensive therapies requirement.

Conclusions Nearly half of SLE patients required intensive therapy and this was predicted by anti-Ro+, low complement levels, and high clinical-SLEDAI-2K score at SLE diagnosis. At present, it is unclear whether patients should receive initial antimalarials, then immunosuppressants, then biologic therapies, or whether some patients should receive a first-line biologic therapy. Our data suggest that patients with these predictive factors develop more severe SLE, fail conventional therapies, and therefore are suitable for first-line biologic therapy. If our results can be validated, then such a strategy may prevent severe SLE.

P156 RECOMMENDATIONS OF NONPHARMACOLOGICAL MANAGEMENT OF SLE AND SSC: ASSESSING ALIGNMENT WITH CLINICAL CARE

[1,2]Francesca Marchiori, [3,4]Rita Schriemer, [4]Els van den Ende, [5]Agnes Kocher, [6]Valentin Ritschl, [2]Birgit Barten, [7]Ilaria Galetti, [8]Rene Westhovens, [9]Oliver Distler, [10]Carina Bostrom, [10]Ioannis Parodis. *[1]Lupus Europe, Brussels,Belgium; [2]EULAR-PARE, Kilchberg, Switzerland; [3]NVLE, Nijmegen, The Netherlands; [4]Sint Maartenskliniek, Nijmegen, The-Netherlands; [5]Universitat Basel, Basel, Switzerland; [6]Medical University of Vienna, Vienna, Austria; [7]FESCA, Saint-Maur, Belgium; [8]Universiteit Leuven, Leuven, Belgium; [9]University of Zurich, Zurich, Switzerland; [10]Karoliska Institutet, Stockholm, Sweden*

10.1136/lupus-2024-el.210

Background Systemic lupus erythematosus (SLE) and systemic sclerosis (SSc) have a high disease burden which cannot be sufficiently alleviated with pharmacological treatment alone. In summer 2023 EULAR recommendations for non-pharmacological management of SLE and SSc were published https://doi.org/10.1136/ard-2023-224416.

Dissemination and implementation of the recommendations into daily clinical practice is crucial due to the impact on patients QoL and on a holistic management of these diseases.

Methods We first aim at raising awareness of the recommendations to ensure adoption in clinical practice.

Twelve European national teams consisting of patient representatives, Health professionals (HPRs), and physicians engaging in the care of people with SLE and SSc have been formed.

Each national team will disseminate the recommendations, e.g., in the form of translations, publications, mailings, presentations (step 1).

An online survey (step 2) will be prepared, translated, checked by native speakers, and pilot-tested in a smaller group of patients. The survey gauges both the professional and experiential opinion of stakeholders' perceived alignment of each recommendation with current clinical practice in their respective countries. The survey will be circulated to SLE and SSc patients, HPRs, and physicians. Qualitative data will be translated, checked by native speakers, and analysed using qualitative methodology. Project reports results including the result of the analysis will be published both at national, and global level (step 3).

The role of patient representative is key in all the steps.

Results The first twelve national teams were formed in Switzerland, Austria, Belgium, Germany, Greece, Hungary, Italy, Portugal, Sweden, United Kingdom, Denmark, the Netherlands. The congress is the occasion for discussing the EULAR recommendations, showing the first results of the national teams disseminating the recommendations and inviting stakeholders from other countries to participate in the project and in its next steps.

Conclusions This project aims to provide a foundation for disseminating and implementing the recent published EULAR recommendations for the non-pharmacological management of SLE and SSc. All stakeholder groups involved can use their network to disseminate the recommendations and amplify the reach of the recommendations in a multi-tiered approach. In this action research, the role of patient representatives is key.

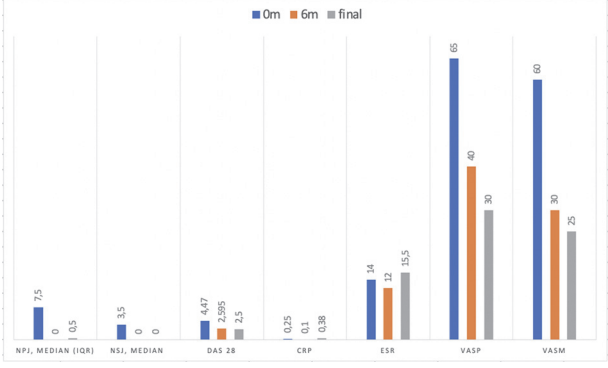
P157 BARICITINIB FOR THE TREATMENT OF RHUPUS SYNDROME

Pablo Martínez Calabuig, Jorge Juan Fragío Gil, Roxana González Mazarío, Sara Moner Marín, Laura Salvador Maicas, Mireia Sanmartín Martínez, Amalia Rueda Cid, Juan José Lerma Garrido, Clara Molina Almela, Cristina Campos Fernández. *Dept. of Rheumatology, Consortium Hospital General Universitary, Valencia, Spain*

10.1136/lupus-2024-el.211

Objectives To assess the effectiveness and safety of baricitinib in the treatment of Rhupus.

Methods We conducted a retrospective observational review of medical records from the Rheumatology Department at our hospital between 2019 and 2023, identifying patients diagnosed with Rhupus, who received baricitinib. The diagnosis of Rhupus was assigned to patients who met the diagnostic criteria for both Rheumatoid Arthritis (RA) and Systemic Lupus Erythematosus (SLE). The study involves a comprehensive analysis of clinical outcomes and medication safety profiles for these patients.



Abstract P157 Figure 1 Comparative analysis of Rhupus activity parameters over time in patients treated with baricitinib

Abstract P157 Table 1 Evolution of activity parameters during treatment

	0m	6m	final
NAD, median (IQR)	7,5 (2-10)	0 (0-8)	0,5 (0-6)
NAT, median (IQR)	3,5 (2-8)	0 (0-4)	0 (0-4)
DAS 28, median (IQR)	4,47 (3,36-5,78)	2,595 (1,47-4,8)	2,5 (1,61-4,4)
CRP, median (IQR), mg/dL	0,25 (0-2,8)	0,1 (0-1,28)	0,38 (0,02-1,28)
ESR, median (IQR), mm/h	14 (2-57)	12 (5-50)	15,5 (2-45)
VASp, median (IQR), mm	65 (50-90)	40 (10-80)	30 (0-80)
VASm, median (IQR), mm	60 (60-70)	30 (10-50)	25 (0-50)

Results A total of 8 patients diagnosed with Rhupus undergoing baricitinib treatment were included. 87.5% were female (median age of 60.5 years, and median follow-up of 12 years). The predominant clinical presentation was RA in 75% of the patients and SLE symptoms in 25%. All patients were ANA positive, while 75% had anti-citrullinated protein antibodies (ACPA) and 87.5% were rheumatoid factor (RF) positive.

At the initiation of baricitinib treatment, 62.5% were also taking methotrexate, 37.5% were on hydroxychloroquine, and the median dose of prednisone was 8.75 mg/day. The median duration of baricitinib treatment was 2.5 years. Data on the evolution of activity parameters during the treatment are presented in table 1 and figure 1.

There were 3 reports of serious infections, 2 due to Herpes zoster infections, one of which required suspension of treatment.

Conclusion Baricitinib, possibly in combination with other DMARDs, appears to be a promising option for the management of Rhupus, offering benefits in terms of reducing disease activity and improving patient quality of life. These preliminary findings warrant further investigation with larger sample sizes to confirm the efficacy and safety of baricitinib in Rhupus.

P158 BELIMUMAB FOR THE TREATMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS IN THE REAL WORLD: A SINGLE CENTER STUDY

Pablo Martínez Calabuig, Jorge Juan Fragío Gil, Roxana González Mazarío, Sara Moner Marín, Laura Salvador Maicas, Mireia Sanmartín Martínez, Amalia Rueda Cid, Juan José Lerma Garrido, Clara Molina Almela, Cristina Campos Fernández. *Dept. of Rheumatology, Consortium Hospital General Universitary, Valencia, Spain*

10.1136/lupus-2024-el.212

Objectives To analyze the effectiveness and safety of Belimumab in SLE patients with data from a Real-World cohort.

Methods A single center observational study was performed including SLE patients who had initiated treatment with

Abstract P158 Table 1 Baselines characteristics

Characteristic	All SLE patients n=15 (100%)	No Lupus Nephritis N=10 (37%)	Lupus Nephritis n=5 (51%)
Age – years (ds)	36.4 (11.4)	30.5 (6.9)	48.2 (9.2)
Female sex – number (%)	14 (%)	10 (100%)	4 (%)
Race – number (%)			
White	13 (86.7%)	10 (100%)	3 (60%)
Hispanic	1 (6.67%)	0 (0%)	1 (20%)
Asian	1 (6.67%)	0 (0%)	1 (20%)
Formulation use at baseline – number (%)			
Intravenous	5 (33.3%)	3 (30%)	2 (40%)
Subcutaneous	10 (66.7%)	7 (70%)	3 (60%)
Disease features – number (%)			
Neuropsiquiatric involvement	3 (20%)	2 (20%)	1 (20%)
History of Lupus Nephritis	5 (33.3%)	0 (0%)	5 (100%)
Arthritis	10 (66.7%)	7 (70)	3 (60%)
Cutaneous	7 (46.7%)	4 (40%)	3 (60%)
Mucosal Ulcers	4 (26.7%)	2 (20%)	2 (40%)
Hematological	13 (86.7%)	8 (80%)	5 (100%)
Serositis	2 (13.3)	1 (10%)	1 (20%)
Steroid treatment - Number	15 (100%)	10 (100%)	5 (100%)
Mean glucocorticoid dosage – mg of prednisone or equivalent	24.4 (18.03)	15.2 (7.6)	35.4 (20.62)
Concomitant medication– number (%)			
Antimalarial	14 (93.3%)	9 (90%)	5 (100%)
Methotrexate	5 (33.3%)	5 (50%)	0 (0%)
Azathioprine	4 (26.7%)	4 (40%)	0 (%)
Mycophenolate	5 (33.3%)	0 (0%)	5 (100%)
Cyclophosphamide	1 (6.67%)	0(0%)	1 (20%)
SLEDAI – mean total score	15.7 (5.4)	14.6 (6.01)	18 (4.2)
SLE immunological tests			
ANA positivity	15 (100%)	10 (100%)	5 (100%)
Complement component 3	15 (100%)	10 (100%)	5 (100%)
Complement component 4	15 (100%)	10 (100%)	5 (100%)
Anti-double strained DNA positivity	15 (100%)	10 (100%)	5 (100%)
Anti-double strained DNA titters	204.08 (220.6)	59.2 (29.6)	431.2 (206.75)