REFERENCES

1. Sarwar S, Mohamed A, Rogers S, Sarmast S, Kataria S, Mohamed K, *et al*. Neuropsychiatric systemic lupus erythematosus: a 2021 update on diagnosis, management, and current challenges. *Cureus*. 2021;**13**(9):11–1.
2. Song G, Cui Y, Qiao J, Cao S, Zhou Y, Zhu L. A case of systemic lupus erythematosus complicated with chorea and literature review. *J. Chin. Acad. Med. Sci*. 2023;**45**(1):161–166.

P53 MULTIMORBIDITY IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Objective Multimorbidity is defined as the co-occurrence of at least two chronic conditions in the same individual. Multimorbidity can have an impact on patient´s quality of life, chronic disease outcome, treatment choices as well as premature death and an increased health care utilization. The aim of our study was to determine the prevalence of multimorbidity in Systemic Lupus Erythematosus (SLE) patients and its impact on disease activity.

Methods We conducted a cross-sectional single centre study including patients followed for diagnosis SLE according to EULAR/ACR 2019 Criteria for the Classification of Systemic Lupus Erythematosus and hospitalized or outpatient followed-up in our rheumatology department. Personal characteristics and disease manifestations were assessed for each patient. Excluding criteria contained cutaneous lupus and age over 60. Multimorbidity was defined as 2 or more comorbidities (excluding SLE). Substantial multimorbidity as the presence of 5 or more comorbidities. Comorbidities were evaluated using the Rheumatic Disease Comorbidity Index (RDCI) and the Multimorbidity index (MMI), disease activity by SLEDAI score.

Results A total of 123 SLE patients were included. 109 females (88,6%) and 14 males (11,4%) with a mean age of 42,12 (SD 10,08). The mean follow-up period was 13,34 (SD 9,13) years, only 7 patients (5,69%) were newly diagnosed. Multimorbidity was noted in 101 patients with SLE (82,4%). Substantial multimorbidity in 41 cases (33,3%). The mean comorbidity score measured by the RDCI was 1,5 (SD 1,3) and MMI 6,5. RDCI and MMI was positively correlated with SLEDAI (p=0,022, p=0,026). Both indexes were significantly higher in SLE patients older than 40years of age. Most frequent comorbidities according to RDCI were hypertension (35%), cardiovascular disease (28%) (except myocardial infarction – 1,6%), lung disease (17%) and depression (8,8%).

Conclusion Multimorbidity is an increasing problem especially in patients with chronic autoimmune disease. In this study, we confirmed the high prevalence of multimorbidity in SLE patients. Increased attention to this issue is necessary because of its impact on disease activity and patient prognosis.

P54 SCREENING FOR PRIMARY ALDOSTERONISM IN HYPERTENSIVE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: ARE WE DOING IT ENOUGH?

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Objective Cardiovascular disease is one of the two leading causes of mortality in systemic lupus erythematosus (SLE). Hypertension, a traditional cardiovascular risk factor, is highly prevalent in SLE. Primary aldosteronism (PA), the most common endocrine cause of hypertension, remains under-screened and under-diagnosed, despite targeted treatment and surgical cure for PA being associated with a greater reduction in cardiovascular risk compared to blood pressure matched-essential hypertension. One study reported an association between PA and new onset of autoimmune diseases including SLE. However, whether PA contributes to hypertension in SLE has never been investigated. We aimed to determine the proportion of SLE patients with hypertension 1-meeting screening criteria for PA, 2- screened with an aldosterone-renin ratio (ARR), and 3- diagnosed with PA. We aimed to assess whether patients qualifying for PA screening had differences in SLE disease outcomes compared to those who did not.

Methods SLE patients attending the Monash Health lupus clinic between 2013–2022 were included in this retrospective study. Disease activity (Systemic Lupus Erythematosus Disease Activity Index 2000) and organ damage (Systemic Lupus International Collaborative Clinics Damage Index) were assessed. Hypertension was defined as blood pressure $\geq$140 and/or $\geq$90 on 2+ clinical visits, or a documented diagnosis. Assessment for meeting PA screening criteria was conducted according to the Endocrine Society's 2016 guidelines.

Results 322 patients were analysed (median age 41 years, 87% female; median disease duration and follow-up period: 6 years for both). Of those, 55% (178/322) had hypertension, and 8.7% (28/322) had drug-resistant hypertension. Of the hypertensive patients, 42.1% (75/178) were not recorded as such in medical records. 30% (95/322) met at least one criterion for PA screening; of those, 11% (10/95) were screened, including one abnormal result, and five suspicious results due to interfering medications. Patients qualifying for PA screening had higher renal disease activity and higher prevalence of cardiovascular and renal organ damage.

Conclusions Hypertension was highly prevalent, including 8.7% with resistant hypertension. Despite nearly a third qualifying for PA screening, only 11% were screened. Further research is needed to assess the prevalence of PA in SLE and its associations with disease outcomes.