P79 CLINICAL FEATURES AND PREVALENCE OF LATE AND VERY LATE ONSET SYSTEMIC LUPUS ERYTHEMATOSUS

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Objective The aim of this study was to investigate the characteristics of systemic lupus erythematosus (SLE) among elderly-onset patients and to compare their outcomes with those non-late (LO) onset SLE.

Methods We performed a retrospective study including 516 patients with SLE (ACR criteria) followed between 2008 and 2022. The patients were divided into late- (>50 years) and very late-onset (>60 years) groups. SLEDAI-2K, daily prednisone dose, SLICC Damage Index (SDI), and low disease activity (according to LLDAS definition)[1] at last follow-up in 2022 were assessed. Early mortality, within 10 years after diagnosis, was assessed in patients diagnosed in the last 15 years.

Results Among 516 SLE patients regularly followed, 38 (7.4%) were LO-SLE: mean±SD age at diagnosis 56.5 ±5.7 years (range 50–72), females 78%. Of them, 10 (2% of the overall cohort) were VLO-SLE: mean±SD age at diagnosis 65 ±4.0 years (range 60–72), females 60%. Compared to early-SLE patients, LO-SLE patients had more frequently cutaneous manifestations and positive antiSSA/SSB antibodies (table 1). Compared to non-LO-SLE, no difference in life-threatening manifestations was observed, including renal and neuropsychiatric involvement. The same trend was found in VLO-SLE. Accordingly, the use of immunosuppressants (including types of drugs) and biologics was similar (table 1). At last follow-up, SLEDAI-2K was lower in LO-SLE patients (1±2 vs. 2±3, p=0.01), whereas the proportion of patients on glucocorticoids (21% vs 37%) and in LLDAS (84% vs 74%) was similar to that observed in non-LO-SLE. Despite that, SDI was higher in LO-SLE (2, range 0–8) than in non-LO-SLE patients (1, range 0–10, p=0.004) but after excluding items possibly related to aging (cataract, osteoporosis, low GFR, malignancy) the difference was not significant anymore. Among 165 patients diagnosed in the last 15 years, mortality was similar in LO and early-onset SLE, although deaths within 10 years after diagnosis (2 cases) all occurred in early-SLE patients.

Conclusions LO- and VLO-SLE are insidious, with uncommon clinical manifestations and seem not to be associated with more benign disease outcomes.

Abstract P79 Table 1

	Late onset SLE (N=38)	Early onset SLE (N=478)	P value
Skin rash	13 (34.2)	262 (54.8)	0.027
Alopecia	3 (7.8)	60 (12.5)	n.s.
Cutaneous vasculitis	1 (2.6)	45 (9.4)	n.s.
Arthritis	23 (61)	353 (73.8)	n.s.
Leukopenia	17 (44.7)	191 (40)	n.s.
Thrombocitopenia	11 (29.9)	86 (18)	n.s.
Serositis	8 (21)	91 (19)	n.s.
Lupus nephritis-	16 (42.1)	258 (54)	n.s.
Neuro-SLE	8 (21)	81 (16.9)	n.s.
Anti-dsDNA Abs	25 (66)	335 (70)	n.s.
Anti-SSA/SSB Abs	23 (61)	201 (42)	0.044
Anti-U1RNP Abs	9 (23.6)	129 (27)	n.s.
Antiphospholipid Abs	13 (34.2)	138 (28.9)	n.s.
Immunosuppressants ever	23 (61)	339 (71)	n.s.
MMF	13 (34.2)	210 (44)	
CYC	4 (10.5)	103 (21.5)	
AZA	6 (15.7)	143 (29 .9)	
MTX	8 (15.7)	87 (18.1)	
Belimumab	6 (16)	75 (15.7)	
Rituximab	3 (7.6)	39 (8.2)	
HCQ ever	35 (92)	454 (95)	n.s.

Conclusions LO- and VLO-SLE are insidious, with uncommon clinical manifestations and seem not to be associated with more benign disease outcomes.

REFERENCES

1. Arnaud L, *et al.* Late-onset systemic lupus erythematosus: epidemiology, diagnosis and Treatment. *Drugs Aging* 2012;**29**(3):181–189.
2. Lin H, *et al*. Survival analysis of late-onset systemic lupus erythematosus: a cohort study in China. *Clin Rheumatol.* 2012;**31**(12):1683–9.
3. Riveros Frutos A, *et al*. Late-onset versus early-onset systemic lupus: characteristics and outcome in a national multicentre register (RELESSER). *Rheumatology* 2021 Apr 6;**60**(4):1793–1803.

P80 EPIDEMIOLOGY OF LUPUS DISEASE IN MAYOTTE FROM 2015 TO 2023

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Systemic lupus erythematosus (SLE) is a chronic multisystem autoimmune disease with varied clinical manifestations and complex pathogenesis. SLE has a significant impact on morbidity, mortality and quality of life. Several multi-ethnic studies conducted outside sub-Saharan Africa identify black Africans as the group most at risk for morbidity and mortality among the 5,000,000 people affected by lupus worldwide. The few studies specifically focusing on SLE in sub-Saharan Africa have highlighted a non-rare incidence of the disease across the continent, use of corticosteroids and antimalarials as standard treatment as well as a high mortality rate (around 10%). France, due to its colonial history, has numerous so-called overseas territories housing a significant proportion of inhabitants of sub-Saharan African descent. The island of Mayotte, belonging to the Comoros archipelago in the Indian Ocean, is a French department since 2011 after being a French territory since 1841. To date, no study has evaluated SLE in Mayotte. The objective of this work is to describe the epidemiological and clinical aspects of systemic lupus erythematosus in Mayotte, in the Indian Ocean.

The authors evaluated all patients with SLE, diagnosed at the Mayotte Hospital Center (CHM), from 2015 to 2023. Over this 8-year period, 57 patients were diagnosed with SLE, an incidence estimated at 4 to 7 new cases per year. The age at diagnosis ranged from 17 to 33 years, a single pediatric case was reported. Within the study population, 6 patients had severe neurological damage at diagnosis (neuro-lupus), 29 had renal damage (nephrolupus). Concerning non-severe SLE involvement: 28 had hematological involvement, 29 had rheumatic involvement and 42 had skin involvement, including 4 with a pure discoid form. The basic treatment systematically included hydroxychloroquine as well as corticosteroid therapy. Treatments for severe forms followed the recommendations when they were updated: 14 patients

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 Lupus 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.