Abstract CE-43 Table 1 Multivariate Model for Neurological Manifestations During Follow-Up

Variable	Parameter Estimate	Standard Error	Chi-Square	p-value	Hazard Ratio represents	Hazard Ratio	95% CI Hazard Ratio	
	0.53132	0.14438	13.5421	0.0002	Mestizo vs. White	1.701	1.282	2.258
Etnia (African Latin American)	0.16647	0.22746	0.5357	0.4642	ALA vs. White	1.181	0.756	1.845
Etnia (Other)	0.31590	0.42454	0.5537	0.4568	Other vs. White	1.371	0.597	3.152
Disease Duration at Cohort Entry (Up to 6 Months)	−0.32679	0.20764	2.4769	0.1155	Up to 6 Months vs. Entered at Diagnosis	0.721	0.480	1.083
Disease Duration at Cohort Entry (6 to 12 months)	−0.32704	0.20726	2.4898	0.1146	6 to 12 Months vs. Entered at Diagnosis	0.721	0.480	1.082
Disease Duration at Cohort Entry (13 to 24 months)	−0.44389	0.19168	5.3629	0.0206	13 to 24 Months vs. Entered at Diagnosis	0.642	0.441	0.934
Myalgias/Myositis	0.60551	0.16169	14.0235	0.0002	Yes vs. No	1.832	1.335	2.515
Pneumonitis	0.90663	0.42076	4.6429	0.0312	Yes vs. No	2.476	1.085	5.648
Shrunk lung	0.88727	0.41648	4.5387	0.0331	Yes vs. No	2.428	1.074	5.493
Hemolytic Anemia	0.48776	0.18645	6.8436	0.0089	Yes vs. No	1.629	1.130	2.347

independently associated with NP manifestations during follow up are listed in Table 1.

Conclusions There are both disease and non-disease related factors that are clearly associated with NP manifestations. Patients of Mestizo background, those with myositis and those with hemolytic anaemia are at higher risk of developing NP.

Features Predictive of the Occurrence of NP Manifestations by Multivariable Cox regression model

CE-44 PSYCHOSIS DUE TO SYSTEMIC LUPUS ERYTHEMATOSUS IN BLACK CARIBBEAN PATIENTS

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Background To determine the frequency, characteristics and long-term outcome of psychosis due to systemic lupus erythematosus (SLE) in a cohort of Barbadian patients.

Materials and methods All patients with 4 or more American College of Rheumatology (ACR) classification criteria for SLE along with a clinical diagnosis of lupus psychosis were included in the assessment. Patients were identified from rheumatology clinic data and the Barbados lupus registry. Analysis was restricted to events occurring between January 1985 and December 2015.

Results Lupus psychosis was diagnosed and treated in 28 of 376 patients (7.4%) making it the most common manifestation of neuropsychiatric lupus (NPSLE) in this group of patients. Most patients were female (F = 27) and the median age at diagnosis of lupus psychosis was 31 years. In 61% of patients the psychosis was a presenting feature or developed within a year of SLE diagnosis. Psychosis was part of a multisystemic involvement characterised by polyarthritis (84%), haematologic features (74.1%), serositis (50.3%), renal disease (47%)- the frequency of these complications being in keeping with that of the entire group of SLE patients. All patients had resolution of the psychotic symptoms within weeks of treatment. Lupus psychosis was not a direct contributor to mortality. The 18 deaths recorded were secondary to intercurrent illness – SLE nephritis (39%), stroke (28%) and infection (22%).

Conclusion Lupus psychosis is the most common characteristic of NPSLE in this group of Black Caribbean patients and is an early, highly responsive complication- typically occurring in the setting of multisystemic involvement. The long-term outcome of patients was generally not favourable because of concurrent complications which lead to death.

CE-45 BASELINE FACTORS PREDICTIVE OF THE OCCURRENCE OF NEUROPSYCHIATRIC DAMAGE ACCRUAL IN LATIN AMERICAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Neuropsychiatric (NP) manifestations of systemic lupus erythematosus (SLE) are an important source of morbidity, functional impairment and poor quality of life. Several investigators have examined predictors of overall damage accrual in SLE, but predictors of NP-damage have been infrequently evaluated. The aim of this study was to assess the socio-demographic and disease related factors predictive of the occurrence of NP-damage accrual and its impact on mortality in Latin-American SLE patients with early disease.

Materials and methods We included 1100 patients from the GLADEL (Grupo Latino Americano De Estudio del Lupus) inception cohort, free of NP involvement at cohort entry (baseline) (up to 2-years of disease duration). We examined the relationship between socio-demographic characteristics, early clinical manifestations, disease activity and treatments (during the first 6 months post-baseline), with the development of NP-damage after 6 months post-baseline. NP-damage was measured with the SLICC Damage Index or Neuro-Damage (cognitive impairment or major