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### IDENTIFICATION OF MAJOR CLINICAL CHARACTERISTICS OF CHINESE SLE PATIENTS AND LINEAR CORRELATIONS AMONG SLEDAI, SF-36 AND HADS-ANXIETY USING MOBILE SMART SYSTEM OF DISEASE MANAGEMENT (SSDM)

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10.1136/lupus-2017-000215.248

**Background and aims** The association among SLEDAI, SF-36 and HADS in China was unknown. Smart System of Disease Management (SSDM) is a series of mobile applications for chronic diseases management. The purpose of this study is to describe major clinical characteristics of Chinese SLE patients using SSDM and analyse the potential association among SLEDAI, SF-36 and HADS.

**Methods** SSDM includes physicians' and patients' application system. The patient application system includes SLEDAI, SF-36, HADS and medication management. After data entry, patients can synchronise data to the mobile terminal of authorised rheumatologist. All patients fulfilling the 1997 ACR criteria for SLE were recruited.

**Results** A total of 3717 SLE patients from 490 rheumatologists in 214 rheumatology centres across China participated in the study (89% were women). The mean age was  $34.09 \pm 11.87$  years and the median disease duration was 3.15 years. 1,908 patients performed self-assessment for 3085 times. The mean score of SLEDAI, SF-36, HADS-Anxiety (HADS-A) and HADS-Depression (HADS-D) were  $9.41 \pm 2.52$ ,  $60.09 \pm 20.01$ ,  $7.86 \pm 4.09$  and  $8.77 \pm 4.25$  respectively. According to the SLEDAI criteria, 43.71%, 18.50%, 13.42% and 24.37% patients achieved Remission, Low, Moderate and High disease activity. SLEDAI was significantly correlated with SF-36 and HADS-A independently. The regression equation was "SLEDAI =  $21.753 - 0.179 * SF-36$ " ( $p = 0.011$ ) and "SLEDAI =  $0.461 + 1.114 * HADS-A$ " ( $p = 0.028$ ).

**Conclusions** SSDM is an effective mobile interface to serve for SLE patients performing self-management as well as to supply physicians with valuable data. SLEDAI was significantly correlated with SF-36 and HADS-A independently.

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### LIKELIHOOD OF PATIENTS WITH INCOMPLETE LUPUS TO ENTER A RANDOMISED, PLACEBO-CONTROLLED TRIAL OF HYDROXYCHLOROQUINE

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10.1136/lupus-2017-000215.249

**Background and aims** Hydroxychloroquine (HCQ) is used by the majority of patients who have incomplete lupus erythematosus (ILE), defined as positive ANA and 1–2 other criteria for SLE, although efficacy in this situation has never been proven in a rigorous clinical trial. The Study of anti-Malarials in Incomplete Lupus Erythematosus (SMILE) is a proposed placebo-controlled trial of HCQ in ILE designed to measure the effect of drug on progression to SLE. In order to judge trial feasibility, "mock recruitment" was performed.

**Methods** 45 patients seen in outpatient clinics of the SMILE investigators for ANA and musculoskeletal or cutaneous complaints were interviewed using a structured script explaining the need for the trial, potential risks and benefits of HCQ and the possible randomization to placebo. They were then asked questions to ascertain their understanding of the trial and their willingness to enrol.

**Results** 96% of the subjects were female; median age was 35 and median symptom duration 3 years. 13% were Hispanic and 13% were African American. 18% had a personal history of autoimmune disease other than lupus; 42% had a family history. Musculoskeletal and cutaneous symptoms were each in 60% of subjects. 73% of subjects were interested, and 64% were likely to enrol. The most common reason for disinterest was lack of time to participate (50%), risks of HCQ (25%) and possibility of getting placebo (19%).

**Conclusions** A placebo-controlled clinical trial is feasible when the standard of care is an approved drug. 50% more subjects need to be screened to have enough to enrol in the trial.

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### EVALUATION OF ATOPY AND EOSINOPHILIA IN PATIENTS WITH PSORIASIS

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10.1136/lupus-2017-000215.250

**Background and aims** Psoriasis is a TH1 and TH17 cell-dependent autoimmune disease of the skin and joint while allergic disorders are TH2 cell-dependent. There are conflicting reports about the effect of atopy on psoriasis. With regard to these reports, the aim of the current study was to determine the frequency of atopy, allergic disorder (such as allergic rhinitis, asthma and eczema) and eosinophilia in patients with psoriasis

**Methods** For this purpose, this case-control study was performed in Mashhad Ghaem hospital. History of allergic diseases including: allergic rhinitis, asthma and eczema were evaluated based on ISAAC standard questionnaire. Skin prick test was performed with 5 common aeroallergen in our region and atopy was defined as a result of only one positive skin