Background and aims Remission and LLDAS prevent the occurrence of damage accrual in SLE patients. The aim of this study was to evaluate the predictors of remission and LLDAS in SLE patients.

Methods Three disease activity statuses were defined: Remission = SLEDAI=0 and a prednisone dose ≤ 5 mg/d and/or immunosuppressive drugs in maintenance dose; LLDAS = SLEDAI ≤ 4, a prednisone dose ≤ 7.5 mg/d and/or immunosuppressive drugs in maintenance dose; and non-optimally controlled status = SLEDAI > 4 and/or prednisone dose > 7.5 mg/d and/or IS drugs in induction dose. Antimalarials were allowed in all groups. Patients with at least two SLEDAI reported and not optimally controlled at cohort entry were included in this analysis. Predefined outcomes were remission and remission/LLDAS. Potential predictors were gender, age at diagnosis, ethnicity, socioeconomic status, residence, health insurance, disease duration at cohort entry, organs/systems affected at or before cohort entry, treatment at or before cohort entry, treatment at or before cohort entry and SLEDAI at cohort entry. Univariable and multivariable Cox regression models with a stepwise selection procedure were performed for remission alone and for remission/LLDAS.

Results One-thousand one-hundred and forty patients were non-optimally controlled at cohort entry. One hundred and ninety-six patients achieved remission (17.2%) and 314 achieved remission/LLDAS (27.5%). Predictors of remission and remission/LLDAS in the multivariable models are depicted in Tables 1 and 2.

Conclusions Mucocutaneous manifestations, renal involvement and higher disease activity early in the course of SLE were
associated with a reduced risk of remission and remission/LLDAS; lower socioeconomic status was associated with a reduced risk of remission. A medium prednisone dose was associated with an increased risk of remission/LLDAS.

**Background and aims** Vitamin D has important roles in the regulation of the immune system in Lupus. Seventy percent of lupus patients in Indonesia are experienced hypovitamin D. Curcumin is a natural VDR ligand and has synergistic effect with vitamin D. This study was aimed to determine the effect of adding curcumin on vitamin D supplementation on the degree of disease activity and degree of fatigue, in SLE patients with hypovitamin D.

**Methods** This was a randomised controlled trial, double blind study. Forty SLE patients with hypovitamin D were studied, that randomised into two groups: 20 patients (supplementation group) received vitamin D (cholecalciferol 1200 IU daily) with curcumin 20 mg (three times daily); and 20 patients (placebo group) was given vitamin D (cholecalciferol 1200 IU daily) and placebo (3 times daily), for 3 months. Disease activity is determined by the SLEDAI scores and the degree of fatigue is determined by the FSS (Fatigue Severity Scale).

**Results** After supplementation for 3 months, this study showed that decreased of SLEDAI score in the supplementation group was greater than the placebo group. The decreased of FSS in the supplementation group was also greater than the placebo group.

**Conclusions** Adding curcumin on vitamin D supplementation, decreased SLEDAI scores and FSS greater than vitamin D supplementation plus placebo in SLE patients with hypovitamin D.