Abstract 255 Table 2 Predictors of remission/LLDAS. Multivariable model.

Predictor	Hazard ratio (95% CI)	p value
Prednisone dose (higher dose before baseline)		
None	Ref.	
Low	1.745 (0.814 – 3.742)	0.1527
Medium	1.559 (1.081 – 2.247)	0.0174
High	0.891 (0.668 – 1.188)	0.4315
Very high	1.141 (0.802 – 1.623)	0.4622
Mucocutaneous involvement	0.652 (0.474 – 0.898)	0.0089
Renal involvement	0.686 (0.532 – 0.884)	0.0036
SLEDAI at baseline	0.979 (0.962 – 0.996)	0.0170

Prednisone dose: Low dose: < 7.5 mg/d, medium dose : 7.5-15 mg/d, high dose : 15-60 mg/d, very high dose : ≥ 60 mg/d

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 associate with an increased risk of remission/LLDAS.

256 THE EFFECT OF ADDING CURCUMIN ON VITAMIN D3 SUPPLEMENTATION ON THE DISEASE ACTIVITIES AND FATIQUE DEGREE IN SLE PATIENTS WITH HYPOVITAMIN D

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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 sinergic 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 randomizeded 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.

257 THE EFFECT OF ADDING CURCUMIN ON VITAMIN D3 SUPPLEMENTATION ON ANTI-DSDNA LEVELS AND PROTEINURIA, IN SLE PATIENTS WITH HYPOVITAMIN D

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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 sinergic effect with vitamin D. This study was aimed to determine the effect of adding curcumin on vitamin D supplementation on anti-dsDNA serum levels and proteinuria, in SLE patients with hipovitamin 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)