

(achieving patient priorities, maximising adherence, controlling the disease, legitimate educator, having adequate and relevant expertise); safeguarding professional opportunities (diversifying clinical skills, protecting colleagues' interests); and optimising access to treatment (capitalising on multidisciplinary care, acquiring breakthrough therapies). Illustrative quotations are provided in Table 2, and patterns and relationships among all themes are shown in Figure 1.

**Conclusions** Specialists endeavour to achieve optimal outcomes for patients with SLE but uncertainties in clinical decisions arise due to the ill-defined aetiology of SLE, lack of robust, consistent and implementable evidence, and speciality silo structures. Developing tools to support evidence-informed decisions, generating robust evidence to address clinical priorities, and establishing collaborative and multidisciplinary care pathways may support clinical decision making and management of a complex and heterogeneous disease, and help to minimise unwarranted variation in practice

### 385 TREATMENT OF RHEUMATOID ARTHRITIS WITH DIFFERENT STRATEGIES IN A HEALTH RESOURCE-LIMITED SETTING LOW-DOSE PREDNISONE PLUS DMARDs MAY BE A BETTER ALTERNATIVE

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**Background and aims** The application of early treat-to-target strategies with biologics has greatly improved the prognosis of rheumatoid arthritis (RA). But the high cost of biologics place the a huge burden on the national health systems. Accumulating evidence suggests that combinations with tDMARDs and low-dose prednisone would produce rapid and relevant improvements in signs and symptoms and has been widely accepted for the treatment of RA. Concerns still exist about potential adverse events in the long term. The objective of this study was to analyse the cost-effectiveness of combination of traditional DMARDs and low-dose prednisone compared to biological therapies from the perspective of Chinese society.

**Methods** A validated lifetime Markov model incorporating the clinical trial data and Chinese unit cost was employed to evaluate the cost-effectiveness of combination strategy (low-dose prednisone and tDMARDs) and three anti-TNFs in active RA patients. Expected costs, quality-adjusted life-years (QALYs) and the incremental cost effectiveness ratios (ICERs) for a one-year time horizon were calculated in Monte Carlo simulation following a societal perspective.

**Results** In comparison with combination strategy, the ICERs for etanercept, infliximab, and adalimumab were \$90488.8, \$77295.78, \$88961.11 per QALYs. The combination strategy was more cost-effective than any of anti-TNF under the willingness to pay threshold when it was set at 3 times the per capita GDP of China (\$7557.04).

**Conclusions** Based on this study, the treatment starting with low-dose prednisone plus traditional DMARDs is the most cost-effective option for RA patients in the Chinese healthcare setting.

### 386 SEVERE PERIPHERAL ARTERY DISEASE IN PATIENT WITH SCLERODERMA MANAGED WITH ENDOVASCULAR TREATMENT: A CASE REPORT

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**Background and aims** Scleroderma has been linked to narrowing of vessel lumen, accelerated atherosclerosis, and vascular inflammation. Peripheral artery disease (PAD) in scleroderma ranges from Raynaud's phenomenon to gangrene. Evidence for endovascular treatment for PAD in patient with scleroderma is still lacking.

**Methods** We report a case of severe PAD in scleroderma managed with endovascular treatment.

**Results** Female, 44 years old complained for intermittent claudication. She had been diagnosed scleroderma with Raynaud phenomenon since 3 years. She got methotrexate, folic acid, acetylsalicylic acid, nifedipine, and beraprost sodium. Angiography showed total stenosis at bilateral anterior tibial artery, posterior tibial artery, and peroneal artery. Two drug eluting stents were inserted to the left posterior tibial artery. Balloon angioplasty was done at left peroneal artery. She was also given methotrexate, folic acid, acetylsalicylic acid, clopidogrel, beraprost sodium, and amlodipine. The pain was resolved after these treatments.

Eight months after first percutaneous transluminal angiography (PTA), the patient started having intermittent claudication again and cyanotic toes. Angiography showed total stenotic at proximal left anterior tibial artery and 80% stenotic of left posterior tibialis artery before the stent. The stent was still patent at distal left posterior tibial artery. Balloon was inserted to the posterior tibial artery and left plantar foot. Previous medications were continued, but the dose of beraprost sodium was increased and cilostazol was also given. The symptoms resolved after treatment.

**Conclusions** Combination of medication and endovascular treatment for PAD in patient with scleroderma could provide rapid pain relief. Probability of restenosis needs to be evaluated.

### 387 A CROSS-SECTIONAL STUDY ON APPLICATION OF GLUCOCORTICOID IN SYSTEMIC LUPUS ERYTHEMATOUS PATIENTS IN CHINA

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**Background and aims** To explore the status of glucocorticoid application in patients with systemic lupus erythematosus (SLE) in China.

**Methods** The SLE patients who meet the 1997 classification criteria of American College of rheumatology were enrolled. Epidemiological survey was used. The usage of glucocorticoid and related adverse reactions were recorded and analysed.

**Results** The 400 cases with SLE were enrolled. In these patients, the male to female ratio was 1:19. The average age

was  $37.37 \pm 13.96$  years old, the average duration was  $6.7 \pm 5.8$  years. Among them, 310 patients were in glucocorticoid maintenance stage. 61% of patients received the medium dosage (30–60 mg/d) as the initial treatment dosage of glucocorticoid. However, patients receiving different initial dosage had no discrepancy on glucocorticoid in the maintenance therapy. In the maintenance stage, 51% of patients received 2.5–5 mg/d prednisone, while the dosage of 5–10 mg/d could maintain for a longer time. Patients with internal organs involvement had a higher tendency to receive 60–100 mg/d or pulse-dose therapy in the initial treatment, nevertheless there had no difference on the dosage of glucocorticoid in the maintenance stage. Among the 400 patients, 62 patients had glucocorticoid withdrawal, including 17 patients due to disease remission (17/400, 4.25%), 44 patients due to self-withdrawal (44/400, 11%) and one patient due to adverse reaction (1/400, 0.25%). **Conclusions** In China, the medium dosage of glucocorticoid is the most common choice in the initial treatment of SLE patients, and the dosage of 2.5–5 mg/d was most common in maintenance stage. Currently, the proportion of glucocorticoid withdrawal remains low after SLE patients achieving the remission.

**388 CHARACTERISATION OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS WHO WERE ADMITTED TO A UNIVERSITY HOSPITAL IN BOGOTA-COLOMBIA BETWEEN 2008 AND 2016**

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**Background and aims** Systemic lupus erythematosus is one of the most prevalent autoimmune disease, and it is associated with many complications, morbidity and mortality. The mortality in these patients is related with immune activity, infectious complication and a direct effect of pharmacology therapy. All these factors result in target organ injury.

**Methods** A retrospective-descriptive study of patients admitted to the intensive care unit of the Hospital Universitario de la Samaritana between 2008 and 2016 in the city of Bogota was performed. The aim of this study was to characterise the clinical, demographic and paraclinical features of patients with systemic lupus erythematosus.

**Results** 56 cases were collected, most of the patients were relatively young with an average age of 40.7 years (SD  $\pm 17.7$  y/o). These people were mainly female (71% vs 29%), the immune activity was measure with score SELENA SLEDAI with average 16.5 (SD $\pm 4.3$ ), in the analysis of target organ 69% of patient had lupus nephritis, 42% haematological commitment, 28% lung injury, 17% neurological complications and 48.25 had infectious process. When it comes to the days of mechanical ventilation, the average was 9 (SD  $\pm 10$ ), days of ICU stay 13.7 (SD  $\pm 14.3$ ) and finally the mortality was 39.2%.

**Conclusions** At ICU of our hospital, the prevalence of patients with systemic lupus erythematosus tends to be more frequent

than in other series reported, this information may be useful in future studies and can also reduce complications and mortality in this population.

**389 CLINICAL FEATURES OF SEVERE THROMBOCYTOPENIA IN CONNECTIVE TISSUE DISEASES: A REVIEW OF 131 CASES**

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**Background and aims** To examine the clinical features, prognosis and response to treatments for severe thrombocytopenia in patients with connective tissue diseases (CTDs).

**Methods** The data of 131 CTDs inpatients with severe thrombocytopenia were reviewed. Severe thrombocytopenia was defined as blood platelet counts (BPC) under 20 000/mm<sup>3</sup>, and patients were divided into 3 groups according to BPC at discharge: no response (NR), partial response (PR), complete remission (CR). The differences of clinical features, treatments, and prognosis were analysed.

**Results** Of the 131 patients, 70 cases were diagnosed as primary Sjögren's Syndrome (pSS), 53 cases as SLE and 8 cases as other CTDs. 88.6% of them were female and the mean age of SLE patients was younger than pSS and other CTDs patients. The bleeding severity was negatively correlated with patients' lowest BPC during hospitalisation. BPC at discharge was positively correlated with BPC during follow-up. There was no significant difference in basal data among NR, PR and CR group except serum IgG level that was lower in NR group than PR and CR group. The treatments were identical among the 3 groups, except that the use of IVIG was more frequently in CR group than the other 2 groups. Mortality in patients with partial or complete remission was significantly lower than in those without remission.

**Conclusions** Severe thrombocytopenia is more common in SLE and pSS patients than in other CTDs and high IgG level may predict a better efficacy. IVIG is helpful to achieve a full response and those unresponsive to the treatments at discharge have poor outcome.

**Pregnancy: the mother and the child**

**390 OUTCOMES OF PREGNANCY OF KYRGYZ SLE PATIENTS**

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**Background and aims** To study outcomes of pregnancy of Kyrgyz SLE patients.

**Methods** Included 75 patients with SLE passed the examination in the clinic NCCIM from 2001 to 2011. Age of women was 30 [20; 40] years old, duration of the disease on the 1st point-3 [0.8; 40] years. Assessed disease activity by SLEDAI 2K 1st point and the end point after an average of  $6.38 \pm 3.48$  years.