

**Abstract 411 Table 1** The prevalence of SLE in South Korea (per 100,000).

	2010	2011	2012	2013	2014
Total	33.9	36.1	37.7	41.5	44.6
Male	8.4	9.2	9.6	11.5	13.1
Female	59.6	63.3	65.9	71.7	76.3

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**THE PREVALENCE OF SYSTEMIC LUPUS ERYTHEMATOSUS HAS INCREASED IN SOUTH KOREA**

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**Background and aims** Systemic Lupus Erythematosus (SLE) is an autoimmune disease with diverse clinical manifestations. Despite of progression of understanding and treatment of SLE, there is scarcity of data about SLE in Asia. We evaluated the prevalence of SLE for 5 years from 2010 to 2014 in South Korea using data from the Health Insurance Review and Assessment Service (HIRAS). The purpose of this study is to investigate the prevalence of SLE in South Korea.

**Methods** We used data provided by HIRAS, which covers all hospital visits nationwide. Identification of patients with SLE was based by main diagnostic code. The prevalence of SLE was calculated for 5 years from 2010 to 2014.

**Results** The prevalence of SLE has increased for 5 years. The prevalence rate of SLE was 33.9/100,000 (male 8.4/100,000, and female 59.6/100,000) in 2010, but it has increased to 44.6/100,000 (male 13.1/100,000, and female 76.3/100,000) in 2014.

**Conclusions** The prevalence of SLE has increased from 2010 to 2014 in South Korea.

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**MORTALITY IN CHINESE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS**

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**Background and aims** To investigate the mortality and the causes of death in Chinese patients with systemic lupus erythematosus (SLE).

**Methods** We collected the clinical data of all 950 SLE patients in Rheumatology department of Peking University First Hospital from May 2007 to January 2016. The primary causes of death were identified, the standardised mortality ratio (SMR) and years of life lost (YLL) were calculated based on the National Bureau of Statistics of China for the general population, and the survival was determined by Kaplan-Meier analysis.

**Results** The mean age of all 950 patients (849 females and 101 males) was 37.9±14.8 years old, the median disease duration at recruitment was 2.7 (0.5–7.0) years, and the median follow-up duration was 4.7 (2.2–8.4) years. Among 881 patients who were successfully traced, 45 patients died. Infection (31.1%) was the leading cause of death followed by lupus nephritis, pulmonary arterial hypertension (PAH) and cerebrovascular disease (Table 1). The overall age and sex adjusted SMR was 3.3 (95%CI 2.3–4.3), and the age adjusted SMR of women and men were 5.1 (3.6–6.7) and 1.3 (0.0–2.6) respectively. The YLL for women and men were 18.1 and 15.0 years respectively (Table 2). The overall survival at 1, 5 and 10 years were 98.2%, 95.3% and 93.7% respectively. The survival of patients with PAH, thrombocytopenia and hemolytic anaemia were significantly worse than those without these complications (Figures 1, 2 and 3).

**Conclusions** Mortality of SLE patients in China is substantial, especially in female, and infection is the leading death cause. Patients with PAH, thrombocytopenia and hemolytic anaemia had worse prognosis.

**Abstract 412 Table 1** Causes of death.

SLE related cause of death n=13	N (% in 45)	Non-SLE related Cause of death n=23	N (% in 45)
Lupus nephritis	3 (6.7)	Infection	14 (31.1)
Pulmonary arterial hypertension	3 (6.7)	Cerebrovascular disease	3 (6.7)
Neuropsychiatric SLE	2 (4.4)	Ischemic heart disease	1 (2.2)
Thrombocytopenia	1 (2.2)	Liver failure	1 (2.2)
Hemolytic anemia	1 (2.2)	Gastrointestinal bleeding	1 (2.2)
Alveolar hemorrhage	1 (2.2)	Acute pancreatitis	1 (2.2)
Myocardial Involvement	1 (2.2)	Malignancy	1 (2.2)
Gut and urinary smooth muscle Involvement	1 (2.2)	Suicide	1 (2.2)

Note: In total 45 died patients, the cause of death could not be determined in 9 (20%) patients.