Introduction As a consequence of increased SLE patients survival, patients with long disease duration represent a significant proportion of our cohorts. This study aims to evaluate health resource use and the 6 months costs in patients with SLE with long disease duration.

Methods The economic evaluation was performed in terms of cost-of-illness analysis as part of a larger study enrolling SLE patients with at least 15 years of disease duration regularly followed at our unit. At enrollment, the following information were collected: disease activity (SLEDAI), organ damage (SLICC-DI score), comorbidities, treatment patterns; in addition to clinical data, patients were required to complete an ad-hoc questionnaire for the collection of facts relevant for the estimation of the economic dimension and covering the previous six-months. Such a time frame was considered to be appropriate as recall period. Direct health (drugs, hospitalizations, emergency visits, specialists visits, laboratory tests and instrumental examination) and non-health costs (transportation and accommodation) as well as indirect costs because of productivity loss were estimated.

Results 51 adult patients with long disease duration were recruited (98% female, mean age 49±11 years, median disease duration 17 years, IQR 15–23). Median (IQR) SLEDAI score was 2 (0–4), median SLICC-DI was 1 (0–2). The median (IQR) direct health costs per patients over the previous 6 months resulted 410€ (201–1687); indirect costs because of productivity lost were 130€ (0–356). The median overall cost to the Society was 473€ (327–2148); the presence of comorbidity conditions resulted associated with higher overall cost for the Society (532€ [327–1807] vs 264€ [94–1164]) p=0.046; disease activity and damage at enrollment were not associated with costs increase in this cohort.

Conclusions This cohort of patients with long lasting disease is characterised by low disease activity and mild organ damage; in this setting, the disease burden on the single patient and family is significant and the costs to the Society are influenced by the presence of comorbidities.

### Abstract PS8:161 Table 1

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalisations due to SLE or complications</td>
<td>40 (78.4%)</td>
<td>10 (19.6%)</td>
<td>1 (2%)</td>
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<tr>
<td>ER visits</td>
<td>45 (88.2%)</td>
<td>6 (11.7%)</td>
<td>0</td>
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<tr>
<td>Specialist visit</td>
<td>1</td>
<td>1-3</td>
<td></td>
</tr>
<tr>
<td>Instrumental exams</td>
<td>2</td>
<td>1-3</td>
<td></td>
</tr>
<tr>
<td>Laboratory exams</td>
<td>2</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>Interquartile range</td>
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</tbody>
</table>

PS8:161 DISEASE PATTERN OF MALE LUPUS

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10.1136/lupus-2018-abstract.205

Introduction Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease that occurs primarily in women (9:1 compared to men). Available data argue that gender and sex hormones modify susceptibility to, and expression of SLE.

Subjects and methods One hundred and fifty male patients (pts) aged 15 to 64 years (mean age 30, 5 y) with a valid previously defined outcome criteria for LN.

Results There were 185 females and 24 males, with a mean age of 27.2 years. At first presentation, we noted hypertension in 31%, hematuria in 72%, nephrotic syndrome in 47%, and renal failure in 64% of cases. Renal biopsy revealed predominant proliferative classes in more than 80% of patients. Patients received different regimens mainly based on intravenous cyclophosphamide and Mycophenolate. After a mean follow-up of 22 months, remission occurred in 46.7%, relapses in 81%, end-stage renal failure in 24%, and death in 13% of patients.
cases. Infection and neurological and cardiovascular diseases were the most frequent causes of death.

**Conclusion** LN seems to be severe in our study, with a predominance of proliferative forms, severe renal manifestations, and poor renal and overall survival.

**PS8:164 COMPARISON OF CLINICAL AND SEROLOGICAL FEATURES OF JUVENILE AND ADULT-ONSET NEUROPSYCHIATRIC LUPUS IN SPANISH PATIENTS**

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10.1136/lupus-2018-abstract.207

**Background** Neuropsychiatric (NP) manifestations are a main cause of morbidity and mortality in juvenile-onset systemic lupus erythematosus (JSLE). Some studies suggest that they are more frequent and severe in JSLE than in adult-onset SLE (aSLE).

**Objectives** To compare clinical and serological profiles of paediatric and adult patients with neuropsychiatric lupus (NPSLE) treated in a Spanish tertiary centre.

**Methods** We performed a retrospective study of patients with JSLE (onset age: 0–18 y) and aSLE (onset age: >18 y) seen in our centre during the period 1988–2016. ACR’s case definitions were used to identify NPSLE manifestations. Demographics, clinical and serological data were obtained from their medical records.

**Results** 69 patients with NPSLE were included (aSLE 41, JSLE 28), most of them Caucasians (92%). Mean age at diagnosis was 36.4 y (range: 19–68) in adults and 13.9 y (range: 8–18) in children. The proportion of males was higher in the latter group. Mean disease duration was significantly greater in adults, as well as time from SLE diagnosis to NP manifestation onset, although without significant difference (comparison of groups is presented in the table). Central NP manifestations were more frequent (aSLE 93%, JSLE 96%) than peripheral manifestations (aSLE 12%, JSLE 11%). The most common manifestations in aSLE were headache (29%), cerebrovascular disease (27%) and seizures (17%), whereas in JSLE were seizures (46%), headache (29%) and mood disorder/depression (25%). A significant group of patients presented 2 or more central manifestations during follow-up (aSLE 32%, JSLE 41%); mean number of manifestations was 1.36 (range: 1–3) in adults and 1.44 (range: 1–4) in children. JSLE patients with developed lupus nephritis more frequently, as well as higher anti-DNA antibodies titres, increased erythrosedimentation rate (ESR) and hypocomplementemia. Mortality occurred in 2 cases of aSLE and 2 JSLE.

**Conclusions** Our results corroborate that juvenile patients with NPSLE present higher disease activity compared to adults. There was no significant difference in time from SLE diagnosis to NP manifestation onset, but tended to be shorter in JSLE. The spectrum of NPSLE was varied both groups and an important proportion developed 2 or more manifestations. Mortality continues to be important in NPSLE in both age groups.

**PS8:165 NEUROPSYCHIATRIC DAMAGE IN DECEASED PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS**

1IP adjen, 2M Erceg, 2M Cerovec, 1MMayer, 1R Stevanovic, 1BA nic.

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10.1136/lupus-2018-abstract.208

**Purpose** Neuropsychiatric damage (ND) is a major determinant of morbidity in SLE. We analysed ND in a group of deceased SLE patients and identified features associated with ND.

**Methods** We retrospectively analysed 90 patients (68 females) deceased during 2002–2011. All patients fulfilled at least 4 classification criteria of the ACR. We identified patients with ND, as defined by the SLICC/ACR damage index, and its components: cognitive impairment/major psychosis (CIMP), seizures, cerebrovascular accident (CA), cranial/peripheral neuropathy and transverse myelitis (TM). Following variables were compared between patients with and without ND (ND + and ND, respectively): demographics, ACR criteria at diagnosis and cumulatively at death (available at diagnosis for deceased patients). We presented data as mean ± SD or as median (25th, 75th percentile).

**Results** ND occurred in 48 (53%) patients. As compared to patients without ND, deceased patients with ND showed significantly lower CSF cell count and higher CSF protein level. In deceased patients with ND, the proportion of patients with CIMP was significantly higher (CS 32%, PS 5%); 32% of deceased patients with ND had 2 or more central manifestations during follow-up. Compared to deceased patients without ND, deceased patients with ND showed significantly higher sum of ACR criteria over time and higher cumulative number of CIMP and TM.

**Conclusions** Our study confirmed that ND is a major determinant of morbidity and mortality in deceased SLE patients. ND was associated with an increased number of ACR criteria and a higher cumulative number of central manifestations. Further studies are needed to better understand the mechanisms underlying ND and the potential impact of long-term anti-anti-DNA treatment on the development of ND.