Abstracts

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

WA Sifuentes Giraldo, AL Boteanu, S Garrote Corral, A García Fernández, MJ García Villanueva, ML Gámir Gámir, AZea Mendoza. *Hospital Universitario Ramón y Cajal, Madrid, Spain*

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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 erythrocytation 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

¹I Padjen, ²M Erceg, ²M Cerovec, ¹M Mayer, ¹R Stevanovic, ¹B Anic. ¹Division of Clinical Immunology and Rheumatology, UHC Zagreb, University of Zagreb, School of Medicine, Zagreb, Croatia; ²Croatian Institute of Public Health, Zagreb, Croatia

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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

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	Juvenile NPSLE	Adult NPSLE	p-value
N° of patients	28 (41%)	41 (59%)	-
Women:men	20:8	39:2	0.0060*
Time of disease (months)	19.8	232.5	0.0001*
NP manifestations at onset	7 (25%)	11 (27%)	0.8651
Time from diagnosis to NP manifestation (months)	42.4	87.1	0.1268
Lupus nephritis	16 (57%)	9 (22%)	0.0028*
Antiphospholipid syndrome	5 (18%)	10 (24%)	0.5182
ANA ≥ 1/1280	8 (29%)	11 (27%)	0.8736
Anti-DNA ab (IU/ml)	178.9	39.4	0.0005*
Anti-Ro/SSA ab	10 (36%)	17 (41%)	0.6308
Anticardiolipin ab	4 (14%)	10 (24%)	0.3054
Anti-β2 glycoprotein I ab	5 (18%)	7 (17%)	0.9328
Lupus anticoagulant	8 (29%)	10 (24%)	0.6977
Cryoglobulins	6 (21%)	3 (7%)	0.0874
ESR (mm/h)	53.8	35.7	0.0199*
CRP mg/l	4.6	4.7	0.9687
C3 low (< 80 mg/dl)	22 (79%)	16 (39%)	0.0012*
C4 low (< 16 mg/dl)	22 (79%)	13 (32%)	0.0001*