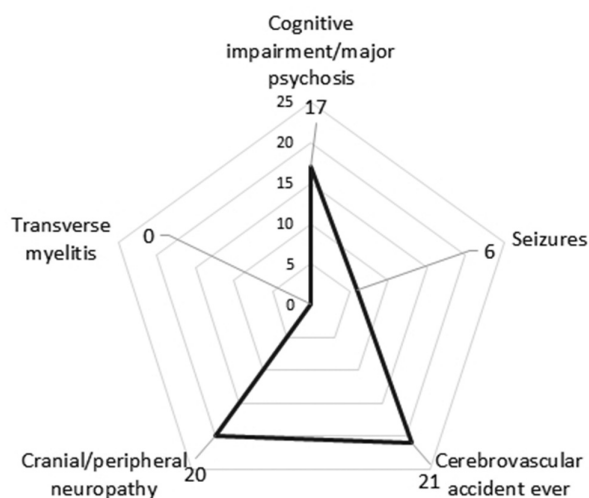


73 patients), damage and its components one year following diagnosis and at death, disease activity (ECLAM) at diagnosis, components of the metabolic syndrome, smoking and immunosuppressive treatment. Frequencies were compared using the chi-square and Fisher's exact test, and continuous variables using the t-test and Mann-Whitney U-test. Variables associated with ND were included in a multivariate logistic regression model.

**Results** We identified 44/90 ND +patients: 17/44 with CIMP, 6/44 with seizures, 21/44 with CA, 20/44 with neuropathy, none with TM. ND +patients had a higher cumulative count of ACR criteria compared to their ND- counterparts ( $6.02 \pm 1.23$  vs  $5.39 \pm 1.26$ ). They had a higher proportion of neurologic disorder (NRL-D) (6/37 vs 0/36) and a lower proportion of serositis (4/37 vs 11/36) at diagnosis, as well as higher cumulative proportions of NRL-D (9/44 vs 2/46), hematologic disorder (41/44 vs 34/46) and lymphopenia (34/44 vs 24/46) ( $p < 0.05$ ). ND +patients also had higher cumulative damage ( $6.43 \pm 3.13$  vs  $3.43 \pm 2.54$ ), higher cumulative proportions of pulmonary (14/44 vs 6/46) and musculoskeletal damage (MSKD) (32/44 vs 21/46), and higher proportions of arterial hypertension (40/44 vs 34/46), secondary sicca (17/44 vs 9/46) and Hughes syndrome (11/44 vs 4/46) ( $p < 0.05$ ). Serositis at diagnosis and cumulative MSKD were associated with ND in the multivariate model (OR 0.17 (95% CI: 0.03 to 0.89) and 6.00 (95% CI: 1.64 to 21.91), respectively).

**Conclusions** Serositis may be associated with a lower likelihood of ND, while NRL-D was present at diagnosis only in patients that accrued ND. The association between MSKD and ND requires further elucidation.



Abstract PS8:165 Figure 1

**PS8:166** COMPARISON OF CLINICAL AND SEROLOGICAL CHARACTERISTICS BETWEEN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS WITH AND WITHOUT ASSOCIATED JACCOUD'S ARTHROPATHY

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**Objectives** To compare the profile of clinical and serological manifestations of patients with SLE with and without JA followed in a tertiary care hospital of Madrid.

**Methods** We performed a retrospective observational study of a cohort of patients diagnosed with SLE (4 or more ACR criteria) between June 1977 and December 2015. The variables evaluated included demographics, clinical, analytical and radiological manifestations. The definition of JA was based on the presence of clinical criteria (reversible joint deformities) and absence of radiographic erosions typical of rheumatoid arthritis.

**Results** We included 108 patients representing a sample of 24% of the total number of patients with SLE treated at our centre during that period. The majority of patients were women (89.8%), mean age at diagnosis was  $30 \pm 12.29$  years (range: 7–75) and duration of disease was 127 months (range: 2–411). Thirteen patients (12.03%) had findings compatible with JA. There were no significant differences in age, sex or race, but the duration of disease was higher in JA patients (190 vs 118.2 months,  $p = 0.0299$ ). There were significant differences in the presence of malar rash ( $p = 0.0009$ ), photosensitivity ( $p = 0.0050$ ), oral ulcers ( $p = 0.0032$ ) and pericarditis ( $p = 0.000001$ ), which were more frequent in patients without JA, but arthritis, nephritis, pleuritis, seizures, psychosis, Raynaud's phenomenon and antiphospholipid syndrome had a similar distribution between both groups. Among the immunological features, no significant difference was found in relation to hemolytic anaemia, lymphopenia, thrombocytopenia, ANA, anti-ENA, anti-DNA, anticardiolipin, anti- $\beta 2$  glycoprotein I and lupus anticoagulant, but leukopenia was also more frequent in patients without JA ( $p = 0.0041$ ).

**Conclusions** In the analysed sample of patients in our centre JA was a relatively frequent finding and was associated with a longer duration of the disease. It was not possible to corroborate other JA associations suggested in previous studies such as a lower frequency of lupus nephritis or major secondary antiphospholipid syndrome, probably due to limited sample size, but there are also other studies that do not demonstrate significant differences in relation to clinical and serological findings in patients with SLE with JA with respect to those who do not present it.

**PS8:167** THERAPEUTIC EFFICACY OF BELIMUMAB IN ADDITION TO STANDARD THERAPY FOR LUPUS NEPHRITIS AND NEUROPSYCHIATRIC LUPUS – CASE SERIES OF ROUTINELY COLLECTED DATA AT A SINGLE CENTRE

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**Purpose** Belimumab (BEL) is approved for Systemic Lupus erythematosus in addition to standard immunosuppressive therapies. Clinical studies have excluded patients with particular organ manifestations from participation in most clinical trials. Most importantly, Lupus nephritis (LN) and neuropsychiatric Systemic Lupus erythematosus (NPSLE) were exclusion criteria in the relevant clinical studies. We aim to report our experience of BEL's effect on SLE manifestations which have not been formally addressed in clinical trials.

**Methods** We performed an observational study of routinely collected clinical data of all patients receiving BEL with or without other immunosuppressive therapy at our institution.