

neurological and psychiatric manifestations in 20.2% and 6.7% respectively. Associated auto immune diseases were Sjogren syndrome in 14.6%, rheumatoid arthritis in 6.7% and thyroiditis in 7.8%. Biological findings showed leucopenia in 48.8%, thrombopenia in 26.2% and hemolytic auto immune anaemia in 3.6%. Immunological screening revealed positive anti nuclear antibodies in 92.1%, anti DNA antibodies in 84.3%, anti Sm, anti nucleosome and anti phospholipid antibodies in 40.8%, 31.6% and 36.6% respectively. SLE activity was assessed by SLEDAI score which mean value was 9.1. Relapses occurred in 39.3% of the patients and remission was recorded in 56%. Four patients died. Infection occurred in 18.8% of the cases, steroid induced diabetes in 12.9% and osteoporosis in 16.5%.

Conclusions In our series, SLE patients had a high prevalence of cutaneous and articular manifestations. Nephritis lupus prevalence was similar to other African, Afro-american and Hispanic groups and lower than Asians. Global outcome was good with more than a half remission.

PS2:36 PREVALENCE OF THYROID DISEASES IN SLE PATIENTS AMONG SAUDI POPULATION

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Background Systemic Lupus Erythematosus (SLE) is an autoimmune disease that can affect different systems. Thyroid dysfunction is common in SLE. Several studies reported a varied prevalence of thyroid diseases in SLE patients.

Objective To report the prevalence of thyroid dysfunction in Saudi patients with SLE.

Methods Retrospective review of medical charts of SLE patients who attended rheumatology clinic at King Fahad Medical City between 2014 and 2015 was conducted. The primary outcome was the prevalence of thyroid dysfunction; the secondary outcome was the association between SLE and thyroid diseases. Pearson's chi-squared test was used to compare the distribution of thyroid diseases, and a student t-test was used to assess the association of SLE activity and thyroid diseases. A p-value less than 0.05 was considered significant.

Result The overall prevalence of thyroid dysfunctions was 26 (17.2%) out of 151 SLE patients. The most common dysfunctions were subclinical hypothyroidism 11 (7.3%) and hypothyroidism 7 (4.6%). Hypothyroidism patients were found to have a positive and equally high frequency (57%) of anti-Tg and anti-TPO, and equal frequency of a positive anti-Tg and anti-TPO (64%) was found in subclinical hypothyroidism patients as well. No association was found between SLE activity and thyroid diseases.

Conclusion Our SLE patients had a high prevalence of subclinical hypothyroidism (7.3%). No significant association between SLE activity and thyroid diseases.

Abstract PS2:36 Table 1 Distribution of thyroid diseases and tabulation with thyroid antibodies

Thyroid Status	ANTI-TPO n(n%)		p-value	ANTI-Tg n(n%)		p-value
	Positive	Negative		Positive	Negative	
Hyperthyroid	0	1 (100%)	0.37	0	1 (100%)	0.22
Hypothyroid	4 (57%)	3 (43%)		4 (57%)	3 (43%)	
Subclinical	3 (60%)	2 (40%)		3 (60%)	2 (40%)	
Hyperthyroid	7 (64%)	4 (36%)		7 (64%)	4 (36%)	
Subclinical	0	2 (100%)		0	2 (100%)	
Sick Thyroid	81 (65%)	44 (35%)		83 (66%)	42 (34%)	
Normal	95 (63%)	56 (37%)		96 (64%)	55 (36%)	
Total						

Abstract PS2:36 Table 2 Univariate analysis of the association of SLE activity and thyroid diseases

Thyroid Status		n	Mean ± SD	p-value
Anti-dsDNA	Diseased	23	204.52 ± 491.90	0.775
	Normal	114	173.77 ± 306.69	
C3 (0.9-1.8)	Diseased	26	0.80 ± 0.39	0.729
	Normal	124	0.77 ± 0.59	
24hrs urine for protien	Diseased	21	1.96 ± 3.77	0.366
	Normal	118	1.18 ± 2.05	
Selena score	Diseased	26	15.62 ± 10.06	0.206
	Normal	125	12.89 ± 8.48	