Background Systemic Lupus Erythematosus (SLE) may increase this risk of acute pulmonary embolism (PE) and its complications in hospitalised patients. Herein, Nationwide Inpatient Sample (NIS) database from 2003–2011 was analysed to assess the relationship of PE and SLE in hospitalised patients.

Methods NIS database (2003–2011) was queried to identify all adults (age >18 years) with SLE and PE using appropriate ICD-9 codes. Demographic characteristics and in-hospital outcomes were compared between SLE patients with and without PE. Multivariate logistic regression analysis was used to obtain adjusted odds ratio (OR).

Results Of 2.99595 hospitalizations of patients with SLE from 2003–2011, 3839 (1.28%) had PE, 1.83 times of the background prevalence with OR 1.85 (p<0.0001). Overall, 89% were females with mean age of 51 years, while those with PE were younger, mean age of 49 years. Rate of PE was higher in African-Americans vs Caucasians (1.5% vs 1.2%) and in males vs females (1.7% vs 1.2%). After adjusting for potential confounders, compared to those without PE, SLE patients with PE had significantly higher inpatient mortality [6% vs 2.0%, OR 2.99 (p<0.001)], greater disability at discharge [31% vs 26%, OR 1.26 (p<0.001)], longer length of stay (LOS) by 2.91 days and higher cost of hospitalisation by $19400 [table 1].

In comparison to 10-year-analysis of National Hospital Discharge Survey (NHDS) database, the results show similar overall increase in risk of developing PE with SLE, mean age, sex ratio, length of stay, higher risk in African-Americans and increased mortality except, in NIS database, PE was more common in males not females (table 2).

Conclusion SLE significantly increases the risk of developing PE in hospitalised patients. Furthermore, PE with SLE is associated with significantly higher mortality and cost of hospitalisation, increased LOS and greater disability at discharge. These results also suggest that African-Americans may have a higher risk of PE but role of sex needs further evaluation. These results suggest thromboembolism prophylaxis should be considered in hospitalised SLE patients but more studies are needed to further elucidate the relationship and risk of PE in SLE, especially in hospitalised patients.
traditional risk factors (smoke, hypertension, dyslipidemia) and treatment with aspirin and hydroxychloroquine.

**Conclusion** Our results confirmed that Italian lupus patients suffer a high incidence of CV disease compared with general population. However, this incidence was lower than that detected in North European and American lupus cohorts significantly lower capillary density (7.97 [7.19; 8.72] vs. 8.92 [8.19; 9.34], p<0.05). Dilatation point and giant capillary point was significantly higher in the RP-SLE subgroup (0.36 [0.13; 0.69] vs 0.13 [0.06; 0.28] p<0.05, 0.06 [0.00;0.28 vs. 0.00 [0.00; 0.00] p<0.001).

**Conclusion** SSc capillary pattern is present in SLE as well, most of these particular patients had Raynaud’s phenomenon. Patients having both SLE and RP have lower capillary density and worse capillary structure. SLE patients capillary density is higher than the density found in SSc controls.

**PS3:50** INCIDENCE, DISEASE SEVERITY AND OUTCOME OF LUPUS NEPHRITIS. RESULTS FROM AN INCEPTION COHORT OF HISPANIC SLE PATIENTS

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**Background** Lupus nephritis among Hispanic SLE patients have been identified with poor outcomes when it is compared to other populations; so, we aimed to identify lupus nephritis characteristics and its outcomes in an inception cohort of Hispanic SLE patients.

**Results** At entry into the cohort, age of SLE patients [mean (SD)] was 27.3 (9.1) years and 90% were female. One-hundred thirty-one (59%) patients developed lupus nephritis during 9.95 years of follow-up; incidence-rate 59/1000 py, most events (78%) were developed within the first year of diagnosis. Patients with lupus nephritis had lower baseline BMI, less frequency of arthritis, and higher hypertension. There were no differences on age at lupus diagnosis, gender and baseline comorbidities between lupus patients with and without renal involvement. Among patients with renal biopsy, 80% had ISN/RPS Class IV and V alone or in combination. Twenty-eight (21%) developed ESRD, five of them (18%) have been received renal transplantation. Severe renal disease was strongly associated with poor outcomes in this cohort.

**Conclusion** LN in Hispanic SLE patients represents an early and severe manifestation with higher incidence. It imposes poorer prognosis during first years of disease duration.

**PS3:51** MULTIMORBIDITY BURDEN IN SLE: PRELIMINARY DATA FROM THE COMMUNITY-BASED LUPUS REGISTRY OF CRETE

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