The association between self-reported lipid profile characterisation in patients with systemic lupus erythematosus and impact of lupus nephritis on mortality in Systemic Lupus Erythematosus patients with and without LN. The aim of our study was to investigate mortality in patients who does or does not develop LN in a population based cohort.

Methods Multiple sources were used to identify all SLE patients in Oslo during 1999–2009 who met 4 or more of the American College of Rheumatology (ACR) criteria. Follow up time was until 1st January 2014. Presence of LN was defined by the ACR criteria. Standardised mortality ratio (SMR) was compared to observed deaths in a matched control population.

Results Of the 325 SLE patients included in this study, 98 (30%) developed LN. 75 patients (77%) had biopsy proven LN. A total of 56 deaths occurred during the study period, corresponding to an overall SMR for all SLE patients of 2.1 (95% confidence interval (CI) 1.2 to 3.4). The SMR estimate for LN patients were 3.8 (95% CI: 2.1 to 6.2) and 1.7 (95% CI: 0.9 to 2.7) for non LN patients.

Conclusion LN is associated with increased mortality, however SLE patients who do not develop LN have a good overall prognosis with no significant higher mortality than the general population.

LIPID PROFILE CHARACTERISATION IN PATIENTS WITH LUPUS NEPHRITIS – EXPERIENCE OF A PORTUGUESE CENTRE

Introduction SLE is a multisystem chronic inflammatory disease and has been associated with premature atherosclerosis and so, controlling classic cardiovascular (CV) risk factors is crucial. Dyslipidaemia is an important CV risk factor and has been found to be altered in SLE patients.

Purpose Compare lipid profiles of two groups of Juvenile SLE patients, without Lupus Nephritis (group 1) and with Lupus Nephritis (group 2). Verify factors that might correlate with abnormalities in lipid profile.