We also looked at use of higher dose corticosteroids or IS in the first two years after diagnosis. We assessed whether each of these patterns of drug use varied between different patient groups.

Results Figure 1a shows that 134 (78%) of patients received steroids, 121 (71%) hydroxychloroquine and 98 (57%) IS. About a third (59 or 35%) received all three. Conversely, 33 (19%) received no drugs or hydroxychloroquine alone. 94% of those who received IS also got steroids.

There were no significant associations with gender or ethnicity except that a higher proportion of non-white patients than white received both higher dose corticosteroids and IS (36% vs 21% p=0.05). Figure 1b shows that use of most drugs was similar across all ages of onset, except that those diagnosed at >50 years had lower use of higher dose corticosteroids (40%) and azathioprine (10%) but higher use of cyclophosphamide (30%) than other groups.

Figure 1c shows a shift to increased early use of IS and higher dose corticosteroids in patients diagnosed in more recent decades. Cyclophosphamide use has continued despite introduction of rituximab and mycophenolate.

Conclusion This long-term retrospective analysis shows that over the course of disease 81% of patients received corticosteroids and/or immunosuppressants. Early aggressive immunosuppression has become more common.

Abstract PS6:112 ACCEPTANCE AND COMMITMENT THERAPY IN LUPUS, A CASE CONTROL STUDY

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The aim of this study was to evaluate the influence of acceptance and commitment therapy (ACT) in lupus, on frustration,
Hydroxychloroquine is an integral part of maintenance therapy in lupus patients. Recent UK guidelines recommend that patients on hydroxychloroquine need to have regular monitoring. The risk of retinal toxicity becomes significant after a cumulative dose of 1 gram or after 7 years of drug use. Monitoring with use of spectral domain optical coherence tomography (OCT) is required after 5 years of use from recent guidelines.

The University hospitals of Leicester which serves 1 million population has a diverse group of caucasian and black with minority ethnic (BME) groups. There are 293 patients with lupus on the rheumatology database of the tertiary hospital. Among these, 100% of them are on hydroxychloroquine. We performed an audit of patients that have regular eye monitoring forming an audit of patients that have regular eye monitoring. The risk of retinal toxicity becomes significant after a cumulative dose of 1 gram or after 7 years of drug use. Monitoring with use of spectral domain optical coherence tomography (OCT) is required after 5 years of use from recent guidelines.

The objective of this case review is to identify strategies for early diagnosis of LE. Methods Retrospective analysis of patients with SLE (fulfilling ACR 1997 and/or SLICC classification criteria) and presenting LE from three tertiary SLE centres was conducted. The diagnosis was based on clinical and imaging features consistent with LE and exclusion of other causes of GI disorders. Results We report six cases of LE (female: 100%; age range: 16–55 years). All presented with acute onset abdominal pain, nausea and vomiting at the emergency department. One patient had lupus enteritis as inaugural manifestation of SLE. Of the remaining five, one presented at the previous visit to the lupus clinic with clinically active disease and two had serologically active/clinically inactive SLE. High anti-dsDNA antibodies and low serum complement were universally present at time of the LE event. Abdominal ultrasound was the first imaging exam to be performed in the emergency unit. In all cases it showed bowel wall thickening, dilatation of intestinal segments, increased reflectivity of mesenteric fat and mild ascites, raising the suspicion of LE and immediate start of treatment. These features were later confirmed by CT scan.

Discussion Abdominal ultrasound can be a reliable first line diagnostic tool for LE. It is a handy and radiation-free technique, an important advantage in women of child-bearing age.