

prognosis is different according to ethnicity. There are no controlled trials in African populations.

Objectives Evaluate the efficiency of two regimens of cyclophosphamide in the treatment of LN.

Patients and methods 48 patients with histological proven LN and treated with cyclophosphamide were included. Patients were divided in 2 groups: Group 1 (6 monthly high-dose intravenous cyclophosphamide) and Group 2 (EuroLupus protocol). We evaluate complete remission rate (absence of proteinuria and renal failure), partial remission (decrease of proteinuria more than 50% without renal failure) and renal relapses into the 2 groups.

Results There were 32 patients in group 1 and 16 patients in group 2. Mean age at time of LN diagnosis was 30 years in group 1 and 28.3 years in group 2. Mean level of proteinuria was 3 g/day (group 1) and 3.73 g/day (group 2). Hematuria was found in 16 and 4 patients respectively. Five patients in group 1 and three in group 2 were in renal failure at time of LN flare. Lupus nephritis was class III in 10 (group 1) and 4 cases (group 2), class IV (group 1: n=14, group 2: n=9), class III/V (group 1: n=5, group 2: n=2) and class IV/V (3 in group 1). Complete remission was achieved in 62.5% of case in group 1 and 56.3% patients in group 2 (p=0.6). Partial remission was obtained in 25% of cases in both groups. Renal relapses occurred in 12.5% (group 1) and 18.8% (group 2) of patients (p=0.56). None had end stage renal failure. The average duration of follow up was of 5.32 years in the group 1 and 5.49 years in group 2.

Conclusion Monthly cyclophosphamide pulses regimen was similar to EuroLupus protocol in our group. These results encourage us to use biweekly cyclophosphamide pulses which are safer in SLE patients. More studies are needed to confirm these results.

PS6:116 DIET HABITS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

¹M Petric, ^{1,2}M Radic, ^{1,2}D Perkovic, ²J Bozic, ¹M Petric, ^{1,2}D Marasovic Krstulovic, ¹K Boric, ¹J Bozic, ¹I Erceg, ^{1,2}D Martinovic Kaliterna. ¹University Hospital of Split, Croatia; ²University of Split School of Medicine, Split, Croatia

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Objective Many patients with systemic lupus erythematosus (SLE) are interested in diet advices. We wanted to investigate which diet habits are most common in our patients, and which of them are in correlation with laboratory parameters that are related to disease remission, such as normal values of serum complement and 24 hour proteinuria.

Methods We included 76 patient with SLE in remission, in age between 21 and 75. They fulfilled 23-item questionnaire about weekly diet habits. Basic anthropometric data, disease duration, levels of C3 and C4 complement components and 24 hour proteinuria were recorded and analysed in correlation with diet habits.

Results Majority of our patients had normal BMI (between 18.5 and 25 kg/m²), preferred to eat healthy food and did regular weekly workout. Milk, meat, fruits, vegetables, pasta, rice and bread were the most abundant food. Lower serum values of C3 were found in 34 (44.7%) cases, and lower values of C4 were found in 28 (36.8%) cases. Only 5 (6.6%) patients had significant 24 hour proteinuria higher than 3.5 g and another 7 (9.2%) had proteinuria higher than 1 g. Lower values of C3 were found in patients who often consumed meat

(p=0.015) and fast food (p=0.060), and those patients who more often consumed fast food or fried food had lower levels of C4 (p=0.043 and p=0.051).

Conclusions There is an evidence that food rich in proteins and calories can lower serum complement levels. As clinicians, we should always advice our SLE patients to eat a lot of fish, fruits and fresh vegetables, although there is no strong support for that. More studies with dietary interventions have to be done before final recommendations can be made.

PS6:118 OBJECTIVE MEASUREMENTS OF SLEEP DISORDERS AND PSYCHIATRIC COMORBIDITIES IN A COHORT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

^{1,2}U Faraguna, ³C Porciani, ⁴R Vagelli, ²M di Galante, ^{3,4}C Tani, ⁴C Stagnaro, ^{3,4}M Mosca. ¹Dept. of Translational Reserach – University of Pisa, Italy; ²IRCCS Stella Maris, Calambrone, ITALY; ³Dept. of Clinical and Experimental Medicine, Pisa, Italy; ⁴AOUPI -Rheumatology Unit, Pisa, Italy

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Background Depression is one of the most frequent disorders in SLE, from 17% to 75% of prevalence, although subtle neuropsychiatric syndromes like symptoms of depressive and anxiety axes are often considered as ‘non-neuropsychiatric SLE’. Recent data suggest SLE patients also suffer from sleep disturbances like frequent awakenings and unrestorative sleep, and worse sleep quality has been found to be a fellow traveller with this disease.

Aims to objectively evaluate sleep in SLE patients in comparison with a cohort of age and sex-matched controls and to find possible relationships with disease manifestations and to find the factors that have greater impact on mood disorders in SLE group.

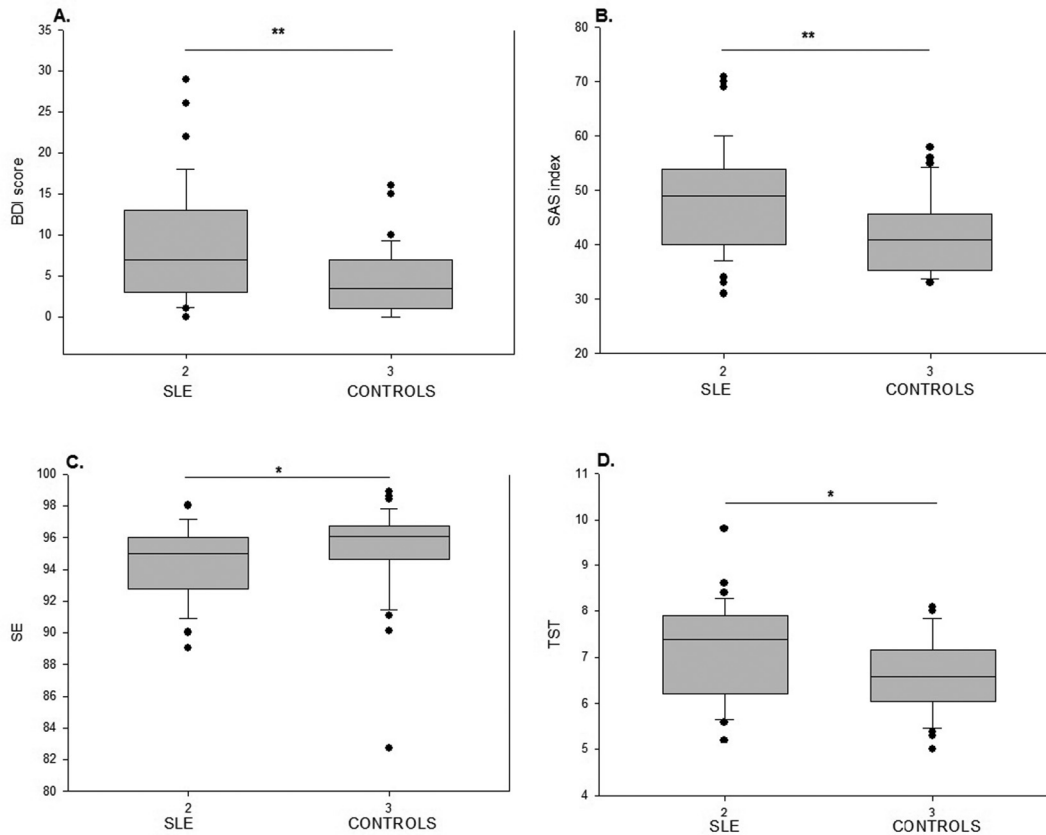
Methods sleep was evaluated in 41 SLE patients and 36 controls using actigraphy. The presence of mood disorders, temperament, health-related quality of life and perception of sleep were evaluated with specific questionnaires: Beck Depression Inventory (BDI), Self Rating Anxiety Scale (SAS), Brief COPE, Pittsburgh Sleep Quality Index (PSQI), Insomnia Severity Index (ISI), Perceived Stress Scale (PSS), Resilience Scale for adult, Functional Assessment of Chronic Illness Therapy (FACIT) Fatigue Scale, Brief TEMPS-M, Lupus QoL and Short Form Health survey 36 (in SLE patients and controls respectively).

Results The strongest predictors of the SLE group were higher scores in BDI and SAS index, lower Sleep Efficiency and greater Total Sleep Time.

Statistically significant differences were found between depressed SLE patients and non-depressed SLE patients in several parameters. Lower scores in FACIT fatigue scale, burden to others, pain and body image domains and higher PSS score were found in depressed SLE patients. In SLE group, FACIT score was strongly negative correlated with BDI score and positively correlated with physical domain.

Fibromyalgic SLE patients had lower scores in pain domain when compared with non-fibromyalgic SLE patients. Instead, no difference in pain domain was found between patients with joint involvement and patients without joint involvement, addressing fibromyalgia as the factor with greater impact over pain.

Conclusion SLE is a chronic disease that has great impact on mood and sleep quality and identification of this problems and consequent therapeutic interventions may improve the quality of life of these patients.



Abstract PS6:118 Figure 1 Comparison of beck depression inventory score (A), self rating anxiety scale index (B), sleep efficiency (C), total sleep time (D) between systemic lupus erythematosus group and controls. All these factors were significantly different between the two groups. Mann-Whitney rank sum test *= $p < 0.05$; **= $p < 0.01$

PS6:119 CLASS III-IV LUPUS NEPHRITIS MANAGEMENT IN EVERYDAY PRACTICE

¹S Porta, ¹C Aimo, ¹M Micelli, ¹E Kerzberg, ²G Ruiz Irastorza. ¹Rheumatology Department, Hospital J.M Ramos Mejía, Buenos Aires, ARGENTINA; ²Autoimmune Diseases Research Unit, Department of Internal Medicine, Hospital Universitario Cruces, The Basque Country, Spain

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Purpose To study the use in real life clinical practise of glucocorticoids (GCs), immunosuppressive and adjuvant therapy in Class III-IV Lupus Nephritis (LN).

Methods A multiple choice electronic questionnaire was sent to Latin American rheumatologists. Ten questions addressing the following topics: use of methylprednisolone pulses at the beginning of treatment and additionally during induction, use of oral GCs (maximum dose, tapering schedules, time on prednisone doses >30 mg/day, time until a prednisone dose of 5 mg/day is reached); use of immunosuppressants during induction and maintenance therapies; and use of adjuvant therapies.

Results Were assessed 153 surveys (67 were from Argentina, 26 from Brazil, 12 from Venezuela, and 48 from Chile, Colombia, Cuba, Ecuador, Peru, Mexico and Costa Rica). As of GCs, 63.40% (97/153) give three intravenous pulses of methylprednisolone of 1 gr, and then switch to 0.5–1 mg/kg/day of oral prednisone. With the lack of a definite tapering scheme, 88.24% (135/153) taper prednisone based on disease activity; 81.04% (124/153) maintain doses of oral prednisone >30 mg/day for 4 or more weeks and 40.42% (62/153) for 6 or more weeks; 43.79% (67/153) reach an oral prednisone dose of 5 mg/day in 4 to 6 months, and 39.87%

(61/153) in >6 months; 79.08% (121/153) do not use additional intravenous pulses of methylprednisolone during induction.

Intravenous cyclophosphamide (IVCYC), 1 gr/4 weeks, (60.13%, 92/153) and mycophenolate mofetil (MFM) (68.63%, 105/153) are the most used drugs for induction and maintenance treatment, respectively.

Regarding adjuvant therapy, 81.05% (124/153) prescribe hydroxychloroquine in order to improve the prognosis of patients, and only 36.6% (56/153) consider it relevant to keep an adequate intake of calcium and vitamin D.

Conclusions In the real world therapy of LN, high doses of oral GCs are used during prolonged periods of time, with tapering schemes based on clinical response. Pulses of methylprednisolone are frequently given, but only at the beginning of the induction phase. IVCYC and MFM are the immunosuppressive drugs of choice for induction and maintenance therapy, respectively. Hydroxychloroquine frequently (but not universally) considered to improve the prognosis of these patients. Little attention is paid to calcium and vitamin D supplements.

PS6:120 HAND ULTRASOUND GUIDED THERAPEUTIC DECISIONS IN INFLAMMATORY ARTHRITIS ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND SJÖGREN'S SYNDROME

¹L Lei, ¹S Morgan, ²E Ntatsaki, ²C Ciurtin. ¹University College London Medical School, London, UK; ²University College London Hospital – Department of Rheumatology, London, UK

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