CS-08 EFFECT OF ANTIMALARIALS OVER THE DIFFERENT DOMAINS OF THE DAMAGE INDEX IN LATIN AMERICAN SLE PATIENTS

¹Bernardo Pons-Estel*, ²Daniel Wojdyla, ³Graciela S Alarcón, ¹Rosa María Serrano, ¹Rosana Quintana, ⁴Manuel Ugarte-Gil, ⁴Victor Pimentel-Quiroz, ⁵Enrique R Soriano, ⁵Marina Scolnik, ¹Mónica Sacnun, ⁶José A Gómez-Puerta, ⁷Mario H Cardiel, ⁸Virginia Pascual-Ramos, ⁹Ignacio García de la Torre, ¹⁰Leonor A Barile, ¹¹Luis H Silveira, ¹²Mary Carmen Amigo, ¹³María Josefina Sauza del Pozo, ¹⁴Marlene Guibert-Toledano, ¹⁴Gil A Reyes, ¹⁵Antonio Iglesias Gamarra, ⁶Luis Alonso Gonzalez, ¹⁶Rosa Chacón-Díaz, ¹⁷María H Esteva Spinetti, ⁴Eduardo M Acevedo-Vásquez, ⁴José Alfaro-Lozano, ¹⁸María Inés Segami, ¹⁹Loreto Massardo, ²⁰Oscar Neira, ²¹Emilia Sato, ²²Eloisa Bonfa, ²³Lilian Costallat, ²⁴Ricardo Xavier, ²⁵Fernando Cavalcanti, ²⁶Nilizio A Da Silva, ²²Eduardo Ferreira Borba, ⁵Luis J Catoggio, ²⁴Joao C Tavares Brenol, ²⁷Verónica Saurit, ²⁷Francisco Caeiro, ²⁷Alejandro Alvarelos, ²⁸Judith Sarano, ²⁹Mercedes García, ³⁰Laura Onetti, ³¹Cristina Drenkard, ³²Guillermo Berbotto, ³³Hugo R Scherbarth, ³⁴Sergio Jacobelli, ³⁵José F Molina, ⁶Gloria Vásquez, ¹Guillermo J Pons-Estel. ¹Hospital Provincial de Rosario, Argentina; ²GLADEL Consultant, Argentina; ³University of Alabama at Birmingham, USA; ⁴Hospital Nacional Guillermo Almenara Irigoyen, EsSalud, Perú; ⁵Hospital Italiano de Buenos Aires, Argentina; ⁶Universidad de Antioquia, Colombia; ⁷Centro de Investigación Clínica de Morelia SC, México; ⁸Instituto Nacional de Ciencias Médicas y Nutrición, México; ⁹Hospital General de Occidente, México; ¹⁰Hospital Ángeles del Pedregal, México; ¹¹Instituto Nacional de Cardiología Ignacio Chávez, México; ¹²Centro Medico ABC, México; ¹³Instituto Mexicano de Seguro Social, Hospital de Especialidades No 25, México; ¹⁴Centro de Investigaciones Médico Quirúrgicas, Cuba; ¹⁵Universidad Nacional de Bogotá, Colombia; ¹⁶Hospital Universitario de Caracas, Centro Nacional de Enfermedades Reumáticas, Venezuela; ¹⁷Hospital Central de San Cristóbal, Venezuela; ¹⁸Hospital Nacional Edgardo Rebagliatti Martins, ESSALUD, Perú; ¹⁹Universidad San Sebastián, Chile; ²⁰Hospital del Salvador, Chile; ²¹Universidade Federal de São Paulo, Brasil; ²²Faculdade de Medicina da Universidade de São Paulo, Brasil; ²³Universidade Estadual da Campinas, Campinas, Brasil; ²⁴Hospital da Clinicas da Porto Alegre, Brasil; ²⁵Universidade Federal da Pernambuco, Brasil; ²⁶Faculdade de Medicina, Universidade Federal de Goiás, Brasil; ²⁷Hospital Privado Universitario de Córdoba, Argentina; ²⁸Instituto de Investigaciones Medicas Alfredo Lanari, Argentina; ²⁹HIGA General San Martín La Plata, Argentina; ³⁰Hospital Nacional de Clinicas, Argentina; ³¹Emory University School of Medicine, USA; ³²Sanatorio Británico, Argentina; ³³Hospital Interzonal General de Agudos "Dr. Oscar Alende", Argentina; ³⁴Pontificia Universidad Católica de Chile, Chile; ³⁵Centro Integral de Reumatología, Reumalab, Colombia

10.1136/lupus-2018-lsm.43

Background We have previously shown that Latin American SLE patients treated with Antimalarials (AMs) have a 25% lower risk of damage accrual than patients not receiving them. The present study was conducted to assess the effects of AMs over the 12 items of the SLICC Damage Index, (SDI).

Methods Patients with a recent SLE diagnosis (≤ 2 years) from the GLADEL cohort were studied. End-point: Increase in the 12 items SDI since cohort entry. Independent (socio-

demographic, clinical laboratory and treatment) variables were included. The effect of AMs as a time dependent variable on items of the SDI (adjusting for potential confounders) was examined with a multivariable Cox regression model. Multivariate models were developed for the most common SDI items.

Results Of the 1466 patients included in this analysis 1049 (72%) received AMs during follow-up (as defined); median exposure time: 30 months (Q1-Q3: 11–57 months). Total damage accrual occurred in 665 (45%) patients during a median follow up time of 24 months (Q1-Q3: 8–55) months. Within the 12 items of the SDI there were 301 integument, 208 renal, 149 neuropsychiatric, 98 musculoskeletal, 88 cardiovascular, 65 ocular, 43 pulmonary, 42 peripheral vascular, 33 gastrointestinal, 22 premature gonadal failure, 16 diabetes and 9 malignancy. After adjusting for potential confounders, at any time during follow-up a patient on AMs had a 35% and 30% lower risk of renal and neuropsychiatric damage accrual respectively than a patient not on AMs (adjusted HR 0.65, 95% CI 0.47 to 0.90 and HR 0.70, 95% CI 0.48 to 1.02). Such protective effect was not evident for integument, musculoskeletal and cardiovascular damage. Table 1.

Conclusions After adjustment for possible confounding factors related to AMs use and damage accrual, AMs were independently associated with a reduced risk of renal and neuropsychiatric damage accrual in this cohort.

Acknowledgements On behalf of the Grupo Latinoamericano de Estudio del Lupus (GLADEL).

CS-09 CONTRACEPTIVE DOCUMENTATION IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS AT A SAFETY NET HOSPITAL

Ola Azzouqah, Bonnie L Bermas*. *Division of Rheumatic Diseases, UT Southwestern Medical Center, Dallas, Texas, USA*

10.1136/lupus-2018-lsm.44

Background Systemic Lupus Erythematosus (SLE) predominantly affects reproductive aged women. Contraceptive counseling is an important quality indicator in SLE patient care. Here we evaluate current practice in the documentation of contraceptive use amongst reproductive aged women with SLE cared for at a large safety net hospital.

Abstract CS-08 Table 1 Multivariable Cox proportional hazard model: time-to-items damage accrual

Endpoint	Unadjusted		Adjusted	
	HR ¹ (95% CI)	p-value	HR ¹ (95% CI)	p-value
Integument Damage	0.987 (0.763–1.277)	0.9223	0.971 (0.734–1.286) ²	0.8381
Renal Damage	0.516 (0.385–0.692)	<0.0001	0.652 (0.472–0.901) ³	0.0094
Neuropsychiatric Damage	0.651 (0.458–0.925)	0.0167	0.701 (0.481–1.024) ⁴	0.0660
Musculoskeletal Damage	0.838 (0.524–1.340)	0.4612	0.909 (0.561–1.473) ⁵	0.6977
Cardiovascular Damage	0.562 (0.357–0.886)	0.0130	0.690 (0.430–1.107) ⁶	0.1240

¹Hazard ratio for any antimalarial vs no antimalarial in the previous month.

²Adjusted for integument domain SDI at entry, hypertension, malar rash, discoid rash, proteinuria/cilindruria, hematologic disorder, glucocorticoid pulse and SLEDAI at cohort entry.

³Adjusted for renal domain SDI at entry, age at diagnosis, socio-economic level, hypertension, proteinuria/cilindruria, immunosuppressants and SLEDAI at cohort entry.

⁴Adjusted for neurologic domain SDI at entry, glucocorticoid pulse, NSAIDs and SLEDAI at cohort entry.

⁵Adjusted for musculoskeletal domain SDI at entry, gender, hypertension, discoid rash, oral/nasopharyngeal ulcerations, arthritis, neurologic disorder, glucocorticoids at cohort entry.

⁶Adjusted for cardiovascular domain SDI at entry, disease duration, hypertension and serositis at cohort entry.