CS-13 REMISSION AND LOW DISEASE ACTIVITY STATE PREVENT HOSPITALIZATIONS AND EMERGENCY ROOM VISITS IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

¹Cristina Reátegui-Sokolova*, ¹Rocio V Gamboa-Cardenas, ¹Mariela Medina-Chinchón, ¹Francisco Zevallos, ^{1,2}Claudia Elera-Fitzcarrald, ¹Victor Pimentel-Quiroz, ¹Jorge M Cucho-Venegas, ^{1,3}Zoila Rodriguez-Bellido, ^{1,3}Cesar A Pastor-Asurza, ^{1,3}Risto Perich-Campos, ⁴Graciela S Alarcón, ^{1,2}Manuel F Ugarte-Gil. ¹Rheumatology Department. Hospital Guillermo Almenara Irigoyen. EsSalud; ²Universidad Científica del Sur; ³Universidad Nacional Mayor de San Marcos; ⁴School of Medicine, University of Alabama at Birmingham

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Background Although the survival rate of patients with Systemic Lupus Erythematosus (SLE) has improved over the years, patients are frequently hospitalized or evaluated in the Emergency Room; these events account for most of the direct cost of these patients' care. The objective of this study is to determine whether remission and low disease activity state (LDAS) are protective of hospitalization and Emergency Room visits in our SLE patients.

Methods All hospitalizations and Emergency Room visits of Peruvian SLE patients members of the Almenara Lupus Cohort were identified during the two-years following their baseline visit. We used the baseline data (at admission to the cohort) in order to determine which factors were associated with hospitalizations and Emergency Room visits in these SLE patients. Remission was defined as a SLEDAI-2K=0, prednisone ≤5 mg/d and immunosuppressants on maintenance dose, LDAS was defined as not on remission and a SLEDAI-2K≤4, prednisone ≤7.5 mg/d and immunosuppressants on maintenance dose; antimalarials were allowed in both groups. Univariable and multivariable Poisson regression models were used to determine the impact of being on remission or LDAS on the risk of hospitalization and Emergency Room visits, adjusting for gender, age at diagnosis, socioeconomic status, disease duration, damage, comorbidities, time of exposure to prednisone and antimalarial use.

Results Of the 314 cohort patients, 92.7% (n=291) were female, the median age of the patients was 40.7 (32.9–51.1)

years, with a disease duration of 5.5 (2.6–10.3) years. Fifty-nine of the patients included were hospitalized, a total of 165 times (range 2.8 per patient). In the multivariable analysis we found that remission [RR 0.036 (0.005–0.259), p=0.001] and LDAS [RR 0.289 (0.182–0.457), <p=0.001] at baseline decrease the risk of hospitalization in SLE patients. Similarly, remission [RR: 0.019 (95% CI 0.107 to 0.815), p=0.019] and LDAS [RR=0.383 (95% CI 0.222 to 0.661), p=0.001] decrease the risk of Emergency Room visits. One hundred-thirty-five of the 165 hospitalizations presented a defined cause, being disease activity the most common cause of hospitalization with 73 admissions (54.1%); within them renal disease was the leading cause, with 37 admissions (50.7%).

Conclusions Remission and LDAS decrease the risk of hospitalizations and Emergency Room visits in SLE patients. Disease activity was the most frequent cause of hospitalization and within them renal disease. These findings have economic implications for the health care system.

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CS-14 PROLONGED ANTIMALARIAL TREATMENT IS ASSOCIATED WITH INCREASED RISK FOR ELEVATED MYOCARDIAL BIOMARKERS IN SYSTEMIC LUPUS ERYTHEMATOSUS

¹Konstantinos Tselios, ¹Dafna D Gladman*, ²Paula Harvey, ²Shadi Akhtari, ¹Jiandong Su, ¹Murray B Urowitz. ¹Centre for Prognosis Studies in Rheumatic Diseases, Toronto Lupus Clinic, University Health Network, Toronto, Ontario, Canada; ²Department of Cardiology, Women's College Hospital, University of Toronto, Toronto, Ontario, Canada

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Background Antimalarial (AM)-induced cardiomyopathy (AMIC) has been rarely reported in systemic lupus erythematosus (SLE). However, given the large number of patients

Abstract CS-14 Table 1 Comparison between BNP/cTnI abnormal and BNP/cTnI normal patients

VARIABLE (At assessment)	BNP/cTnI abnormal (no history of heart disease or PAH) (n=16)	BNP/cTnI normal (n=152)	P
Age (y)	54.7±15.1	47.83±12.15	0.037
SLE duration (y)	22.54±10.44	15.45±10.05	0.008
SLEDAI-2K	1.88±2.47	2.79±3.64	0.329
AMS for 2 years prior	2.52±2.96	3.02±3.18	0.549
eGFR<30 ml/min	0 (0%)	3 (2%)	0.571
Hypertension	10 (62.5%)	54 (35.5%)	0.035
Diuretics treatment	5 (31.3%)	8 (5.3%)	<0.001
Systolic BP at test (mmHg)	118.4±21.7	113.5±16.9	0.28
Diastolic BP at test (mmHg)	71.9±10.1	69.5±11.8	0.444
Abnormal CPK □	7 (43.8%)	24 (15.8%)	0.008
Cumulative years on AM	13.66±9.14	7.88±8.02	0.008
AM duration>5.6 years	14 (87.5%)	69 (45.4%)	0.001
Corticosteroids	8 (50%)	70 (46.1%)	0.763
Mean prednisone (mg/day)	9.4±4.2	7.53±5.1	0.326
Immunosuppressives	10 (62.5%)	87 (57.2%)	0.685

AMS adjusted mean SLEDAI-2K; eGFR: estimated glomerular filtration rate, PAH: pulmonary arterial hypertension, BP: blood pressure, CPK: creatine phosphokinase, AM: antimalarials, CQ: chloroquine, HCQ: hydroxychloroquine, □ Three abnormal measurements during the last two years