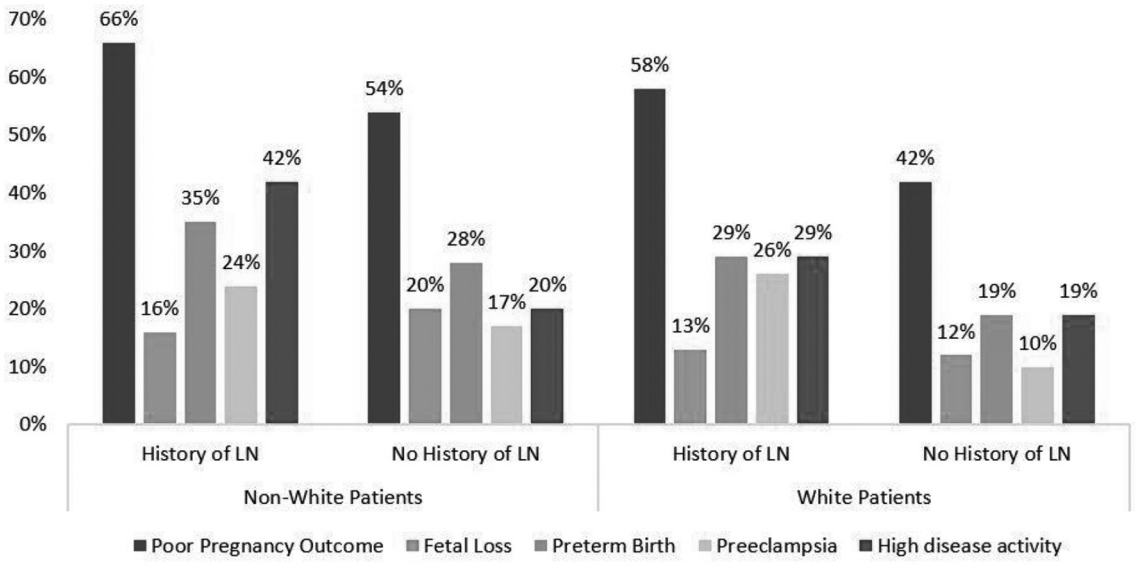

Abstract 140 Figure 1 Pregnancy outcomes for patients with and without a history of lupus nephritis, stratified by maternal race

and MG correlated with age (rs=0,272 :p=0023 and rs=0,471 :p=0,0000 respectively).

Conclusions MG, counting only four questions, is simpler to perform than CQR19. In our study, we found good correlation between both questionnaires.

Having found no correlation between compliance defined by either tool and SLE activity or accrual damage, we believe that the routine use of these tools has no influence in terms of therapeutic management in SLE patients.

Funding Source(s): None

140 EFFECT OF LUPUS NEPHRITIS ON PREGNANCY OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS: AN INDIVIDUAL PARTICIPANT META-ANALYSIS

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10.1136/lupus-2019-lsm.140

Background Cohort studies show that lupus nephritis (LN) is associated with poor pregnancy outcomes. In North America a significant proportion of LN patients are non-white, a population that has a baseline increased risk of preterm birth, preeclampsia, and fetal growth restriction. This individual participant meta-analysis pooled data to determine the effect of history LN on pregnancy outcomes stratified by maternal race.

Methods Data from three prospective lupus pregnancy cohorts were included in this analysis. Race was classified as white or non-white; only one pregnancy per patient in women with a first trimester visit were included. Outcomes included fetal loss, preterm birth (<37 weeks), preeclampsia, high disease activity (PGA >1 or SLEDAI >4 during pregnancy), and a composite poor pregnancy outcome (fetal loss, preterm birth, preeclampsia or high disease.

Results The analysis included 312 pregnancies across three cohorts in the US and Canada, of which 22% were to women with history of LN and 46% were to non-white mothers (figure 1). Women with a history of LN were at increased risk of a poor pregnancy outcome (OR: 1.76; CI: 1.33–2.32), a difference seen in both white and non-white women. A history of LN was not associated with an increase in fetal loss (OR: 0.94; CI: 0.61–1.45). Women with a history of LN had an increased risk of preterm birth overall (OR: 1.50; CI: 1.04–2.17). Women with a history of LN were at increased risk of developing preeclampsia (OR: 2.31; CI: 1.59–3.36). Among white women, preeclampsia was largely driven by a history of LN. In non-white women, the baseline high preeclampsia risk was not significantly increased by a history of LN. A history of LN increased the risk of high disease activity (OR: 2.31; CI: 1.52–3.50). The impact of a history of LN on disease activity in pregnancy was particularly strong among non-white women.

Conclusions As expected, a history of LN was associated with poor pregnancy outcomes. While fetal loss was not increased, preterm birth, preeclampsia, and disease activity were all more common in women with a history of LN. A history of LN had a greater impact on the rates of preterm birth and preeclampsia in white women, while non-white women without LN had baseline elevations in these complications, making the impact of LN less dramatic.

Funding Source(s): AHRQ grant 5K18HS023443

141 COST EFFECTIVENESS OF A PEER MENTORING INTERVENTION TO IMPROVE DISEASE SELF-MANAGEMENT PRACTICES AND SELF-EFFICACY AMONG AFRICAN AMERICAN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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10.1136/lupus-2019-lsm.141

Background The annual medical costs for systemic lupus erythematosus (SLE) patients can reach up to $62 651 due to complex care needs. This presents a major challenge for all