and MG correlated with age (rs=0.272; p=0.0023 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 correla-
tion 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.

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

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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 popula-
tion that has a baseline increased risk of preterm birth, pree-
clampsia, 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 (fig-
ure 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 dif-
ference 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 pre-

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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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