Results Among 323 participants, 89% were female, 39% Asian, 11% African American, 22% Hispanic of any race, and 29% White. Mean age was 45±14; mean age at diagnosis 29±12. Nearly half of respondents had a college degree. SDI at the baseline study visit ranged from 0 to 10 points, mean 1.8 ±2.0; 70% of the cohort had SDI>0. The regression model showed strong evidence (p=0.01) for interaction of age of diagnosis with race/ethnicity. As seen in the figure 1, SDI scores in racial/ethnic minorities were much higher among those diagnosed at younger ages; this relationship was not seen among whites.

Conclusions In this multi-ethnic cohort of SLE patients, the association of diagnosis age and disease damage varied according to race/ethnicity, with whites diagnosed at younger ages accumulating less damage than those in other racial/ethnic groups diagnosed at comparable ages. Future research should examine if these differences are due to phenotypic differences among the groups, diagnostic delays, or other access to care issues.

Funding Source(s): Centers for Disease Control and Prevention (U01 DP005120)