## Abstract 226 Table 1

<table>
<thead>
<tr>
<th></th>
<th>2009, n(%)</th>
<th>2018, n(%)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>41±7</td>
<td>53±8.76</td>
<td></td>
</tr>
<tr>
<td>AMI/Stroke</td>
<td>n/a</td>
<td>10 (15.38)</td>
<td>n/a</td>
</tr>
<tr>
<td>Cancer</td>
<td>n/a</td>
<td>2 (3.08)</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2 (2.13)</td>
<td>8 (12.31)</td>
<td>0.009</td>
</tr>
<tr>
<td>Hypertension</td>
<td>33 (35.11)</td>
<td>37 (56.92)</td>
<td>0.006</td>
</tr>
<tr>
<td>Angina</td>
<td>n/a</td>
<td>16 (26.23)</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>65</td>
<td></td>
</tr>
</tbody>
</table>

## Background

In Systemic Lupus Erythematosus (SLE), cardiovascular mortality is important. In our previous study, we observed atherosclerotic plaque formation in carotid and/or femoral artery in SLE patients. The aim of this study was to assess the comorbidity of the patients diagnosed with SLE over 10 years.

### Methods

The sample group is a subset of 2009 study. In 2009, the patients who already had myocardial infarction or cancer diagnosis were excluded. The patients were interviewed with polar questions of whether they were diagnosed with acute myocardial infarction (AMI), cerebrovascular events, cancer, diabetes, and hypertension.

### Results

We studied 65 patients (56F, 9 M; mean age: 53 ±8.76) with SLE diagnosis.

In 2009, out of 94 SLE patients we included in the study, 2 (2.13%) of the patients were diagnosed with diabetes, and 33 (35.11%) with hypertension. However, in 2018, out of the 65 patients we reached, 8 (12.31%) with diabetes, and 37 (56.92%) with hypertension. The increase in diabetes and hypertension was found significant. (p=0.009 and 0.006) The table 1 shows the percentages of newly occurred cancer, angina pectoris, and AMI/Stroke events.

### Conclusions

In 10 year follow-up, the significant increase in hypertension and diabetes can show us a sign of atherosclerotic plaque formation. However, the increased hypertension and diabetes ratio can still be due to increased age.

### Funding Source(s):

None

## Reference


## Abstract 227

### The Lupus Severity Index Accurately Identifies Patients with Severe SLE in a Multi-Ethnic Cohort

Christine Peschken, Carol Hitchen, David Robinson, Annakleise Tiseversainghe, Hani El-Gabalawy, Faculty of Medicine, Department of Internal Medicine, University of Manitoba; University of Manitoba

10.1136/lupus-2019-lsm.227

## Background

The Lupus Severity Index (LSI) proposed to stratify patients by disease severity for clinical research. The LSI ranges from 0–10, is calculated using ACR classification criteria (ACRc) and demonstrated high predictive accuracy for severity anchored to major immunosuppressive drug use.

### Conclusion

The LSI accurately identifies patients with severe SLE in a multi-ethnic cohort.

## Methods

The sample group is a subset of 2009 study. In 2009, the patients who already had myocardial infarction or cancer diagnosis were excluded. The patients were interviewed with polar questions of whether they were diagnosed with acute myocardial infarction (AMI), cerebrovascular events, cancer, diabetes, and hypertension.

### Results

We studied 65 patients (56F, 9 M; mean age: 53 ±8.76) with SLE diagnosis.

In 2009, out of 94 SLE patients we included in the study, 2 (2.13%) of the patients were diagnosed with diabetes, and 33 (35.11%) with hypertension. However, in 2018, out of the 65 patients we reached, 8 (12.31%) with diabetes, and 37 (56.92%) with hypertension. The increase in diabetes and hypertension was found significant. (p=0.009 and 0.006) The table 1 shows the percentages of newly occurred cancer, angina pectoris, and AMI/Stroke events.

### Conclusions

In 10 year follow-up, the significant increase in hypertension and diabetes can show us a sign of atherosclerotic plaque formation. However, the increased hypertension and diabetes ratio can still be due to increased age.

### Funding Source(s):

None

## Reference