Abstract P145 Table 1 Comparative description of patients with proliferative, membranous and mixed LN enrolled in Renuma.pt – the Portuguese registry of rheumatic disease covering over 20 centres throughout Portugal

	Class III and IV	Class V	III+V or IV+V	P
Total, N	184	41	7	
Females, N (%)	157 (85)	39 (95)	5 (71)	0.121
Ethnicity **White European**, N (%)	159 (91)	28 (78)	6 (86)	0.079
Other, N (%)	16 (9)	8 (22)	1 (14)	
Age LN diagnosis(y), median (IQR)	30 (20)	34 (16)	42 (27)	0.932
Time SLE-LN(y), median (IQR)	1.5 (6.8)	1 (6)	0.5 (2.3)	0.477
SLEDAI at LN diagnosis, median (IQR)	**16 (10)**	**10 (10)**	**21 (17)**	**0.005**
uPCR at LN diagnosis, median (IQR)	1650 (2580)	1600 (1934)	2580 (3619)	0.692
Creatinine at LN diagnosis, median (IQR)	**0.80 (0.32)**	**0.69 (0.21)**	**1.0 (0.95)**	**0.005**
Albumin at LN diagnosis, mean ± SD	34 ± 7	34 ± 7	29 ± 6	0.294
C3 at LN diagnosis, mean ± SD	**0.65 ± 0.25**	**0.92 ± 0.36**	**0.55 ± 0.32**	**<0.001**
Ever low Complement, N (%)	**160 (90)**	**27 (71)**	**7 (100)**	**0.004**
Ever anti-dsDNA positive, N (%)	**174 (95)**	**31 (78)**	**6 (86)**	**0.001**
Ever anti-Sm positive, N (%)	37 (21)	12 (32)	3 (43)	0.155
Ever anti-Ro positive, N (%)	36 (34)	14 (58)	3 (50)	0.074
Ever anti-La positive, N (%)	18 (17)	5 (22)	2 (33)	0.562
Ever anti-RNP positive, N (%)	**32 (30)**	**15 (65)**	**2 (33)**	**0.007**
> 1 renal biopsy, N (%)	26 (14)	4 (10)	0	0.440
Different class in subseq. biopsy, N (%)	4 (15)	2 (50)	NA	0.169

SLE: Systemic Lupus Erythematosus; LN: Lupus Nephritis; uPCR: urinary protein-creatinine ratio, mg/g; y: years; Creatinine is presented in mg/dL, albumin in g/L and C3 in g/L.

P146 FRACTURE RISK IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS OVER 25 YEARS

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Background Osteoporosis and fractures are complications of glucocorticoid treatment. Current EULAR guidelines for the treatment of SLE recommend minimising long term glucocorticoid aiming at ≤ 7.5 mg/day. We examined the relationship of glucocorticoid dosing on fracture risk in patients with SLE.

Methods Retrospective data collection on SLE patient attending University College London Hospital clinic over a 35year period. The data included consecutive steroid dosing, Bone marrow density scans (BMD) and fragility fractures.

Results We reviewed 250 patients selected because we had a minimum of 10yrs follow up on them, 229 female (92%), 130 Caucasian (52%), 62 (25%) Afro-Caribbean and 45 (18%) South Asian. Mean age of SLE diagnosis was 27years and 27% were smokers. Fragility fractures were diagnosed in 28 patients (11%), mean age of the first fracture 51 years ± 16 years. Ten patients (36%) were diagnosed with osteoporosis prior to the fracture (p 0.006). The majority, 94% of patients were treated with glucocorticoids with an average daily dosing of 6.20 mg/day. Patients with fractures, had a lower average daily dosing – 5.36 mg/day (p 0.127), but had a higher median cumulative dose (25.19 g versus 20.96 g, p 0.229). The majority of patients received vitamin D and calcium supplementation (92% p 0.109 and 84% p 0.163 respectively). However, hyperparathyroidism (n =6) was significantly associated with fragility fractures (p value 0.020). The presence of end-chronic kidney disease or rheumatoid arthritis were not related to the development of fractures (p 0.381; p 0.139, respectively). Regarding treatment, 22 patients with fractures were treated with bisphosphonates (p <0.001), two had denosumab (p 0.034) and two had teriparatide (p 0.012).

Conclusions In our cohort, there was no statistically significant association between glucocorticoids treatment and fragility fractures. Hyperparathyroidism was significantly correlated with fragility fractures in our group. The majority of patients averaged daily dosing in accordance with EULAR recommendations.