at least one mental disorder or neuropsychiatric manifestation, the most frequently reported was depression.

P148 A STUDY OF DISEASE PROFILE OF ADULT AND JUVENILE LUPUS PATIENTS AT DISEASE ONSET AT TERTIARY CARE CENTRE OF NORTHERN INDIA

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Background Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease. It may affect adults and paediatric patients and may have different organ involvement at onset of disease.

Objectives To study disease profile of 100 adult and paediatric SLE patients at disease onset to find any significant difference in organ involvement in both cohorts.

Abstract P148 Table 1

NO.	Data at onset	Adult SLE patients N – 100	Paediatric SLE patients N-100	P value
1	Male/Female	15/85	24/76	0.15
2	Median Age at onset	34 (9 – 71)	9.5 (3.4 – 17.4)	-
3	Median Age at diagnosis	35 (9 – 71)	10.25 (3.5 – 19.0)	-
4	Median delay	1 (0–15)	0.75 (0 – 5.33)	-
5	Acute cutaneous lupus	67	55	0.11
6	Chronic cutaneous lupus	07	05	0.77
7	Mouth ulcer	46	55	0.26
8	Alopecia	63	57	0.47
9	Arthritis	47	65	0.015*
10	Serositis	23	13	0.097
11	Pleural effusion	20	11	0.12
12	Pericardial effusion	09	3	0.13
13	Ascites	05	2	0.44
14	Lupus nephritis	26	36	0.17
15	NPSLE	13	24	0.068
16	Leukopenia	07	25	0.0008*
17	Thrombocytopenia	32	21	0.11
18	ANA positivity	100	99	1.0
19	Anti-dsDNA positivity by IF	47	77	0.0001*
20	Anti-SM	24	13	0.068
21	Anti-cardiolipin antibody	09	21	0.028*
22	LAC	09	22	0.018*
23	ANTI-B2GP1	05	01	0.21
24	C3 LOW	41	82	0.0001*
25	C4 LOW	35	83	0.0001*
26	DAT positivity	31	33	0.88
27	Fever	57	82	0.0002*
28	Fatigue	88	57	0.0001*
29	Weight loss	47	33	0.06
30	RP	39	09	0.0001*
31	Myalgia	42	52	0.20
32	Vasculitic rash	04	29	0.0001*
33	lymphadenopathy	27	48	0.0034*
34	SLEDAI (mean)	12.9	16.59	-
35	Thrombosis	18	01	0.0001*

* - statistically significant

Method 100 adult and 100 paediatric patients who classified SLE-SLICC criteria were recruited in study after taking consent at tertiary care centre in northern India. Demographic data and clinical profiles were recorded. Fisher's test was used to find p value and p value less than 0.05 was taken as statistical significance.

Results Out of 100 patients, females were 85% in adult cohort Vs 76% in paediatric cohort. Median delay in diagnosis was more with adult than paediatric cases. Lupus nephritis, mouth ulcers, NPSLE was common in paediatric SLE patients. In adult cohort, there was significant association for fatigue, RP, and thrombosis.

Conclusion Major organ involvement was frequent in adult patients while arthritis, leukopenia, low complements, more positivity of anti-dsDNA, APLA antibodies positivity were significantly common in paediatric cases.

P149 ASSOCIATION BETWEEN GEOGRAPHIC AND CLIMATOLOGICAL CONDITIONS AND CUTANEOUS MANIFESTATIONS IN LUPUS PATIENTS FROM THE SPANISH RHEUMATOLOGY SOCIETY LUPUS REGISTRY COHORT

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Background/Purpose Ultraviolet radiations act by modifying DNA in sun-exposed skin of lupus patients. We develop a study to analyze the association between climatological conditions and cutaneous manifestations in systemic lupus erythematosus (SLE).

Methods Patients data from Spanish Rheumatology Society Lupus Registry (RELESSER) cohort were retrospectively analyzed for presence of cutaneous lesions (alopecia, photosensitivity, malar rash, discoid lesions, oral ulcers and subacute lesions). We included patients who were assessed in rheumatology services from January 2011 to December 2012. Data of climatological conditions throughout the Spanish geography were provided by the Spanish Meteorological Agency.

Results A total of 2919 patients were included, 87.3% female. Others biological and clinical data are showed in table 1. In the multivariable model, positive associations were observed between coastal regions OR 1.470 (95% CI:1.080–2.001 p=0,014), anti-DNA OR 1.806 (95% CI:1.276–2.556, p=0.001), antiphospholipids antibodies OR 1.428 (95% CI:1.093–1.864 p=0.009), serositis OR 1.557 (95% CI:1.181–2.053 p=0.002) and arthritis OR 1.804 (95% CI:1.258–2.587 p=0,001). Negative associations were observed between females OR 0.412 (95% CI:0.284–0.599, p=0.000) and antimalarial drugs OR 0.469 (95% CI:0.327–0.671, p=0.000).

Conclusion Although the influence of global and ultraviolet radiations on the development of cutaneous lesions in SLE

Abstract P149 Table 1 Geographical, climatological, biologic and clinical patients characteristics

	No cutaneous manifestations	Cutaneous manifestations	p
Age, year ± SD	49,3 ± 15.9	46.2 ± 13.9	0,000
Disease duration (last visit to onset SLE), median (interqualite range), months	95.5 (48.2–151.5)	133.0 (70.8–213.2)	0,921
Global radiation, mean daily radiation ± SD	1620.0 ± 175.1	1620.9 ±193.9	0.902
Ultraviolet radiations, mean daily radiation ± SD	2416.7 ± 449.9	2446.6 ± 481.4	0.202
Hours of Sun, year mean ± SD	2144.9 ± 290.9	2149.4 ± 328.8	0.757
Temperature, mean monthly ± SD	15.2 ± 3.5	15.3 ± 3.6	0.629
Humidity, relative mean ± SD	2416.7 ± 449.9	2416.7 ± 449.9	0.138
	N=495	N=2424	p
Sex: female, n (%)	405 (81.8)	2251 (92.8)	0.000
Current smoking: n (%)	61 (12.3)	383 (15.8)	0.062
South area, n (%)	376 (75.9)	1746 (72.0)	0.065
Coastal regions, n (%)	277 (55.9)	1231 (50.7)	0.033
Caucasican, n (%)	437 (88.2)	2198 (90.6)	0.118
Latinoamericam, n (%)	31 (6.2)	118 (4.8)	0.189
Arthritis, n (%)	402 (81.2)	1862 (76.8)	0,018
Serositis, n (%)	178 (35.9)	609 (25.1)	0,000
Renal disorder, ever, n (%)	139 (28.0)	689 (28.4)	0.861
Retina disorder, ever, n (%)	12 (2.4)	121 (5.0)	0.540
Hemolytic anemia, n (%)	26 (5.2)	103 (4.2)	0,371
Leucopenia, n (%)	272 (54.9)	1466 (60.4)	0.010
Lymphopenia, n (%)	279 (56.3)	1252 (51.6)	0.051
Thrombocytopenia, n (%)	101 (20.4)	524 (21.6)	0.508
Antiphospholipids antibodies, n (%)	217 (43.8)	875 (36.1)	0.001
Anti DNA, n (%)	401 (81.0)	1704 (70.2)	0.000
Anti Sm, n (%)	102 (20.6)	513 (21.1)	0.728
Anti-Ro/SSA, n (%)	158 (31.9)	982 (40.5)	0.000
Anti-La/SSB, n (%)	71 (14.3)	501 (20.6)	0.001
Hypocomplementemia, n (%)	362 (73.1)	1867 (77.0)	0.072
SELENA-SLEDAI, median (interquartile range)	2 (0–3)	2 (0–4)	0.990
SLICC/ACR-DI, median (interquartile range)	0 (0–1)	1 (0–1)	0.252
Katz severity index, median (interquartile range)	2 (1–3)	2 (1–3)	0.900
Glucocorticoids, ever, n (%)	403 (81.4)	2046 (84.4)	0.474
Antimalarial drug: ever, n (%)	371 (74.9)	2036 (84.0)	0.000

have been suggested, the results of our study does not support an association between the diverse climatological conditions and cutaneous manifestations in SLE. However we observed an independent association with living in coastal areas.

P150 THE EVOLVING CLINICAL PRESENTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS IN A NEWLY ESTABLISHED CAUCASIAN COHORT: LOW INCIDENCE OF LUPUS NEPHRITIS AND HIGH BURDEN OF NEUROPSYCHIATRIC DISEASE

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Background We sought to analyze the phenotype of the disease at the time of presentation and at last follow-up, in a newly established SLE cohort in Attica based at 'Attikon' University Hospital which combines primary, secondary and tertiary care for the region.

Methods In this retrospective study, 555 Caucasian patients were included diagnosed with SLE according to ACR 1997 criteria and/or the SLICC 20112 criteria. Demographic data, clinical course, serology, treatments, severity pattern and SLICC damage index (SDI) were recorded for each patient at the time of diagnosis and at last evaluation.

Results Mean (SD) age at lupus diagnosis was 38.3 years (±15.6) with median (IQR) disease duration at last follow-up 2 (10) years. Irreversible damage accrual was prevalent in 17.8% of lupus individuals at diagnosis, involving mainly thrombotic and neuropsychiatric events. At initial presentation, most common criteria manifestations were arthritis (73.3%), acute cutaneous lupus (65%) and leukopenia (23.8%), while among symptoms not included in any criteria set, Raynaud's phenomenon (33%) and unexplained fever (25%) were most prevalent. Renal and neuropsychiatric involvement as presenting manifestations were present at 10.3% and 11.5%, respectively. Clinical characteristics at the time of diagnosis and cumulatively, are summarized in **table 1**. At the time of diagnosis, 6.3% of patients were ANA negative, whereas only one third had positive anti-dsDNA. At last evaluation, 202 patients (36.4%) had severe lupus and more than half patients were treated with pulses of cyclophosphamide.

Abstract P150 Table 1 Clinical manifestations at diagnosis and cumulatively. (N=555)

Clinical items	At diagnosis	Cumulatively
Arthritis, n(%)	407(73.3)	473(85.2)
Acute cutaneous lupus, n(%)	361 (65.0)	393 (70.8)
Malar Rash, n(%)	221 (39.8)	250 (45.0)
Photosensitivity, n(%)	282 (50.8)	297 (53.5)
Chronic cutaneous lupus, n (%)	55 (9.9)	62 (11.2)
Oral/Nasal ulcers, n(%)	98 (17.7)	143 (25.8)
Non-scarring alopecia, n(%)	124 (22.3)	175 (31.5)
Lupus Nephritis, n(%)	57 (10.3)	118(21.3)
Primary NPSLE, n(%)	64 (11.5)	98 (17.6)
Serositis, n(%)	64 (11.5)	104 (18.7)
Leukopenia, n(%)	132 (23.8)	196 (35.3)
AIHA, n(%)	15 (2.7)	19 (3.4)
Thrombocytopenia, n(%)	68 (12.3)	88 (15.9)
Raynaud's, n(%)	183 (33.0)	205 (37.0)
Fever, n(%)	138 (25.0)	171 (31.0)
Livedo reticularis, n(%)	38 (6.8)	57 (10.2)
Lymphadenopathy, n(%)	37 (6.7)	51 (9.2)

Conclusions In this cohort of Caucasian patients, lupus nephritis is not as common as indicated in older literature, while neuropsychiatric disease is an emerging frontier in lupus prevention and care. These data may have implications for early recognition and diagnosis of SLE.