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WORK PARTICIPATION IN PATIENTS WITH SYSTEMATIC LUPUS ERYTHEMATOSUS: A SCOPING REVIEW

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Background The treatment of Systemic Lupus Erythematosus (SLE) has improved over the last decades. However, patients are more vulnerable for sick leave, work disability and unemployment compared to the general population. It is therefore important to understand the magnitude of the problem and the factors that might affect work participation in patients with SLE, to evaluate which actions can be taken to limit the burden on a patient and society level. The aim of this research is to summarize the existing literature on 1) the prevalence of work disability, 2) prognostic factors for work participation and 3) the effectiveness of interventions to improve work participation in patients with SLE.

Methods A scoping review, using the PRISMA-ScR statement will be conducted. Full-text original articles published before April 2019 were identified by literature search performed in MEDLINE, Cochrane, Embase and CINAHL. Articles in all languages, concerning work participation in patients with SLE, aged ≥ 18 years were included.

Results In total, 2050 non-duplicate citations were screened. After title/abstract screening, 75 articles were retrieved. Relevant articles will be identified and reference lists will be searched for additional articles by two independent researchers. Information on author(s), year of publication, study location, intervention type, comparator, duration of the intervention, study population, aims of the study, methodology, outcome measures and important results will be collected. The results will be presented at the congress.

Conclusion Based on this scoping review, implications for future research including a research agenda and daily practice will be identified.

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LUPUS NEPHRITIS WAS ASSOCIATED WITH LOW BONE MINERAL DENSITY IRRESPECTIVE OF DURATION ON STEROID TREATMENT IN A LARGE UK STUDY OF JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Estimated 10–20% of all patients with systemic lupus erythematosus (SLE) develop clinical disease before the age of 18 years and are therefore classified as juvenile-onset SLE (JSLE). JSLE patients have a higher prevalence of lupus nephritis (LN) compared to adult-onset SLE¹ and decreased long-term survival compared to JSLE patients without LN.² We aimed to identify clinical and laboratory predictors of LN

in JSLE patients by comparing the baseline characteristics of JSLE patients with and without LN.

Methods This is a single-center retrospective study, who included JSLE patients reviewed in our young adult and adolescent clinics after transitioning from paediatric services. All data have been analyzed descriptively. Mann-Whitney U or Chi-square test were performed to compare the characteristics between the patients with and without LN. In addition, we performed uni and multivariate analysis to investigate potential predictor biomarkers for LN.

Results We identified 134 JSLE patients, out of which 45 (34%) had LN. The baseline characteristics are detailed in table 1. As expected, the highest dsDNA levels ever were found in patients with LN ($p=0.022$). Patients with LN also had longer disease duration ($p=0.012$). The overall clinical manifestations and complications did not differ between JSLE patients with or without LN, except for the prevalence of low

Abstract P178 Table 1 Baseline characteristics

	Lupus nephritis	Without Lupus nephritis	P value
Number of patients, n (%)	45 (36%)	89 (66.4%)	
Female	39 (86.7%)	73 (82%)	0.624
Age, years	22 (21- 26)	21 (19- 25)	0.092
Age at diagnosis, years	13 (10- 15)	13 (11.25- 15)	0.471
Age at menarche, years	12.75 (11.25- 15.75)	12.25 (11- 14.38)	0.543
Disease duration, years	10 (8- 14)	8 (6- 13)	0.012*
BMI, kg/m ²	24.31 (20.41- 26.13)	23.96 (21.69- 28.5)	0.726
ANA	38 (84.4%)	85 (95.5%)	0.064
ENA	24 (53.3%)	51 (57.3%)	0.114
Anti- Ro	15 (33.3%)	31 (34.8%)	0.134
Anti- La	6 (13.3%)	14 (15.7%)	0.130
RF	3 (6.7%)	18 (20.2%)	0.114
Highest dsDNA levels ever	197 (32- 434)	48 (10- 294)	0.022*

Numbers are medians (interquartile ranges) unless otherwise stated. * $p<0.05$ is significant**Abstract P178 Table 2** Clinical manifestations and complications

	Lupus nephritis	Without Lupus nephritis	P value
Number of patients, n (%)	45 (36%)	89 (66.4%)	
SLICC at last clinical assessment	0	0 (0- 0.5)	0.872
SLEDAI at last clinical assessment	2 (0- 4)	0 (0- 2)	0.123
BILAG at last clinical assessment	1 (0- 1.75)	1 (0- 1)	0.822
Constitutional symptoms	26 (80%)	67 (75.3%)	0.666
Mouth ulcers	31 (68.8%)	61 (68.5%)	0.258
Skin involvement	40 (88.9%)	73 (82%)	0.150
Arthritis	37 (82.2%)	71 (79.8%)	0.309
Myositis	5 (11.1%)	16 (18%)	0.451
Neuropsychiatric involvement	15 (33.3%)	19 (21.3%)	0.146
Cardiorespiratory involvement	12 (26.7%)	20 (22.5%)	0.669
Gastrointestinal involvement	8 (17.8%)	18 (20.2%)	0.724
Ophthalmic involvement	4 (8.9%)	9 (10.1%)	0.108
Haematological involvement	26 (57.8%)	44 (49.4%)	0.464
Hypertension	8 (17.8%)	6 (6.7%)	0.071
Stroke	1 (2.2%)	2 (2.2%)	1.000
Low bone mineral density	16 (35.5%)	11 (12.4%)	0.008*
Malignancy	1 (2.2%)	1 (1.1%)	1.000

Numbers are medians (interquartile ranges) unless otherwise stated. * $p<0.05$ is significant