Abstract P178 Table 3 Treatment differences among JSLE patients

	Lupus nephritis	Without Lupus nephritis	p
Number of patients, n (%)	45 (36%)	89 (66.4%)	
Hydroxychloroquine, n (%)	43 (95.6%)	88 (98.9%)	0.295
Steroid treatment duration, (months)	31 (1.5- 84.5)	29.5 (9- 54.8)	0.834
MMF, n (%)	39 (86.7%)	43 (48.3%)	0.000*
MMF, months	42 (18.75- 94.5)	0 (0- 44)	0.000*
Cyclophosphamide, n (%)	22 (48.9%)	17 (19.1%)	0.001*
Cyclophosphamide, number of courses	0 (0- 3)	0	0.000*
Rituximab, n (%)	27 (60%)	29 (32.6%)	0.003*
Rituximab, number of courses	2 (0- 2)	0 (0- 1)	0.000*
Azathioprine, months	2.5 (0- 48.5)	10 (0- 41)	0.868
Methotrexate, months	0	0 (0- 0.75)	0.529
Tacrolimus, months	0	0	0.219
Belimumab, months	0	0	0.310

Numbers are medians (interquartile ranges) unless otherwise stated. MMF= mycophenolate mofetil. *p<0.05 is significant

bone mineral density (table 2). Factors associated with low bone mineral density in a univariate logistic regression analysis were: the use of mycophenolate mofetil ($p=0.021$) and the presence of LN ($p=0.007$), while LN also associated with low bone density ($p=0.008$) in a multivariate analysis. The skin involvement was the most common clinical manifestation in both JSLE patient groups. The treatment was more aggressive in patients with LN, including the use of cyclophosphamide, mycophenolate and rituximab, but there was no difference regarding the length of the steroid treatment (table 3). The majority of the patients (67%) had one flare of nephritis and the number of flares ranged from 2 (13%) to 12 (2.2%) for the rest of the patients in this cohort with disease duration ranging from 8–12 years. The class of nephritis was reported in 34 out of 45 patients, and focal lupus nephritis (class III) was the most common type (44%). There were no statistical significant differences in the baseline characteristics or treatments among the different classes of LN.

Conclusion Low bone mineral density is common in patients with JSLE³, but this is the first study highlighting the association of low bone density with LN and the lack of association with the total duration of steroid treatment or other clinical manifestations.

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P179 SYSTEMIC LUPUS ERYTHEMATOSUS, A PILOT STUDY OF A NEW DISEASE ACTIVITY SCORE

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10.1136/lupus-2020-eurolupus.221

Background SLE complexity and unpredictability challenge assessment of disease activity. Current scoring instruments are limited in ability to detect changes in activity over time and too cumbersome for daily practice. We constructed a new disease activity score, including physician and patient assessment, aiming to simplify and improve assessment in daily practice, and possibly serve as a tool for clinical studies.

Methods The new instrument is comprised of 6 visual analogue scales, separately addressing the physician's global assessment and 5 organ systems: mucocutaneous, musculoskeletal, cardiorespiratory, renal and neuropsychiatric systems, and 5 visual analogue scales addressing patients' assessment of disease activity and adherence to therapy. Laboratory values and medications are recorded. Aiming to assess the reliability and validity of the new score, as well as its sensitivity to changes in disease activity, 4 paper cases, including 2 visits per case, were constructed. Each visit was scored by 5 experienced rheumatologists, using BILAG, SLEDAI, LFA-REAL and our proposed score.

Results The inter-rater reliability of the new score was good for all systems, both for single visit scores and for change in disease activity between 2 consecutive visits (ICC [2,1] range 0.75–0.95), except for changes in activity in the renal system (0.59). The inter-rater reliability values of the new score were comparable with those of the BILAG and the LFA-REAL instruments. The construct validity of the new score was good for single visit scores (Spearman correlation coefficients range 0.48–0.94). Correlation of our proposed score with the BILAG, was good when scoring the mucocutaneous, musculoskeletal and cardiorespiratory systems (0.66, 0.75, 0.83, respectively) but poor when scoring the renal system (0.11).

Conclusions This paper case evaluation of the new disease activity score suggests a promising and simple tool, with overall good reliability and construct validity.

P180 CORRELATION BETWEEN PATIENT REPORTED OUTCOMES OF HEALTH-RELATED QUALITY OF LIFE AND CLINICAL ACTIVITY IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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10.1136/lupus-2020-eurolupus.222

Background/Purpose Patient-Reported Outcomes (PROs) allow us to know how the disease could affect patients, and maybe could not be detected by clinical measures. Among these, PROs of health-related quality of life (PRO-QL) represents patient evaluation of its health status. In systemic lupus erythematosus (SLE) patients, the heterogeneous inflammatory symptoms can affect the health-related quality of life in different ways.

We aimed to measure the PRO-QL in SLE patients and correlate them with the clinical activity of the disease.

Methods A cross-sectional observational study with SLE patients diagnosed according to SLICC 2012 criteria was performed. SLEDAI score was carried out, and patients full-filled