and social functions. The aim of this study was to assess the impact of disease activity on HRQoL.

**Methods** This was a cross-sectional descriptive study conducted at Kenyatta National Hospital rheumatology and renal outpatient clinics. 62 patients fulfilling ≥4 Systemic Lupus International Collaborating Clinics Criteria (SLICC) 2012 for classification of SLE were consecutively recruited. 27 patients with overlap syndromes were excluded. Disease activity was assessed by the modified Systemic Lupus Erythematosus Disease Activity Index 2000 (cSLEDAI-2K). HRQoL was evaluated using self-administered LupusQoL with scores ranging from 0 (worst) to 100 (best). HRQoL was correlated with age, disease duration and disease activity. Data analysis was performed on SPSS version 23.

**Results** The study comprised 60 female patients with mean age 34.7±11.8 years. The median disease duration was 36 months and ranged from 1–324 months. Mean cSLEDAI score was 7±5.2 and median disease activity score was 7. Renal involvement occurred in 53.2%.

All domains of LupusQoL were impaired. The mean LupusQoL score was 56%±24.4 (figure 1). SLEDAI scores inversely correlated with scores of physical health, pain, burden to others, body image and general health. The patients with renal disease had significantly lower QoL compared to other patients. Age and disease duration were positively correlated with QoL. Disease duration was associated with a better QoL in the pain, emotional health and body image domains.

**Conclusions** Our study showed a low HRQoL in those with active disease. Young age, a recent diagnosis of lupus and presence of renal disease was associated with a poorer QoL.

**P189 Antiphospholipid Antibodies and Vascular Renal Lesions as Prognostic Factors in Lupus Nephritis**

**Background/Purpose** We compared patients’ assessments of SLE disease activity, reported by the SWE-SLAQr, with physicians’ assessments using SLE activity measure (SLAM) and SLE disease activity index (SLEDAI-2K).

**Methods** Patients (n=115), median age 43 (IQR 24) years, disease duration 15 (IQR 17) years filled out SWE-SLAQr prior to physicians’ assessments. Correlations (Spearman’s ρ) were calculated between SWE-SLAQr-total, sub-scales (Symptom score, Patients global) and physicians SLAM, SLEDAI-2K with and excluding the laboratory items, further corresponding items in SLAQ and SLAM were explored.