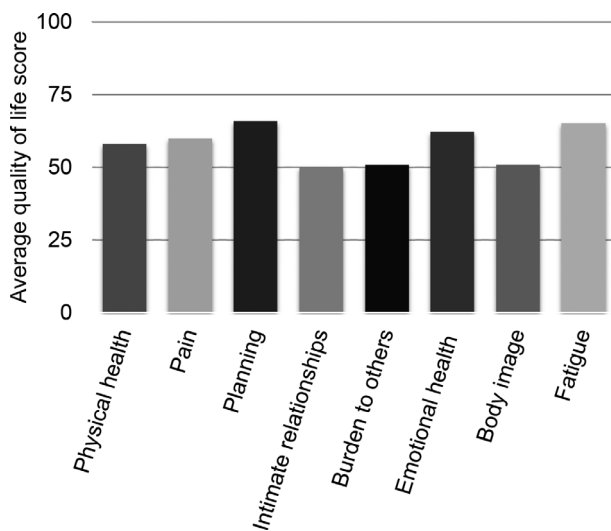


and social functions. The aim of this study was to assess the impact of disease activity on HRQoL.

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 $56\% \pm 24.4$ (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.



Abstract P188 Figure 1 Quality of life 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.

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ANTIPOSPHOLIPID ANTIBODIES AND VASCULAR RENAL LESIONS AS PROGNOSTIC FACTORS IN LUPUS NEPHRITIS

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Purpose To determine the role of antiphospholipid antibodies (aPL) and vascular renal lesions on renal prognosis, in terms of time to achieve remission, number of renal flares and development of chronic renal damage in patients with lupus nephritis (LN).

Methods 91 consecutive LN patients have been evaluated and the follow-up data have been collected at the baseline and at 6, 12, 24 months and at the last follow-up visit. Histopathological data of 41 patients were evaluated according to the 2016 revision of ISN/RPS classification.

Results Among the 91 LN patients, 31(34.1%) were aPL positive (aPL+), 10(32.2%) of them were affected by Antiphospholipid Antibodies Syndrome (APS), 53.3% showed a single aPL positivity, 23.1% double aPL positivity and 15.4% triple aPL positivity. At the last follow up visit a significant higher number of aPL+ patients showed a persistent complement consumption than aPL negative (aPL-) patients ($p=0.001$). We observed that aPL- patients showed a remission achievement time slightly earlier than aPL+ patients (13.6 ± 1.0 months vs 16.5 ± 1.5 months; log-rank test: $p=0.06$, Breslow test: $p=0.08$) and as expected, patients with a persistent complement consumption achieve remission later (18.2 ± 1.5 months vs 13.0 ± 1 months; log-rank test: $p=0.002$, Breslow test: $p=0.003$). Furthermore at the last follow up, a significant higher percentage of aPL+ patients developed persistent proteinuria ($p=0.02$) and chronic renal failure ($p=0.04$). Considering histopathologic features we didn't observe significant differences between aPL+ and aPL- patients but we found two typical vascular lesions (mesangiolysis and vascular thrombi) only in aPL+ patients.

Conclusion Apl positivity is a predictor of worse renal outcome but in our cohort we didn't find an association between aPL positivity and vascular renal lesions at renal biopsy. The worse renal outcome and the late time to achieve remission in aPL+ group can be related to a cumulative vascular damage over time.

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A SIMPLIFIED APPROACH FOR PATIENTS WITH SLE TO REPORT DISEASE ACTIVITY USING A REVISED VERSION OF THE SWEDISH SYSTEMIC LUPUS ACTIVITY QUESTIONNAIRE

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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.

Results Correlations between patients' and physicians' assessments were higher for SLAM-nolab: SWE-SLAQr total, $\rho=0.69$, Symptom score, $\rho=0.67$, and Patients global, $\rho=0.68$ than for SLAM: SWE-SLAQr total, $\rho=0.51$, Symptom score, $\rho=0.49$, and Patients global, $\rho=0.53$. The items fatigue ($\rho=0.72$) and alopecia ($\rho=0.71$) showed highest degree of correlation, and dyspnea/pleuritic chest pain had the lowest correlation between patients' and physicians' assessments ($\rho=0.19$, $p=0.039$). Correlations with SLEDAI-nolab were lower ($\rho\leq 0.36$) for all subscales. No correlations were found between patients' and physicians' assessments when using SLEDAI-2K ($\rho<0.09$ for all).

Conclusions We conclude that SWE-SLAQr performed equally well as SLAQ, demonstrating that the shorter version can be used to monitor disease impact. We encourage further use of SWE-SLAQr and recommend its implementation in clinical care, we believe it is especially well suited to support digital and telephone contacts. However further attention is needed to evaluate the discrepancy between physicians' and patients' evaluation of thoracic pain/symptoms.

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CHINESE SYSTEMIC LUPUS ERYTHEMATOSUS TREATMENT AND RESEARCH GROUP (CSTAR) REGISTRY – SUBJECTIVE WELL-BEING IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Objectives Systemic lupus erythematosus (SLE) can significantly influence patients' quality of life and subjective wellbeing (SWB). This study compared SWB statuses in SLE patients and analysed their relationship with clinical manifestations, emotional variables and related positive factors.

Methods Overall, 1779 SLE patients from the Chinese SLE Treatment and Research Group (CSTAR) and 203 age and gender-matched individuals from the general population without self-reported SLE were invited to complete measures of SWB, emotional variables and related positive factors. These patients' clinical data in CSTAR were also linked to investigate the influence of clinical manifestations and psychological factors on SWB among SLE patients.

Results SWB, self-efficacy and resilience were significantly lower ($P<0.001$) in SLE patients than in the general

population, and self-esteem, depression and anxiety were significantly higher ($P<0.001$). Among the SLE patients, life satisfaction was significantly positively correlated with patients' age ($P<0.001$) and the age at diagnosis ($P<0.001$) and negatively correlated with SLE disease activity index (SLEDAI) ($P<0.05$). Premature gonadal failure (PGF) ($P<0.05$) was significantly associated with positive and negative affect scores. In active SLE patients with SLEDAI ≥ 4 , depression and resilience were life satisfaction predictors. However, anxiety, self-esteem and resilience predicted life satisfaction changes in patients with SLEDAI <4 .

Conclusion SWB provides useful insight into the impact of SLE on mental health and opportunities to improve quality of life and clinical care. PGF and disease activity emerge as predictors of SWB status and potential therapeutic targets to develop positive attitude in SLE patients.

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EVALUATION OF PREDICTIVE FACTORS OF WORSE PROGNOSIS IN LUPUS NEPHRITIS: FOCUS ON NEW PATHOGENETIC PATHWAYS

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Purpose To evaluate the prognostic factors in a cohort of patients with lupus nephritis (LN) focusing on of the IL-17, 23 axis as new pathogenetic pathway.

Patients and Methods 91 LN patients were enrolled. Laboratory, immunological and disease activity data were collected at the baseline and at 6(T6),12(T12),24(T24) months and at the last follow-up(FU).84 renal biopsies were evaluated according to ISN/RPS classification, assessing the inflammatory interstitial infiltrate using the BANFF score. Baseline serum levels of IL-17 and IL-23 were assessed by ELISA in 37 patients.

Results Among the 84 renal biopsies evaluated 77% belonged to class III and IV; 41,8% of patients had an interstitial infiltrate $<5\%$, 35,2% between 5% and 25% and 15,4% above 25%. Regarding immunological data 35,2% of patients revealed a seropositivity for antiphospholipid antibodies (APL+). Serum level of IL-17 and IL-23 were 0.12 ± 0.15 pg/ml and 27.7 ± 9.12 pg/ml respectively. Through the ROC curves analysis we found a cut off value of 25.89 pg/ml of IL-23 for remission at T6. Among the 10 patients with a IL-23 level above this cut-off none achieved remission at T6 and at the univariate analysis a serum level of IL-23 above the cut-off was associated with an interstitial infiltrate $>5\%$ at renal biopsy and persistent proteinuria. Finally, we conducted an univariate and multivariate analysis for each renal outcome considered. We found that an inflammatory interstitial infiltrate $>5\%$ and APL+ were associated with worse renal outcome in terms of early and persistent remission, chronic damage, persistent proteinuria, and renal flare both in univariate and multivariate analysis. Higher serum level of IL-23 was associated with persistent proteinuria, renal flare and tended to be associated to chronic renal damage.

Conclusion Interstitial infiltrate and APL+ resulted as the strongest predictors of worse renal outcome. An higher serum level of IL-23 resulted as a negative prognostic factor highlighting its possible role as a biomarkers of more aggressive disease.