development of clinical disease and associated changes in immune status, gut and energy homeostasis.

**Results** Animals fed a HFD showed lower autoantibody titres going along with an improved overall survival and a tenden-
tiously lower infiltration of the kidney by leukocytes. Benefi-
cial clinical effects were reflected in systemic immunologic
changes, as the distribution and differentiation of main
immune cell subsets in HFD animals more closely resembled
that of yet healthy animals. We assume that most probably a
complex interplay of different fiber-associated effects underlies
these favorable effects. This may involve intestinal leakage and
bacterial translocation that were increased in LFD animals.
Further, LFD animals showed a significant increase in body
weight and white adipose tissue expressing more leptin and
inflammatory cytokines. We are currently testing, if the
observed beneficial effects may also be attributed to an
increased fermentation of dietary fibre into SCFA. SCFA inter-
sect in various ways and at different sites with the immune
system and mostly have anti-inflammatory effects.

**Conclusion** Altogether, we think that intake of dietary fiber
affects immune status, gut and energy homeostasis. These may
be interlinked and affect each other, inflicting more or less
systemic chronic inflammation promoting lupus pathology.

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### Abstract P57

**SMOKING AND PRIMARY CHRONIC CUTANEOUS LUPUS: WHO ARE THE MOST VULNERABLE?**

Rheumatology, Emory University, Atlanta; 2. Dept. of Dermatology, Emory University, Atlanta;
3. Centers for Disease Control and Prevention, Division of Population Health, Atlanta, USA

**Background/Purpose** Chronic Cutaneous Lupus Erythematosus
(CCLE), including discoid lupus, often leads to scarring and
disproportionately afflicts African American (AA) people.
Smoking worsens the severity of skin lupus and is highly
prevalent in those from disadvantaged groups. We examined
sociodemographic disparities in tobacco smoking among
patients with CCLE confined to the skin (primary CCLE
[pCCLE]).

**Methods** Cross-sectional study of adults with dermatologist-
diagnosed pCCLE consented into the Georgians Organized
Against Lupus (GOAL) Cohort. GOAL is a population-based
lupus cohort established in the Southeastern US, where there
is a large AA, socioeconomically disadvantaged population.

**Results** Among 124 patients (86% females, 82% AA), the
prevalence of NS, FS, and CS was 53%, 16%, and 31%,
respectively. In multivariate models adjusting for age, sex
and race, unemployment/disabled, self-perceived discrimination, and moderate/severe depressive

**Conclusions** In contrast to other series, only the 37.5% of our
RhS cases begins with polyarticular seropositive arthritis. The
62.5% started with SLE symptoms as haematological altera-
tions, cutaneous and serological manifestation, and showed
longer progression to have polyarticular affection. Thus, RhS
diagnosis is earlier in patients that begin with RA symptoms.
4 RhS patients were refractory to DMARD treatments, where
biological/JAK inhibitors therapies are needed.