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 alterations, 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.

**Conclusions**

**Background/Purpose**

Chronic Cutaneous Lupus Erythematosus (CCLE), including discoid lupus, often leads to scarring and disproportionately affects 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. pCCLE were classified as never smokers (NS, <100 lifetime cigarettes), former smokers (FS, ≥100 lifetime cigarettes and not currently smoking), and current smokers (CS, ≥100 lifetime cigarettes and currently smoking). We created a Disadvantage Score (DScore) by attributing 1 point to each of the following: living below the federal poverty level, ≤ high school education, self-reported AA race, unemployed/disabled, self-perceived discrimination, and moderate/severe depressive symptoms. We examined the association of DScore with active smoking (CS vs NS) and smoking cessation (CS vs FS).

**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 dermatology visits (table 1), the odds of CS (vs NS) increased significantly as the DScores increased (OR=3.9 and

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**Table 1** Association of tobacco smoking status with disadvantage score among adults with Primary CCLE. Multivariate Analysis*

<table>
<thead>
<tr>
<th>Disadvantage score</th>
<th>CS vs NS OR (95% CI)</th>
<th>P-value</th>
<th>CS vs FS OR (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–1</td>
<td>(Ref)</td>
<td></td>
<td>(Ref)</td>
<td></td>
</tr>
<tr>
<td>2–3</td>
<td>3.9 (1.1–13.3)</td>
<td>0.03</td>
<td>6.9 (1.5–31.7)</td>
<td>0.01</td>
</tr>
<tr>
<td>4–6</td>
<td>9.3 (2.5–34.6)</td>
<td>0.003</td>
<td>7.6 (1.6–35.6)</td>
<td>0.004</td>
</tr>
</tbody>
</table>

*Multivariate logistic regression adjusted for significant confounders (age, gender, and dermatology visits). **Disadvantage score represents the sum of 1 point for each of the following characteristics: living below the federal poverty level, ≤ high school, African American race, unemployed/disabled, self-perceived discrimination, moderate to severe depressive symptoms.

Abbreviations: NS=Never Smoker; FS=Former Smoker; CS=Current Smoker; OR=Odds Ratio; CI=Confidence Interval; ref=Reference Group.