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P80

SEXUAL HEALTH IN SYSTEMIC LUPUS ERYTHEMATOSUS: A CROSS-SECTIONAL ANALYSIS

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Background/Purpose Systemic Lupus Erythematosus (SLE) can affect different aspects of patients' life, including sexuality. Sexual dysfunction is an under-recognized multifaceted issue that may be caused by pain during intercourse, joint stiffness, functional limitations, fatigue or depression. This study aims to evaluate sexuality in SLE and to identify potential risk factors for sexual dissatisfaction.

Methods This is a cross-sectional observational study, which included patients diagnosed with SLE, aged between 18 and 65 years old. An anonymous patient-reported questionnaire was designed consisting of three domains: socio-demographic characteristics, disease characteristics and sexuality. The questionnaire was sent to all members of a national association of SLE patients. Mann-Whitney U test, Fisher's exact test or chi-square test were used to compare differences between groups, as appropriate.

Results A total of 215 patients were included, of which 84% were female. Mean age was 38.2 ± 10.4 years and mean disease duration was 13.2 ± 7.8 years. Nearly 82% were sexually active and had a mean frequency of sexual activities of 5.5 ± 2.5 per month. Among sexually active patients, 33% were sexually dissatisfied. There was no significant association between sexual satisfaction and age, gender, marital status, educational level, work status, use of walking aids,

joint prosthesis or therapies used (table 1). Sexually dissatisfied patients had shorter disease duration (12.1 ± 6.2 vs 14.8 ± 9.1 years, $p=0.036$) and lower rates of remission (26.4% vs 45.8%) than those who were fully satisfied. The lower the disease activity, the higher the sexual satisfaction. Among sexually dissatisfied patients, 85% pointed out that SLE had a negative impact on their sexual health, while only 28% of sexually satisfied patients reported the same ($p<0.001$).

Conclusion Sexual dissatisfaction in patients with SLE is significantly associated with shorter disease duration and higher disease activity. Sexual health plays an essential role in these patients' quality of life and its assessment should be part of routine clinical care.

P81

15 YEARS EXPERIENCE IN FOLLOW-UP OF PREGNANCY OF AUTOIMMUNE DISEASES IN A MULTIDISCIPLINARY UNIT

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Background Women with autoimmune diseases have high-risk pregnancies. Close and multidisciplinary control is recommended.

Objective To describe the experience in a multidisciplinary unit (Rheumatologists and Obstetrics), assess complications and treatments in the evolution of pregnancies in patients with autoimmune diseases in a tertiary hospital.

Material and Methods Retrospective study of pregnancy outcomes in patients with autoimmune diseases and follow-up in a multidisciplinary unit between January 2003-December 2018. Demographics, maternal disease, previous abortions, autoantibodies (AAb), births and abortions during follow-up, treatment and maternal and fetal complications were collected. Data analysed using SPSS v23.

Results 109 patients (151 pregnancies). Maternal age at diagnosis: 34,9 years; age at abortion/childbirth 38,6 years. 50 abortions registered prior to follow-up in our unit (0.45 abortions/mother). During follow-up 19 abortions were registered (0.17 abortions/mother) (table 1). Abortions were more frequent among women with positive antiphospholipid antibodies (aPL) (14.3% vs 4.3%) ($p = 0,013$). Anti-Ro carriers (36.6%) didn't have higher frequency of abortions ($p = 0,798$); one case of heart block was recorded.

13.5% pre-term (<37 weeks) pregnancies; caesarean section (C-section) performed in 26% (17,3% in SLE). Intrauterine growth restriction (IUGR) observed in 6 (3,9%); pre-eclampsia in 4 (2,6%): SLE (n:3 and n:2 respectively), APS (n:1 and

Abstract P80 Table 1 Comparison of sociodemographic and clinical characteristics, between sexually satisfied and dissatisfied patients

	Sexual satisfaction	Sexual dissatisfaction	p-value
Age, years	39.1 ± 8.9	37.8 ± 9.3	0.179
Disease duration, years	14.8 ± 9.1	12.1 ± 6.2	0.036
Female gender, %	82.6%	85.2%	0.824
Educational level			
Primary	43.1%	48.1%	0.726
Secondary school	31.2%	25.9%	
High school	25.7%	25.9%	
Marital status			
Single	20.2%	11.1%	0.324
Married	75.2%	85.2%	
Divorced or widowed	4.6%	3.7%	
Work status			
Employed	89.6%	86.3%	0.776
Unemployed	3.8%	3.9%	
Retired	6.6%	9.8%	
Disease activity			
Remission	45.8%	26.4%	0.018
Low	35.5%	37.7%	
Moderate	15.9%	28.3%	
High	2.8%	7.5%	
Use of walking aids	0%	0.9%	0.999
History of knee or hip arthroplasty	0.9%	5.7%	0.105
Current therapies			
NSAIDs	11%	20.4%	0.086
Prednisolone	68.8%	74.1%	0.487
Hydroxychloroquine	38.5%	46.3%	0.343
Immunosuppressive drugs	19.3%	25.9%	0.219
Cyclophosphamide (current or previous use)	13%	13.8%	0.888
Negative impact of SLE on sexuality	28.4%	84.6%	<0.001

Abstract P81 Table 1

MATERNAL DISEASE	n (%)	n abortions	n births
Systemic Lupus Erythematosus (SLE)	80 (52,9%)	5	75
Asymptomatic women with positive autoantibodies	52 (34,4%)	2	50
Antiphospholipid syndrome (APS)	19 (12,5%)	4	15

n:1), anti-Ro carriers (n:2 and n:1). No difference in complications between anti-Ro positive and negative women ($p=0.047$).

Hydroxycloloquine prescribed in 97 patients (64%), aspirin in 99 (65,6%), heparin in 33 (21,9%) and prednisone in 48 (31%).

Conclusions In our series, women with SLE and APL have higher risk of abortion, pregnancy complications and instrumental delivery than general population. Anti-Ro carriers don't have increased rate of abortions nor complications during pregnancy. Follow-up of pregnancy in a multidisciplinary unit decreases the risk of abortion.

P82 ANTI-PHOSPHOLIPID ANTIBODIES AND RENAL INVOLVEMENT ARE THE MAIN FEATURES ASSOCIATED WITH ADVERSE PREGNANCY OUTCOMES IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS – A LONG-TERM LONGITUDINAL STUDY IN SOUTHERN SWEDEN

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Background Systemic Lupus Erythematosus (SLE) affects mostly women in childbearing age. Modern management of SLE patients has improved the pregnancy outcomes over the last decades. However, there is still an increased risk of maternal, fetal and neonatal complications. In this longitudinal follow-up of pregnant women affected by SLE, we aimed to investigate which clinical and immunological features may predict for the occurrence of adverse pregnancy outcomes (APOs).

Methods We investigated the outcome of 59 pregnancies in 28 SLE patients who have had one or more pregnancies, between 2002 and 2018. Longitudinal clinical and laboratory data from rheumatology, obstetrics and neonatal units were collected and analyzed. We assessed the association between the presence of SLE-related clinical and immunological features and the occurrence of adverse pregnancy outcomes.

Results We recorded 52 APOs in 18 (64.3%) patients. The 59 investigated gestations resulted in 44 (31 vaginal and 13 C-sections) deliveries, 8 (18.2%) before the 37th gestational week, 13 (22%) early miscarriages and 2 (3.4%) induced abortions. HELLP syndrome and preeclampsia complicated 1 (2.3%) and 11 (25%) gestations, respectively. Moreover, 10 (22.7%) newborns had low birth weight, 5 (11.4%) fetuses had intra-uterine growth restriction, whereof 1 (2.3%) resulted in small for gestational age neonate. Neonatal lupus occurred in 1 (2.3%) baby. Previous lupus nephritis was associated with higher risk of APOs overall ($OR=5.9-p=0.01$), in particular impaired fetal growth ($OR=16.6-p=0.01$). The presence of anti-phospholipid antibodies was also associated with higher risk of APOs overall ($OR=4.5-p=0.01$). In particular, the occurrence of preterm delivery and the incidence of miscarriage were associated with the presence during pregnancy of anti-cardiolipin antibodies ($OR=6.8-p=0.03$) and with concomitant anti-phospholipid syndrome (APS) ($OR=3.3-p=0.04$), respectively.

Conclusions Several different APOs occur in the majority of SLE-patients, in particular in those with renal involvement, APS and presence of anti-phospholipid antibodies.

P83 A PRE-PREGNANCY COUNSELLING PATHWAY FOR WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND/OR ANTIPHOSPHOLIPID SYNDROME: THE EFFECT ON MATERNAL AND FETAL PREGNANCY COMPLICATIONS AND THE COURSE OF DISEASE – A RETROSPECTIVE COHORT STUDY

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Background Women with systemic lupus erythematosus (SLE) and/or antiphospholipid syndrome (APS) are at higher risk of complications and SLE flares during pregnancy and are therefore referred to as 'high risk pregnancies'. To provide optimal patient care, a multidisciplinary pre-pregnancy counselling approach is recommended. We examined the effect of such a multidisciplinary pre-pregnancy counselling pathway that is specifically designed for SLE and/or APS patients on the maternal and fetal pregnancy complications and on the course of SLE and APS disease.

Methods We performed a retrospective cohort study on records in the Leiden University Medical Center (LUMC), a tertiary referral hospital in the Netherlands. We compared a cohort of SLE and/or APS pregnancies enrolled in the pre-pregnancy counselling pathway (2014–2018) with a historical cohort of SLE and/or APS pregnancies that were not enrolled in the pathway (2008–2014).

Results This study was done on 34 pregnancies in the pathway cohort and 71 in the historical cohort. The pathway cohort had more severe SLE disease than the historical cohort. SLE flares developed in 18 (32%) of all SLE pregnancies, whereas the risk on a flare was significantly ($p=0.042$) lower in the pathway cohort ($n=1,8\%$) than in historical cohort ($n=17,40\%$). The incidence of maternal and fetal pregnancy complications were not different between the pathway and the historical cohort.

Conclusions This study showed the positive effect of a multidisciplinary pathway for SLE and/or APS patients on a significant reduction in SLE flares. Although, overall, the patients that were enrolled in the pathway suffered from more severe SLE disease than the historical cohort, the incidence of maternal and fetal complications were similar in both groups. We believe that, women with SLE and/or APS would benefit from pre-pregnancy referral to a hospital with a multidisciplinary approach towards pre-pregnancy counselling and pregnancy follow up.

P84 LUPUS AND PREGNANCY IN URUGUAY: SUCCESSFUL OUTCOMES IN AN INTEGRATED CARE UNIT

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Background/Purpose Most reports show an increased Systemic Lupus Erythematosus (SLE) activity during pregnancy and worse maternal-fetal outcomes than those of the general population. The objective of this work is to describe pregnancy outcomes of Uruguayan women with SLE.