Background/Purpose Fatigue is the most common symptom in SLE patients with a strong impact on patients’ reported quality of life. Previous studies identified possible associations with fatigue with some contradictory results. The aim of this study was to identify additional potentially reversible associations with fatigue to generate targets for future interventions.

Methods Our study population consisted of 234 consecutively recruited SLE (1997 ACR criteria) outpatients from our university hospital based lupus reference centre. We analyzed clinical and demographic data from routine visits, laboratory variables, as well as sleeping disorders, disease perception, coping, social activities and health locus of control using validated questionnaires. We captured fatigue using the Fatigue Severity Scale (FSS). A score of ≥ 4 points is considered pathological. To assess depression, we used the German CES-D depression scale (values ±9.5). In our cohort, 50.9% of patients reached a pathological score (values ≥ 23/60 points are considered pathological).

Results Our predominantly Caucasian cohort (99.1%) was mostly female (87.6%), with a mean age of 45.3 years (±13.4 [SD]) and a mean disease duration of 16.2 years (±9.5). In our cohort, 50.9% of patients reached a pathological result in the FSS. Depression was significantly associated with fatigue (p<0.001). Patients with poor health conditions (including sleeping disorders, pain, disease activity and damage) showed significantly more fatigue (p<0.01). Overall, in 71.4% of our SLE patients, we could identify at least one potentially reversible association for fatigue (shown in table 1).

Conclusion We observed a high prevalence of depressive disorders in our cohort and a significant correlation of depressive status with fatigue. Therefore, we suggest that psychological wellbeing is assessed in everyday clinical practice and treating physicians should react to patients’ needs accordingly. Additionally, obesity, anemia, hypothyroidism and vitamin D deficiency can easily be assessed. Optimizing these factors represent possible targets in order to improve fatigue in SLE patients.
FRACTURE RISK IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS OVER 25 YEARS

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Background Osteoporosis and fractures are complications of glucocorticoid treatment. Current EULAR guidelines for the treatment of SLE recommend minimising long term glucocorticoid aiming at ≤ 7.5 mg/day. We examined the relationship of glucocorticoid dosing on fracture risk in patients with SLE.

Methods Retrospective data collection on SLE patient attending University College London Hospital clinic over a 35-year period. The data included consecutive steroid dosing, Bone marrow density scans (BMD) and fragility fractures.

Results We reviewed 250 patients selected because we had a minimum of 10yrs follow up on them, 229 female (92%), 130 Caucasian (52%), 62 (25%) Afro-Caribbean and 43 (18%) South Asian. Mean age of SLE diagnosis was 27years and 27% were smokers. Fragility fractures were diagnosed in 28 patients (11%), mean age of the first fracture 51 years ± 16 years. Ten patients (36%) were diagnosed with osteoporosis prior to the fracture (p 0.006). The majority, 94% of patients were treated with glucocorticoids with an average daily dosing of 6.20 mg/day. Patients with fractures, had a lower average daily dosing – 5.36 mg/day (p 0.127), but had a higher median cumulative dose (25.19 g versus 20.96 g, p 0.229). The majority of patients received vitamin D and calcium supplementation (92% p 0.10 and 84% p 0.16 respectively). However, hyperparathyroidism (n =6) was significantly associated with fragility fractures (p value 0.020). The presence of end-chronic kidney disease or rheumatoid arthritis were not related to the development of fractures (p 0.38; p 0.13, respectively). Regarding treatment, 22 patients with fractures were treated with bisphosphonates (p <0.001), two had denosumab (p 0.034) and two had teriparatide (p 0.012).

Conclusions In our cohort, there was no statistically significant association between glucocorticoids treatment and fragility fractures. Hyperparathyroidism was significantly correlated with fragility fractures in our group. The majority of patients averaged daily dosing in accordance with EULAR recommendations.