

A194 HOSPITALISATION OF INDIVIDUALS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: AN ANALYSIS OF 84 PATIENTS

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Background The authors performed a retrospective study of their patients with systemic lupus erythematosus (SLE) admitted to the hospital from January 1993 until December 2009.

Methods Patients with SLE attending clinics at the Department of Rheumatology were analysed to determine how many of them required hospitalisation for causes directly related to their disease, from January 1993 until December 2009. The following information was recorded: age, sex, time course of SLE, lupus involvement profile, number of admissions per patient, reasons for hospital admissions and the outcome including the length of hospital stay, readmission or death, on medical records and discharge reports for each patient. Also studied the reason for first admission of patients.

Results All 84 patients were identified from an electronic database, 75 were admitted at least once in relation to SLE, 68 were female with a mean age of 39 years. The authors obtained a total of 247 hospitalisations, this represent an average of 2.9 per patient, over 17 years, with a mortality of 2%. The median length of stay was 13 days. Readmission occurred in 55.7% of all individuals. In order of frequency the reasons for admission were

- Infection (63 episodes), including severe infections
- Clinical flare without visceral involvement (41)
- Renal involvement (26)
- Neurologic disorder (22)
- Vascular involvement (16)
- Obstetric pathology (14)
- Pleuropulmonary involvement (13)
- Hematologic involvement (9)
- Cardiac involvement (9)
- Ocular involvement (4)

With regard to the reason of the first admission, the authors obtained in order of frequency:

- Clinical flare without visceral involvement
- Neurological symptoms

- Renal disease
- Respiratory symptoms
- Haematological disorder

Conclusion Most SLE patients require hospitalisation. In our cohort, initial admission usually occurs 0–3 years after diagnosis (mean age 30–35 years) and it is basically due to lupus flare without visceral involvement, followed by neurological and renal impairment. However, in subsequent admissions, the most common reason was infection. The presence of lupus nephritis and multisystem involvement increases the rate of readmission. Patients with very active disease at the initial stage should be monitored closely.