Difference (MCID) against patient report and physician assessed anchors of changes in health. Two patient reported anchors were used (Global change in health and item 2 of Short Form 36 form). Physician assessed anchors of change in health were disease activity (Physician global assessment-PGA, SELENA-SLEDAI) and damage (SLICC-SDI/ACR). Change in PGA of ≥0.3 and SELENA-SLEDAI of ≥4 in either direction was used to define worsening in disease activity. Analysis of variance was used to compare changes in LIT score against the anchors.

Results: Mean (SD) age of participants was 42 (14) years. Ninety five percent were women. Mean (SD) PGA, SELENA-SLEDAI and SDI at baseline were 0.5 (0.5), 2.9 (3.0) and 0.7 (1.2) respectively. Mean (SD) LIT score at baseline was 27.8 (18.2). Mean changes in LIT scores in response to worsening, no change or improvement based on patient report and physician assessments are shown in Table 1. MCID for "some worsening" were -4.0 and -3.9 on patient reported health question and SF36 question 2 respectively.

Table 1: Responsiveness of LIT to patient and physician based anchors in SLE.

Anchor	Change	N	Mean Change In LIT	p-value
Patient Reported Change				
SF36-Q2	Worse	118	-4.7	<0.001
	No Change	155	0.3	
	Much Better	157	2.5	
Global Change In Health Status	Worse	118	-4.7	<0.001
	No Change	155	0.3	
	Better	157	2.5	
Patient Assessed Change				
PGA	Increase of ≥0.3	72	-2.8	0.02
	Stable	251	-1.0	
	Decrease of ≥0.3	104	2.7	
SELENA- SLEDAI	Increase of ≥4	49	-3.5	0.005
	Stable	340	-0.6	
	Decrease of ≥4	41	6.0	
SDI	Unchanged	405	0.1	0.005
	Increase of ≥ 1.0	21	-8.7	

Conclusions: LIT shows responsiveness to changes in both patient-reported and physician assessed changes in health status among Chinese SLE patients.

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AB0484 LUPUS NEHRITIS AND PREGNANCY: MATERNAL AND FETAL OUTCOME

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Background: Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease that primarily affects women during their reproductive years. The presence of Lupus nephritis (LN) may result in an increased risk of disease flare and adverse maternal and fetal outcomes, such as preeclampsia, fetal loss, and preterm delivery

Objectives: The purpose of this work is to evaluate pregnancy outcome in SLE patients with previous diagnosis of LN.

Methods: We retrospectively studied SLE patients according 1997 ACR criteria with previous diagnosis of LN by renal biopsy who attended to Materno Neonatal Hospital during the last 5 years. We evaluated demographic, clinical, laboratory and obstetric data. Renal biopsies were classified according ISN/RNP 2004. Lupus activity was evaluated by modified pregnancy SELENA SLEDAI score at the conception and during pregnancy. Maternal complications were evaluated: Preeclampsia, HELLP, Gestational Diabetes, Premature Rupture of the membranes, arterial and venous thrombosis, and others. Fetal outcome was evaluated as live birth, gestational age and weight at birth.

Results: 44 pregnancies in 32 patients were included. Maternal mean age was 22,68 years old, mean duration SLE was 7.8 years and 22% had antiphospholipid syndrome (APS), 62.5% were from Córdoba city, 84.3% did not have health insurance, and they have mean previous pregnancies of 2 with 1 live birth. Maternal complications were: Pre eclampsia in 22.7% of patients, Preterm delivery in 20.45% of patients, Premature rupture of the membranes in 6.8%, Gestational Diabetes in 2.27% of patients. 14 patients had normal labour, 29 cesarean section and 1 abortion. 97% (n=42) of patiens have live birth with mean gestational age of 36 weeks with mean weight at birth of 2.399 g. and there was no maternal mortality.

Table 1. Maternal Complications

Preeclampsia	10 (22,7%)
Pre term delivery	9 (20,4%)
Premature rupture of the membranes	3 (6,8%)
Gestacional diabetes	1 (2,3%)
Mortality	0
Renal relapse	8 (18,1)
Renal Insufficiency	2 (4,5%)

Conclusions: SLE patients with previous LN had a good maternal and fetal outcome in this study.

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AB0485 PRIMARY ANTIPHOSPHOLIPID SYNDROME: MATERNAL AND FETAL OUTCOME

C. Otaduy [1], P.B. Alba [1], C.A. Gobbi [1], A. Alvarez [2], A. Albiero [3], E.H. Albiero [1], M.L. Propato [2], M.A. Yorio [1]. *[1] Rheumatology, Córdoba State University; [2] Rheumatology, Hospital Materno Neonatal; [3] Rheumatology, Hospital Córdoba, Córdoba, Argentina*

Background: Antiphospholipid antibodies (APLAs) have been associated with pregnancy loss and other obstetric complications, such as pre-eclampsia, fetal growth restriction and preterm delivery.

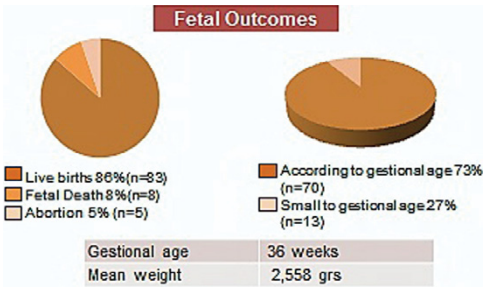
Objectives: The purpose of this work is to evaluate maternal and fetal pregnancy outcome in Primary Antiphospholipid Syndrome (PAPS).

Methods: We retrospectively studied PAPS patients according to Sydney Criteria who are attended to Materno Neonatal Hospital during the last 8 years. We evaluated demographic, obstetric and thrombotic clinical data. Maternal complications were evaluated: Preeclampsia, HELLP, Gestational Diabetes, Premature rupture of fetal membranes, arterial and venous thrombosis, mortality, the way of end of pregnancy, and others. Fetal outcome was evaluated as live birth, gestational age and weight at birth.

Results: 96 pregnancies in 68 patients were included. Maternal mean age was 30,75 years old, 84% were from Córdoba city, 70.5% did not have health insurance, and they have mean previous pregnancies of 4 with 1 live birth. Maternal complications were: Pre eclampsia in 12 patients (12.5%), Preterm delivery in 6 patients (6.25%), Premature rupture of fetal membranes in 8 (8.33%), Gestational Diabetes in 7 (7.29%), Arterial Thrombosis in 2 (2.08%), Venous thrombosis in 3 (3.12%). 33,69% have normal labour and 66,33% cesarean section. 86% of patients have live birth with mean gestational age of 36 weeks with mean weight at birth of 2.558 g and 73% of patients according to gestational age.

Table 1. Maternal Complications

Pre Eclampsia	12 (12,5%)
Pre term delivery	6 (6,2%)
Premature rupture of fetal membranes	8 (8,2%)
Gestacional Diabetes	7 (7,3%)
Arterial Thrombosis	2 (2%)
Venous Thrombosis	3 (3,1%)
Notch	10 (10%)
Mortality	0



Conclusions: PAPS pregnancies patients had a good maternal and fetal outcome in this study.

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PL, Messa P, Ravani P, Mosca M. Fetal outcome and recommendations of pregnancies in lupus nephritis in the 21st century. A prospective multicenter study.J Autoimmun. 2016 Nov;74:6–12. doi: 10.1016/j.jaut.2016.07.010. Epub 2016 Aug 2.
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AB0486 INCIDENCE OF VERTEBRAL FRACTURES: 8 YEARS FOLLOW-UP STUDY IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Vertebral fractures (VF) are the hallmark of bone fragility. Patients with systemic lupus erythematosus (SLE) are at high risk of developing prevalent VF. Although several risk factors for VF in patients with SLE have been suggested, there is limited longitudinal supporting data in the literature.
Objectives: The aims of this study are to determine the incidence of VF and to evaluate possible associations between potential risk factors and the occurrence of VF in women with SLE.
Methods: Consecutive patients with SLE were enrolled in a prospective, observational study from 2006 to 2015. Information on potential risk factors, including demographics, clinical data and bone mineral density (BMD) at the lumbar spine and hip on dual-energy X-ray absorptiometry was collected at baseline and follow-up. Semi-quantitative analysis was used to determine incident VF on lateral thoracic and lumbar radiographs, defined as any vertebral body graded normal at baseline and at least mildly deformed (20–25% reduction or more in any vertebral height) during follow-up. Differences in baseline characteristics were assessed in patients with and without radiographic VF.
Statistical analysis: The Chi-square or Fisher's exact test, independent samples t-test, and Mann-Whitney U-test were used as appropriate to compare baseline characteristics of patients with and without prevalent or incident VF. Possible risk factors for incident VF were assessed by multivariate logistic regression analysis.
Results: Of 110 SLE patients included, with a median follow-up of 8 (IQR 8–9) years, 22 (20%) had radiographic VF at baseline; 35 (32%) patients had a new VF. The annual incidence rate of new morphometric VF was 3.5 (95% CI 2.4–4.91) per 100 patient/years. Most fractures were located in the mid-thoracic and thoracolumbar region of the spine. Table 1 shows sociodemographic and clinical differences between patients with and without VF. In the multivariable analysis, VF were significantly associated with baseline BMD at the total hip and longer disease duration. Cumulative glucocorticoid dose, postmenopausal status and previous prevalent VF were not associated with VF.

	Vertebral fractures		
	Yes (n= 35)	No (n=105)	p
Age, years, mean (SD)	44.1 ± 11.0	41.4 ± 11.8	0.272
BMI, kg/m^2, mean (SD)	27.1 ± 5.3	27.3 ± 3.9	0.871
Postmenopausal at baseline, n (%)	**22 (63)**	**30 (40)**	**0.021**
Disease duration, years, median (IQR)	**9.0 (5-14)**	**5.0 (3-12)**	**0.005**
Vertebral deformity at baseline, n (%)	9 (26)	13 (17)	0.317
25OHvitD levels, ng/mL, mean (SD)	20.8 ± 6.6	19.1 ± 7.0	0.407
SLICC/ACR DI, ≥1 n (%)	**21 (60)**	**29 (39)**	**0.042**
Cumulative dose of GCT, gram, median (IQR)	**16.2 (7-41)**	**9.9 (6-24)**	**0.037**
BMD lumbar spine, g/cm^2, mean (SD)	0.981 ± 0.222	1.039 ± 0.217	0.205
BMD total hip, g/cm^2, median (IQR)	**0.884 (0.844-1.025)**	**0.981 (0.914-1.055)**	**0.011**
Use of bisphosphonates during follow-up,	15 (43)	24 (32)	0.185

Conclusions: In this SLE cohort in daily clinical practice, radiographic VF were frequently present in SLE patients, especially those with longer disease duration and low hip BMD.
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AB0487 NEUROLOGIC MANIFESTATIONS AND THEIR IMPACT ON CHRONIC DAMAGE IN PATIENTS WITH ANTIPHOSPHOLIPID SYNDROME: RESULT FROM A MONOCENTRIC COHORT

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Background: Antiphospholipid syndrome (APS) is an autoimmune disease with wide clinical features and cumulative damage. The nervous system involvement is very broad and severe.
Objectives: The aim of this study is to analyze the impact of neurologic manifestations on Damage Index in Patients with APS (DIAPS).
Methods: All consecutive patients known with APS were included in our monocentric cohort. Data on medical history, clinical manifestations, aPL profile and medication were collected. DIAPS score was used to measure damage in each patient.
Results: Seventy six patients with APS were included: 11 patients with primary APS and 65 patients with secondary APS, with mean disease duration of 9.59±7.39years. Overall,35 patients (46.1%) had neurologic manifestations. Their mean disease duration was 9.2±5.76 years. Seven patients had primary APS and 28 patients had secondary APS. Six patients were on chronic oral anticoagulant therapy and low dose aspirin, 12 patients on oral anticoagulant alone and 15 patients on low dose aspirin. Transient ischemic attack was the first manifestation of APS in 4 patients (11.42%) at mean age of 29.5±10.96 years. Their mean DIAPS value was 7.75±4.19. Ischemic stroke was the first APS manifestation in 12 patients (34.28%) at mean age of 40.08±16.31years, with DIAPS mean value of 7.41±3.67. All of these patients have neurological sequelaes. The DIAPS value was higher in patients with neurologic manifestations (3±2.9 vs 5.71±3.62, p=0.001) and DIAPS value correlated significantly to neurologic manifestations (R=0.416, p<0.000) reflecting it's impact on cumulative damage in APS patients.
Conclusions: Neurologic manifestations in APS patients have a great impact on cumulative damage especially in patients presenting with ischemic stroke or transient ischemic attack as the first manifestation of APS.
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Disclosure of Interest: None declared
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AB0488 CAPILLAROSCOPY FINDINGS IN CHILDHOOD-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS, A DUTCH EXPERIENCE OF 20 CHILDREN AND ADOLESCENTS

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Background: Capillaroscopy findings can be qualitatively described as: normal, microangiopathy (non-specific abnormalities) or scleroderma pattern (1). Capillary abnormalities, described in varying prevalence in patients with systemic lupus erythematosus (SLE), are mainly described as microangiopathy (2–4)
Objectives: To describe capillary characteristics in a cross-sectional cohort of patients with childhood-onset SLE (cSLE) by quantitative and qualitative assessment
Methods: Nailfold videocapillaroscopy (NVC) was performed in cSLE-patients (onset <18 years) with a x200 magnification lens (Optilia). The following capillaroscopic characteristics were evaluated per millimeter: density (compared to mean density known for age, sex and ethnicity) (5), number of abnormal shapes (as defined by the EULAR study group on microcirculation in Rheumatic Diseases (6)), giant capillaries (defined as apical diameter >50 mcm), maximum apical diameter (dilatations defined as apical diameter 20–50mcm) and microbleedings (large hemorrhages and small multiple point-shaped hemorrhages surrounding the capillary loop [image])
Results: 4063 capillaries from 20 patients with cSLE, were analyzed. All patients showed capillary abnormalities, 15% (n=3) showed a scleroderma-pattern. A lower mean density (mean 6.7, range 1.9–9.5) was seen in 55% (n=11), multiple