high activity. Of the patients who reported disease activity, only 13.3%⁶ had insufficient vitamin D. There is no significant difference between patients who have vitamin D values greater than or less than 20 ng/ml. In both groups, the majority had SLEDAI-SLEDAI in low activity.

Conclusions: The vitamin D levels were not associated with an increase in disease activity in our study patients. Although our country is an island, the use of sunscreen and avoid sunbathing is something common, it causes to find low levels of vitamin D, not only in patients with SLE, where avoiding sunbathing is a recommendation, but also in other pathologies that come to our service. We believe that vitamin D levels should be measured in the general population, to have a reference range and study their influence on health.

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AB0570 ASSOCIATION BETWEEN SLEDAI-2K DOMAINS AND ORGAN DAMAGE ACCRUAL

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Background: Prevention of permanent organ damage is a key goal of SLE management¹. Overall disease activity measured by SLE Disease Activity Index (SLEDAI-2k) is a risk factor for damage², but the contribution of organ-specific activity to damage risk has not been enumerated.

Objectives: We sought to determine the degree to which organ domains of SLEDAI-2k are associated with damage accrual.

Methods: A dataset of SLE patients (2007 – 2017) at the Australian Lupus Registry was studied. Variables collected at each visit included all domains of SLEDAI-2k, Physician Global Assessment, and medications. Systemic Lupus International Collaborating Clinics/ACR Damage Index (SDI) was recorded annually and each visit was labelled “damage transition” or “non-damage transition” based on whether SDI increased at the subsequent annual measure. The association of risk of SDI increase with SLEDAI-2k domains was assessed using multivariable logistic regression analysis adjusted for confounding by medication use.

Results: 5538 visits from 266 patients (86.5% female, 47.4% Caucasian, 66% dsDNA positive) were analysed; at enrolment median (range) SLEDAI-2k was 4 (0–26) and SDI was 0 (0–4). Upon multivariable regression analysis, domains found to be significant were: low complement, proteinuria, haematuria, leukopenia, pyuria, pericarditis, alopecia, rash and arthritis. Upon further adjustment for prednisolone exposure, the effects of some domains were attenuated, but pericarditis (odds ratio (OR)=4.06, 95%CI=1.68–9.83), pyuria (OR=1.94, 1.47–2.56), arthritis (OR=1.71, 1.35–2.16), and rash (OR=1.43, 1.20–1.70), alopecia (OR=1.43, 1.10–1.86) and leukopenia (OR=1.36, 1.03–1.78) remained significant. No other SLEDAI-2k domains showed a significant association, in part due to infrequent occurrence. SLEDAI-2k domains weightings were not congruent with the respective risk of damage accrual.

Conclusions: In study, only some SLEDAI-2k domains were significantly associated with organ damage accrual. Re-appraisal of weightings in SLE disease activity scores based on their association with outcome is potentially warranted.

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AB0571 FACTORS RELATED TO ALEXITHYmia IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Alexithymia describes the difficulties of people in identifying, differentiating and articulating emotions of others and themselves and in discriminating those from bodily sensations, with a limited fantasy and a concrete, externally oriented cognitive style.¹ A high prevalence of alexithymia has been found in patients with a variety of health conditions, including SLE.² Previous authors identified mood states² and quality of life³ as the main factors related to alexithymia in Systemic Lupus Erythematosus (SLE).

Objectives: Aim of our study was to assess the impact of clinical, immunological, psycho-social factors on the presence of alexithymia in Systemic Lupus Erythematosus (SLE).

Methods: We consecutively enrolled 104 patients in a cross-sectional study. Alexithymia was assessed using the Toronto Alexithymia scale (TAS-20). We also evaluated symptoms of mood disorders using BDI and HAM-H, quality of life using MOS-SF36, sleep disorders with PSQI and physical activity using IPAQ.

Results: The mean (standard deviation) TAS-20 score was 49.5 (15.6). The prevalence of alexithymia (TAS-20 ≥ 61) was 28%. Alexithymic patients (TAS-20 ≥ 61) were significantly older (p 0.0005), presented more severe depressive and anxiety symptoms (p<0.0001), a higher score of sleep disorders (p<0.0001), a reduced Facit-Fatigue score (p 0.0007), reduced SF-36 mental and physical component summary scores (p 0.0001 and 0.004) and increased daily sedentary time (p 0.002). In the multiple logistic regression analysis the variables associated to the presence of alexithymia were age (OR 1.07, p 0.02) and the score of depressive symptoms (OR 1.15, p 0.02).

Conclusions: About a third of SLE patients presented a dysfunctional processing of emotion. It is necessary to carefully consider the symptoms of mood disorders to optimise SLE patient management.

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AB0572 CORRELATION OF 24 HOURS URINARY PROTEIN QUANTIFICATION WITH RANDOM SPOT URINE PROTEIN/CREATININE RATIO IN PATIENTS WITH ACTIVE LUPUS NEPHRITIS

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Background: Proteinuria is an important signal of Lupus nephritis. The standard method of proteinuria quantification is 24 hours urine collection. The ongoing practice of using spot urine sample to determine the ratio between protein and creatinine excretion as a convenient, alternative method of proteinuria estimation is not without limitation and criticism questioning its accuracy.

Objectives: Given the cumbersome expressed by some patients on collecting 24 hours urine for protein quantification, our aim was to determine the correlation between spot urine protein-to-creatinine ratio (PCR) and 24 hour urinary protein (UP) in patients with active Lupus nephritis.

Methods: The active patients included in the analysis was 53 attending Dubai Hospital shared Rheumatology/Nephrology clinic during the period of June 2016 till Dec 2017. All diagnosed to have systemic lupus erythematosus who either had flare with proteinuria or newly diagnosed as Lupus nephritis. Suspicion of active Lupus nephritis was evidenced by active urine sediment and 24 hours UP quantification of more than 0.5 gm or more than 1.0 gm regardless to urine sediment. Paired baseline urine samples were obtained and results included in the final analysis. Most of the patients underwent ultrasound guided kidney biopsy to classify the nephritis according to ISN/RPS 2003 classification, unless contra-indicated or patient refused to give consent. We used Minitab 18.1 software to determine the Spearman’s correlation coefficient (r), and its significance. P-Value <0.05 was considered statistically significant