months of SLE onset were evaluated with yearly visits to update co-morbidities, pregnancy status, and medications. Study visits with a current pregnancy were assessed for aspirin use and preeclampsia risk factors. Aspirin use was compared over time and among those with and without traditional risk factors for preeclampsia (i.e. hypertension, renal disease, diabetes, nulliparity, BMI $\geq$ 35, age $>$ 40), as well as known disease-specific risk factors (i.e. antiphospholipid antibodies [+aPL], nephritis).

Results: We identified 297 women who had 479 pregnancies over the study period. Mean age during pregnancy was 31 (SD 4.9) years and 30% were nulliparous. Half of the pregnancies experienced $\geq$ 1 traditional preeclampsia risk factors in addition to SLE, while a third had +aPL. We observed aspirin use in 121/475 (25%) of pregnancies (95% CI 22,29) versus 22% (95%CI 19,25) of visits before and after pregnancy among the same women. Aspirin use was similar among pregnancies with and without $\geq$ 1 traditional risk factor for preeclampsia [25% (95%CI 20,31) versus 26% (95%CI 21,32)], while we observed a higher prevalence of aspirin use in those with +aPL (38%, 95% CI 24,55) versus those without (23%, 95% CI 15,34). There was a significant difference in aspirin use based on maternal race/ethnicity, with 67/205 (33%, 95% CI 26,39) aspirin use in Caucasians versus 9/88 (10%, 95% CI 5,18) for black women. Prevalence of aspirin use in pregnancy varied across regions (12% $>$ 37%), and did not increase over time.

Abstract THU0334 – Table 1. Prevalence of preeclampsia (PE) risk factors among pregnant SLE visits and prevalence of ASA use among women with and without PE risk factors

Risk factor	Overall prevalence n=475 n (%)	Prevalence of ASA use (%; 95% CI)	
		With risk factor	Without risk factor
Age $>$ 40	14 (3)	2/14 (14%, 4–40)	119/461 (26%, 22–30)
BMI $\geq$ 35	33/437 ^b	8/33 (24%, 13–41)	113/404 (28%, 24–33)
Nulliparous	136/461 ³⁰	37/136 (27%, 20–35)	80/325 (25%, 20–30)
Renal disease	83 (17)	17/83 (20%, 13–30)	104/392 (27%, 22–31)
Nephritis	53 (11)	11/53 (21%, 12–23)	109/422 (26%, 22–30)
Hypertension	79 (17)	24/79 (30%, 21–41)	97/396 (24%, 21–29)
Diabetes	2 (0)	0/2 (0%, 0–1)	121/473 (26%, 22–30)
$\geq$ 1 traditional PE risk factor	234 (49)	58/234 (25%, 20–31)	63/241 (26%, 21–32)
aPL +	34/104 ³³	13/34 (38%, 24–55)	16/70 (23%, 15–34)

Conclusions: In this cohort including 479 SLE pregnancies, most pregnant women were not on aspirin and half had preeclampsia risk factors in addition to SLE. It is possible that aspirin was introduced at/or following the study visit when the pregnancy was documented, highlighting the importance of the treating rheumatologist in reviewing aspirin use and initiating it in pregnant SLE women. Our findings suggest black SLE women as a potentially vulnerable group during pregnancy, having the lowest prevalence of aspirin use.

Disclosure of Interest: None declared

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THU0335 FACTORS ASSOCIATED WITH DEVELOPMENT AND MORTALITY OF PULMONARY HYPERTENSION IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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Background: Pulmonary hypertension (PH) is a major cause of death in patients with systemic lupus erythematosus (SLE). In recent years, SLE with PH has become more common in the past few decades, and novel therapies has been developed to improve the prognosis of PH in SLE patients. Therefore, it is necessary to investigate further to identify serological and clinical factors for the development and mortality of PH in SLE patients.

Objectives: This study aims to estimate the prevalence of PH in SLE patients and identify the factors associated with the development of and mortality from PH in SLE patients.

Methods: We conducted a prospective study of SLE patients with fulfilling the American College of Rheumatology criteria (ACR) in a single tertiary centre from February 1998 to December 2013. PH was defined as a systolic pulmonary

arterial pressure (sPAP) $\geq$ 30 mmHg at rest on transthoracic echocardiography (TTE). We assessed potential associated factors contributing to the development and mortality of PH in SLE patients using univariate and multivariable logistic regression models.

Results: Of 1110 patients with SLE, 48 patients were identified to have PH. Multivariable analysis indicated that pleuritis or pericarditis (odds ratio (OR)=4.62, 95% confidence interval (CI)=2.46 to 8.70, $p<$ 0.01), anti-RNP antibody (OR=2.42, 95% CI=1.21 to 4.82, $p=$ 0.01), interstitial lung disease (ILD) (OR=8.34, 95% CI=2.21 to 31.54, $p<$ 0.01), and cerebro-cardiovascular disease (OR=13.37, 95% CI=3.56 to 50.21, $p<$ 0.01) were independently associated with the development of PH in SLE. Subgroup analysis among patients with PH demonstrated that there were no statistically significant factors associated with PH mortality in SLE.

Abstract THU0335 – Table 1. Factors associated with pulmonary hypertension development in systemic lupus erythematosus

	Univariate		Multivariable	
	OR (95% CI)	p-value	OR (95% CI)	p-value
Sex: female	1.92 (0.46 to 8.07)	0.37	4.44 (0.54 to 36.76)	0.17
Age at diagnosis of SLE	0.99 (0.97 to 1.02)	0.59	0.99 (0.96 to 1.02)	0.49
Disease duration ^a	1.00 (1.00 to 1.00)	0.87	1.00 (0.99 to 1.00)	0.48
Ever smoker	0.52 (0.18 to 1.47)	0.22		
Pleuritis or pericarditis	4.60 (2.55 to 8.29)	$<$ 0.01	4.62 (2.46 to 8.70)	$<$ 0.01
Raynaud phenomenon	1.48 (0.79 to 2.77)	0.22		
Anti-Sm	1.65 (0.81 to 3.39)	0.17	0.89 (0.38 to 2.11)	0.75
Anti-RNP	2.48 (1.36 to 4.51)	$<$ 0.01	2.42 (1.21 to 4.82)	0.01
ACL	1.10 (0.55 to 2.19)	0.79		
LAC	0.83 (0.32 to 2.12)	0.69		
SLEDAI score at enrollment	1.03 (0.96 to 1.09)	0.42		
ILD (pulmonary, pleural fibrosis)	9.56 (2.89 to 31.69)	$<$ 0.01	8.34 (2.21 to 31.54)	$<$ 0.01
Cerebro-cardiovascular disease	7.34 (2.30 to 23.41)	$<$ 0.01	13.37 (3.56 to 50.21)	$<$ 0.01

OR: odds ratio; CI: confidence interval; SLE: systemic lupus erythematosus; Anti-Sm: Anti-Smith; Anti-RNP: Anti-ribonucleoprotein; ILD: interstitial lung disease.

^aFrom diagnosis of SLE to last follow-up.

Conclusions: The prevalence of PH was 4.3% in our cohort. There were significant associations with pleuritis or pericarditis, ILD, cerebro-cardiovascular disease, and anti-RNP antibody in SLE, which may contribute to the development of PH. However, there were no statistically significant factors correlating PH mortality in SLE.

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THU0336 PREDICTORS OF SUBCLINICAL CAROTID ATHEROMATOSIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: RELEVANCE OF ACTIVITY, DAMAGE AND SEVERITY INDEXES

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Background: The prevalence of subclinical atheromatosis in patients with systemic lupus erythematosus (SLE) is double that observed in the general population. The mechanisms of this accelerated atherosclerosis are unknown, but they may include factors related to the disease, as well as the interaction of these with classic cardiovascular risk factors (CVRF).

Objectives: We analyse wich predictors of subclinical carotid atheromatosis exist in a large series of patients with SLE, with special emphasis on the role of the activity, damage and severity indexes.

Methods: Cross-sectional study that included 276 patients with SLE. Lipid serum levels, autoimmunity profile and the activity (SLEDAI), severity (Katz) and damage (SLICC) indexes were determined. The thickness of the carotid intima-media (cIMT) and the presence of plaques were determined by radiofrequency US. The cardiovascular risk was estimated through SCORE. Multivariate regression analysis was performed to assess the relationship of the indexes with CVRF, cIMT and