The Youden index exhibited optimal cut-offs for CES-D at 26 and HADS-D at 8.

The sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were evaluated against the gold standard of depression using the CES-D and HADS, and underwent the MINI on the same date of diagnosis for depression in ambulatory settings are delayed and often missed due to the lack of standardised valid questionnaires for assessing depression in patients with SLE.

Conclusions: Patients with greater math ability, coupled with greater beliefs in one’s numeric ability, were least likely to have the active disease. This is consistent with psychological theory about actual math ability and perceived math ability as an outcome predictor. Patients that are overconfident and more active in their health and numeric tasks may make decisions that lead them to worse outcomes. The SNS and ONS may be an efficient screening tool to identify high risk SLE patients that may require extra health care needs.

Disclosure of Interest: None declared

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