Methods: After professional training, rheumatologists use non-mydriatic fundus camera to take fundus photography of inpatients in our department and record the clinical features and laboratory test results of the patients. The results of fundus photography are interpreted by both ophthalmologists and rheumatologists. The fundus results of SLE patients from July 2016 to June 2017 were analysed. 35 cases (62 eyes) of retinopathy were defined as experimental group, and 35 cases (70 eyes) without retinopathy were randomly selected as the control group.

Results: A total of 203 patients with SLE with an average age of 38.4±11.6 years acquired bilateral fundus results, including 28 males and 175 females (68.2%). Ocular lesions were found in 51 (25.1%) cases, of which 35 (62.6%) were common retinopathy. There were 5 cases of retinal atrophy and pigmented degeneration (4 binocular, 1 monocular), 9 cotton spots (6 binocular, 3 monocular), 7 flaming bleeding (7 binocular), 14 chorioretinal with drusen (9 binocular, 5 monocular), arteries tortuous or occluded in 5 (3 binocular, 2 monocular). The SLEDAI score, anti-dsDNA level and C3 decline rate of the experimental group were significantly higher than those of the control group (p<0.05 or p<0.01), while the titer of antinuclear antibody, the positive rate of anti-SM antibody, the positive rate of anti-phospholipid antibodies, and the erythrocyte sedimentation rate had no significant difference (p>0.05). Subsequently, we followed up 16 patients with retinopathy and SLEDIA score ≥10 and achieved remission (SLEDAI score ≤4) with glucocorticoid and immunosuppressive agents with an average duration of 6.5 ±4.5 months. The second examination showed that retinal lesions were improved in 9 cases (56.25%), 3 cases (18.75%) were unable to judge due to the appearance of optical media change which may cased by glucocorticoid, and 4 cases (25%) showed no obvious changes.

Conclusions: Non-mydriatic fundus examination performed by rheumatologists may assist rheumatologists in screening for retinopathy in SLE patients, assessment of disease activity and treatment outcome.

Disclosure of Interest: None declared

elastography-USG scores were shown to be higher in patients with sialolithiasis of ≤1.5 ml (n=72) (L, M=1.8, 95% CI=1.2–2.5), and between uACR and DP (p=0.0003).

Conclusions: Hocevar scoring system of major salivary glands was found to be related to patient reported activity in SjS. USG scores were associated with reduced saliva secretion and anti-Ro positivity. Severe parotid involvement was shown to be related to anti-RO and La positivity. Evaluation of SG-USG including different scoring systems and elastography might reflect function of the salivary glands.

Disclosure of Interest: None declared

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THU0374 FACTORS ASSOCIATED WITH HIGH-DOSE CORTICOSTEROID USE IN SLE PATIENTS POST INITIATION OF SLE THERAPY

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Background: Systemic lupus erythematosus (SLE) therapies include non-steroidal anti-inflammatory drugs, antimalarials, systemic immunosuppressants, and biologics with corticosteroids as necessary. The majority of these current therapies are only partially effective in disease control. Despite treatment, patients may experience flares of disease activity, which can lead to progressive end-organ damage. Severe flares may require intensive immunosuppression, including with high-dose corticosteroids, with risk including end-organ damage.

Objectives: To understand the unmet need in SLE by quantifying use of high-dose (≥40 mg/day) corticosteroids and determining factors associated with its use.

Methods: This study utilised the Truven Marketscan commercial claims database. Patients were indexed on first use of antimalarial, oral immunosuppressant or biologic during 2012–2013 (first use determined based on no claims for the 3 drug classes during the 1 year pre-index). Included patients had 2 recorded SLE diagnoses, were 18–50 years of age and had continuous medical and prescription enrollment from baseline through the 2 year follow-up. Patients with other pre-specified autoimmune disorders or cancers during the study period (baseline through follow-up) were excluded. During follow-up, fill of at least 1 high-dose corticosteroid prescription was assessed and associative logistic regression modeling performed.

Results: 1401 patients (93% female; mean age 38.4 years) met the study criteria; 79% were indexed on an antimalarial, 15% on an oral immunosuppressive, 1% on a biologic during 2012

Conclusions: A number of baseline factors were associated with high-dose corticosteroid treatment during the follow-up period; one notable factor is the high percentage of patients using high-dose corticosteroids (≥40 mg/day). This indicates

THU0373 THE MARKERS USEFUL IN PREDICTING LUPUS NEPHRITIS CLINICAL PRACTICE

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Background: Lupus nephritis (LN) is one of the most severe clinical manifestations of systemic lupus erythematosus (SLE). LN can be found in approximately 50% of SLE patients. The renal biopsy remains the gold diagnostic standard. However non-invasive and clinically practical laboratory markers of kidney damage in this disease are sought.

Objectives: The aim of the study was to assess the utility of biomarkers like inflammable indicators, complement system components and albuminuria in a single urine sample for prediction of kidney involvement and disease activity in patients with SLE.

Methods: A prospective study included 33 patients (81.8% women) with SLE criteria according to SLICC (Systemic Lupus International Collaborating Clinics) in age of 39.0±14.3 years. Disease-duration ranged 6–60 months. We performed full physician examination and we excluded patients with active infection. The disease activity based on the SELENA-SLEDAI scale was assessed and divided into groups: low activity (L)<6, moderate (M) 7–12, high (H)>12 points.

In the blood samples complement components (C3, C4) (g/l), C-reactive protein (CRP) (mg/L), interleukin 6 (IL-6) (ppm/L), serum creatinine concentration (sCr) (mg/L), ESFR (mm/h), glomerular filtration rate (eGFR) according to KDQI-EPI (ml/min/1.73 m²) were determined. The concentration of albumin (uAlb) (mg/dl) and creatinine sCr (mg/dl) from the morning urine sample was measured and the albumin/creatinine index (uACR) (mg/g) was calculated. Based on the obtained results, patients were divided into stages of chronic kidney disease (CKD) according to KDIGO 2012. A daily proteinuria (DP) (g/24 hour) was performed. In the assessment of statistical significance, Kruskal-Wallis or Mann-Whitney U-tests were used.

Results: In our study the SLE activity was as follows (%): L=24 (72.7), M=6 (18.2), H=3 (9.1). The average values (range) of biomarkers of renal function were: CRP=8.1±0.27 (0.55–16.65), eGFR=99.6±24.4 (46–131), uAlb=13.6±34.4 (0.0–161.0), uACR=121.3±356.3 (4.8–1905.3), DP=0.32±0.92 (0.015–5.3), and other biomarkers: OB=26.1±25.9 (4.0–99.0); CRP=10.3±28.1 (0.2–148.7); IL-6=7.8±14.7 (7.8–73.3); C3=1.08±0.36 (0.33–225); C4=0.16±0.09 (0.02–0.43). The study group met the KDCK criteria: G1 n=21 (63.6%); G2 n=9 (27.3%); G3 n=3 (9.1%); A1 n=26 (78.8%); A2 n=3 (9.1%); A3 n=4 (12.1%). We showed a negative relationship between the eGFR and: CRP (R=0.49, p<0.005), IL-6 (R=0.48, p<0.005) and C4 (R=0.43, p=0.01). There was also a significant dependence of the SLEDAI SLE activity with: uAlb (L) (p=0.04), DP (M, H) (p<0.03), uACR in the whole study group (p=0.04) and between uACR and DP (p=0.003).

Conclusions: Our studies showed that the risk of kidney damage in SLE may depend on the concentration of CRP, IL-6, C4. In addition, albuminuria (uAlb), uACR correlates with the value of DP and SLE activity, what indicates the dominant glomerular lesion in the etiopathogenesis of proteinuria in LN.

Disclosure of Interest: None declared

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THU0372 Table 1. Demographics and Clinical Characteristics of SjS patients.

THU0372 Table 2. Disease Activity Indexes and SG-USG Scores of SjS Patients.