that important subsets of patients experience inadequate disease control with current therapies. This study reveals high-dose corticosteroid use is prevalent in SLE management broadly, underscoring the unmet need in this population.


Background: Remission in systemic lupus erythematosus (SLE) is uncommon. Retreatment is often related to unmet therapeutic goals. We aimed to describe QoL in SLE patients in durable remission.

Methods: We retrospectively included female SLE patients fulfilling ≥4 SLICC Classification Criteria, followed regularly at our clinic, who were in durable remission as determined by European consensus criteria (complete/clinical remission zimmunosuppressive drugs). QoL was assessed with the SF-12.

Results: We included 106 female SLE patients (age: 28.9±7.6 years; duration of disease: 45.1±34.8 months; years of education: 9.6±5.2; depression present in 41 (38.7%) and 98 female controls (age: 30.4±7 years; years of education: 10.8±2; depression present in 32 (32.7%). At last visit, clinical remission was present in 68 (64.2%) and complete remission in 38 (35.2%). Duration of remission achieved were:<1 year in 17 (16%), 1–2 years in 40 (37.7%), 2–3 years in 18 (17%) and >3 years in 31 (29.2%). Steroid-free remission was present in 64 (60.37%) and the rest 42 (39.62%) were on steroid therapy. There were 93 females (93.9%) and 6 males (6.1%) in this study. The mean age and median disease duration were 47.4 years and 24 months. There were 50 (50.5%) pSS patients in parotid grand grade 0, 27 (27.3%) in grade 1, 15 (15.2%) in grade 2 and 6 (6.1%) in grade 3 (Fig 1A), and there were 53 (53.5%) pSS patients in parotid duct grade 0, 15 (15.2%) in grade 1, 17 (17.2%) in grade 2, 4 (4.0%) in grade 3, and 10 (10.1%) in grade 4 (Fig 1B). We found that patients in abnormal parotid MR group presented lower positive rates of myasthenia and higher positive rates of xerostomia, Schirmer’s test, serum anti-SSA antibodies, anti-Ro-52 antibodies, antinuclear antibodies (ANA), rheumatoid factor (RF), plasma globulin, immunoglobulin G (IgG), and Hashimoto thyroiditis (p<0.05). But no significant difference was observed between two groups in the incidence of salivary gland enlargement, articular involvement, dermatological involvement, interstitial lung disease, tuberculosis, nephritis and primary biliary cirrhosis.

Conclusions: Indian lupus patients in durable remission had similar physical and mental QoL compared to healthy controls. Physical QoL was better in patients with complete remission, longer disease duration and low fatigue. Mental QoL was better in patients with low fatigue, less education and longer disease duration.

Disclosure of Interest: None declared


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