pts with SLE and for those with moderate and severe disease vs. matched controls. For example, for pts with severe SLE vs. controls, mean costs for hospital stays, outpatient prescriptions, and other benefits were €4335 vs. €1,414, €2582 vs. €1,087, and €1068 vs. €691, respectively, in 2009.

Conclusions: In Germany, the economic burden of moderate and severe SLE was greater than that of sociodemographic- and morbidity-adjusted controls between 2009 and 2014. Pts with SLE incurred greater HCRU and total annual medical costs vs. matched controls. HCRU increased with increasing SLE disease severity, with the greatest burden among pts with severe disease. New treatments could reduce HCRU and future costs.

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FRI0319 A PRACTICAL SIMPLE DOSE ESCALATION REGIMEN FOR MILD HYDROXYCHLOROQUINE-INDUCED HYPERSENSITIVITY REACTION

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Background: In a recent Japanese clinical trial of hydroxychloroquine (HCQ), HCQ-induced hypersensitivity reaction occurred in 4.9% (5/103) including a case of Stevens-Johnson syndrome.¹ Several desensitisation methods were proposed, however the protocols were very complicated for routine practice.² Recently, a simple dose-escalation regimen of sulfamethoxazole-trimethoprim (SMX-TMP) showed better tolerability than standard dosing.³

Objectives: To investigate the incidence and risk factors of HCQ-induced hypersensitivity and propose a simple dose-escalation regimen for HCQ-induced hypersensitivity.

Methods: This is a single-centre, retrospective study. The subjects were Japanese SLE patients who started HCQ between Apr 1, 2009 and June 30, 2017 at Tokyo Metropolitan Tama Medical Centre. HCQ was prescribed with a dosage of 6.5 mg/ideal body weight (IBW) kg or less. We identified the cases of HCQ-induced hypersensitivity by reviewing electronic medical charts and pictures taken by patients or physicians. We diagnosed with HCQ-induced hypersensitivity if generalised eruption occurred within a month of starting HCQ and resolved completely after withdrawal of HCQ. We used the simple dose escalation regimen, starting from 40 mg/day with weekly increments by 40 mg, for patients with HCQ-induced hypersensitivity who did not require hospitalisation or systemic administration of glucocorticoids. We compared the clinical parameters (age, sex, dosage/actual or ideal body weight, starting dose, use of immunosuppressives, use of SMX-TMP, profile of autoantibodies) between patients with HCQ-induced hypersensitivity and those without HCQ-induced hypersensitivity. We also evaluated the success rate of our dose escalation regimen.

Results: Total 234 SLE patients were analysed. HCQ-induced hypersensitivity reaction were identified in 20 cases (8.5%). All cases developed mild generalised maculopapular rashes 17 (IQR 7.8–28.8) days after initiation of HCQ. No patient required hospitalisation or systemic glucocorticoid therapy. Among the clinical parameters compared, only anti-Sm antibody was associated with HCQ-induced hypersensitivity (table 1). HCQ was restarted in 10 patients using the simple dose escalation regimen. Among them 9 patients successfully continued HCQ and only one discontinued due to reappearance of mild hypersensitivity reaction.

	Patients with HCQ-induced hypersensitivity (n=20)	Patients without HCQ-induced hypersensitivity (n=214)	P value
Age, years (IQR)	38 (28-46)	40 (30-52)	0.490
Female, %	85.0	93.5	0.163
Body weight, kg (IQR)	50 (45-55)	52 (47-60)	0.178
Starting dose / IBW, mg/kg (IQR)	5.1 (4.0-6.0)	5.3 (4.5-5.9)	0.620
BMi (IQR)	20.3 (18.2-21.8)	20.8 (18.9-23.3)	0.241
HCQ starting dose			
- 100mg, %	5.0	0.5	
- 150mg, %	0	0.5	
- 200mg, %	45.0	43.0	
- 300mg, %	45.0	51.4	
- 400mg, %	5.0	4.7	
Usage of steroids, %	95.0	88.3	0.363
Dose of steroids, mg (IQR)	6.0 (5.0-12.5)	6.0 (4.0-9.0)	0.284
Usage of immunosuppressant, %	50.0	50.9	0.904
Usage of SMX-TMP, %	25.0	21.5	0.725
Liver dysfunction, %	9 (45.0)	0.5 (1/213)	0.759
Kidney dysfunction, %	10.0 (2/20)	5.6 (12/213)	0.432
Positive anti-dsDNA antibody, %	63.2 (12/19)	70.8 (149/209)	0.485
Positive anti-Sm antibody, %	60.0 (12/20)	34.2 (69/202)	0.022
Positive anti-RNP antibody, %	66.7 (10/15)	48.9 (85/174)	0.185
Positive anti-SSA antibody, %	40.0 (8/20)	55.5 (111/200)	0.185

Conclusions: HCQ-induced hypersensitivity reaction typically presents with mild generalised eruption 1–4 weeks after starting HCQ. Restarting HCQ with the simple dose escalation regimen may be a practical option for patients with mild HCQ-induced hypersensitivity reaction.

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FRI0320 ANTIMALARIALS PROTECTIVE EFFECTS IN SYSTEMIC LUPUS ERYTHEMATOSUS IN CHINA

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Background: Hydroxychloroquine (HCQ) and chloroquine (CQ), both known as antimalarial drugs, have become fundamental therapeutic elements in systemic lupus erythematosus (SLE) in these decades. However, their specific benefits on organs or in a large cohort of Chinese SLE patients haven't been elucidated.

Objectives: This retrospective multicenter study sought to examine the potential protective roles of antimalarials in a large retrospect multicenter study of SLE patients in China.

Methods: Data were collected from 1372 patients' first and following hospitalizations during 1999 to 2009. Laboratory variables, medications, disease activity, organ involvements, and survival statuses were analysed according to antimalarial usage.

Results: Antimalarials improved the survival of SLE patients as an independent predictor (HR 0.503, p=0.000). Using antimalarials protected patients with longer disease duration (>2 years), SLEDAI (>15) on admission, high SLEDAI (>10) on discharge, organ involvements (cardiopulmonary, gastrointestinal, renal, hematologic), anti-dsDNA positive, and no application of cyclophosphamide. In second hospitalisation, compared to non-users, SLE patients who had been treating with antimalarial drugs had lower levels of total cholesterol (TC) (4.47 (0.13) mmol/L vs 5.03 (0.21) mmol/L, p=0.027) and less chance of anaemia (46.5% vs 58.2%, p=0.033).

Conclusions: Using antimalarials benefits outcomes of SLE patients through multiple facets in Chinese patients.

Disclosure of Interest: None declared

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FRI0321 SURVIVAL RATE AND CAUSES OF WITHDRAWAL OF BELIMUMAB TREATMENT IN SLE IN A REAL LIFE SETTING

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Background: Systemic Lupus Erythematosus (SLE) is a chronic disease requiring long-term treatment. Even though immunosuppressive therapies improved the survival rate, a great percentage of SLE patients exhibit a persistently active disease, or disease flares. Belimumab (BLM), is currently the only biological drug