Conclusions: Despite a similar disease profile at onset, the prognosis of LN is more severe in Maghrebians living in Europe compared to native Europeans, with a higher relapse rate and a shorter time to ESRD.

Disclosure of Interest: None declared

Prevalence, Risk Factors, and Impact on Mortality of Neuropsychiatric Lupus: A Large Prospective Single-Centre Study

G.Y. Ahn1; D. Kim1; S. Won2; S.T. Song3; H.-J. Jeong1; I.W. Sohn1; S. Lee1; Y. B. Jo2; S.-C. Bae1; 1Hanyang University Hospital for Rheumatic Diseases; 2Epidemiology, University of Maryland, Baltimore, USA; 3St. Vincent Hospital, The Catholic University of Korea, Suwon, Korea, Republic Of

Background: Neuropsychiatric involvement is one of the most serious involvement of SLE and generally associated with a worse prognosis. Therefore, previous reports about the prevalence and risk factors of neuropsychiatric systemic lupus erythematosus (NPSLE) have yielded inconsistent findings. Also, there are only few studies of the prognosis of NPSLE, especially in a large prospective cohort.

Objectives: To identify the prevalence, risk profiles, and impact on mortality of NPSLE.

Methods: Patients from the Hanyang BAE lupus cohort were registered and followed from 1998 to 2015. Demographics, autoantibodies, SLEDAI and mortality data were derived by linkage to the Korean National Statistics Office. Overall, 1,256 patients with ACR 1997 classification criteria for SLE were registered within 12 months of SLE development were grouped as the inception cohort and analysed separately to elucidate the clinical features at disease onset. Patients from the Hanyang BAE lupus cohort were registered and followed from 1998 to 2015. Demographics, autoantibodies, SLEDAI and mortality data were derived by linkage to the Korean National Statistics Office. For the purpose of this study, neuropsychiatric involvement was defined using the ACR 1998 revised classification criteria for NPSLE, as well as the ACR 2012 classification criteria for cerebral vasculitis (CVS), and the ACR 2002 classification criteria for peripheric neuropathy.

Results: The prevalence of NPSLE by ACR 19 case definition was 38.3%, and 19.3% by AINiali criteria. Higher SLEDAI, APLA positivity, absence of anti-dsDNA antibody at SLE diagnosis and lower CT attenuation values when compared with fibrotic tissue.

Conclusions: Higher SLEDAI, APLA positivity, absence of anti-dsDNA antibody at SLE diagnosis and fewer years of education are risk factors for development of NPSLE. Presence of NPSLE, especially focal CNS NPSLE, increased the risk of mortality in SLE patients.

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Patients with any NPSLE manifestation had a three-fold increased risk of mortality (HR 3.09, p=0.04), and patients with focal CNS NPSLE showed nearly an eight-fold increased risk of mortality in SLE patients (HR 7.83, p=0.01). Among the 216 patients with AINiali NPSLE, sixty-four (29.6%) had multiple events. The two most common symptom combinations were seizures with recovery and with psychosis (8 patients). NPSLE. Presence of NPSLE, especially focal CNS NPSLE, increased the risk of mortality in SLE patients.

G.Y. Ahn1, D. Kim1, S. Won2, S.T. Song3, H.-J. Jeong1, I.W. Sohn1, S. Lee1, Y. B. Jo2, S.-C. Bae1, 1Hanyang University Hospital for Rheumatic Diseases; 2Epidemiology, University of Maryland, Baltimore, USA

Background: Accelerated atherosclerosis leading to premature coronary artery disease remains the major cause of death in SLE. Coronary plaques with a large necrotic/foam core and/or a thin fibrous cap are prone to rupture, leading to acute coronary events. In coronary CT angiography, plaque lipid content correlates with lower CT attenuation values when compared with fibrotic tissue.

Conclusions: Higher SLEDAI, APLA positivity, absence of anti-dsDNA antibody at SLE diagnosis and fewer years of education are risk factors for development of NPSLE. Presence of NPSLE, especially focal CNS NPSLE, increased the risk of mortality in SLE patients.

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