FRI0366

PRIMARY RESPIRATORY DISEASE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM THE SPANISH RHEUMATOLOGY SOCIETY LUPUS REGISTRY (RELESSER) COHORT

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Objectives: To investigate the primary respiratory manifestations (PRM) in SLE. **Methods:** All patients in the RELESSER cohort were retrospectively investigated for the presence of PRM. **Results:** At least one PRM was present in 11.3% (365/3215) of cases. The most common was pleurisy, occurring in 21.1% of patients, followed by ALP in 3.6%, PE in 2.9%, PPH 4%, DILD in 2%, DAH in 0.8%, and SLS in 0.8%. The variables associated with the presence of PPM are shown in the following table 1:

	Odds Ratio	95% Confidence Interval	P
Age	1,03	1,02–1,04	0.000
SLEDAI score	1,03	1,00–1,07	0,02
Raynaud phenomenon	1,41	1,09–1,84	0,01
Severe nephritis	1,56	1,18–2,06	0.002
Secondary APS	2,2	1,63–2,97	0.000
Anti-RNP positivity	1,32	1,00–1,75	0.054
Cardiac disease	2,81	1,90–4,16	0.000
Vasculitis	1,81	1,25–2,62	0.002
Hematologic abnormalities	1,31	1,00–1,71	0.048
Neuropsychiatric manifestations	1,49	1,11–2.02	0.009
Gastrointestinal involvement	2,05	1,14–3,67	0.016

After adjusting for known confounders in the multivariable model, PPM remained a risk factor for diminished survival (HR: 3.13).

Conclusions: PPM independently contributed to a decreased survival in SLE

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6436

FRI0367

ASSOCIATION OF VITALITY AND SUBSEQUENT PHYSICAL FUNCTIONING IN SYSTEMIC LUPUS ERYTHEMATOSUS: ANALYSIS OF DATA FROM THE GERMAN LULA COHORT 2002 – 2013

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Background: Fatigue, defined as loss of vitality, is a major burden in patients with systemic lupus erythematosus (SLE). It is well-known from cross-sectional studies that fatigue is associated with physical functioning (PF) whereas the effect of fatigue on subsequent PF has not yet been further looked on.

Methods: Data from the German *Lupus-Langzeitstudie* (LuLa) cohort was used to explore the effect of self-reported vitality on PF. The ongoing LuLa study comprises patients from the German SLE self-help group. The current analysis uses data from 2002 to 2013. We looked for associations between the PF score (outcome) and the vitality score of the SF-12 questionnaire in one to four years preceding the outcome. Statistical analysis was accomplished by a linear mixed regression model (LMM) adjusting for the potential confounders age, sex, disease duration and disease activity as surveyed by the Systemic Lupus Activity Questionnaire score (SLAQ).

Results: 1511 patients (93.3% women) provided data with a total of 7841 person-years of observation. Median age at study entry was 46 (interquartile range: 37 to 57). The table 1 shows the regression coefficients of the vitality score (and 95% confidence intervals, CI) estimated by the LMM without and with adjusting for age, sex, disease duration and SLAQ.

Exposure: Vitality scale score	Crude estimates		Adjusted estimates	
	Estimate with 95% CI	p-value	Estimate with 95% CI	p-value
1 year ahead	0.08 (0.05–0.10)	<0.001	0.07 (0.05–0.09)	<0.001
2 years ahead	0.09 (0.07–0.11)	<0.001	0.07 (0.05–0.09)	<0.001
3 years ahead	0.05 (0.03–0.08)	<0.001	0.05 (0.03–0.07)	<0.001
4 years ahead	0.03 (0.001–0.06)	0.038	0.04 (0.01–0.07)	0.002

Conclusions: We found evidence that self-reported vitality in patients with SLE is associated with PF in the subsequent years. The data indicate a "window of opportunity" for treating fatigue symptoms of up to four years for maintenance of PF.

Disclosure of Interest: J. Mücke: None declared, G. Chehab Grant/research support from: GlaxoSmithKline and UCB Pharma for performing the LuLa-study, R. Fischer-Betz Grant/research support from: GlaxoSmithKline and UCB Pharma for performing the LuLa-study, J. Richter Grant/research support from: GlaxoSmithKline and UCB Pharma for performing the LuLa-study, B. Winkler-Rohlfing: None declared, M. Schneider Grant/research support from: GlaxoSmithKline and UCB Pharma for performing the LuLa-study, R. Brinks: None declared

DOI: 10.1136/annrheumdis-2018-eular.4889

FRI0368

COMPARISON OF CLINICAL AND LABORATORY PROFILES IN 3575 SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITH AND WITHOUT SJOÖGREN'S SYNDROME: DATA FROM A NATIONWIDE PATIENT REGISTRY (RELESSER)

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Background: The clinical coexistence of Systemic Lupus Erythematosus (SLE) and Sjögren's Syndrome (SS) was recognised in 1959. The prevalence of SS among patients with SLE varies considerably among the published studies (10%–30%). There is still controversy as to whether or not SLE patients with overlapping SS have a distinct and significantly milder lupus.

Objectives: To address the clinical and serologic features of SLE and differences from SLE that occurs in overlap with SS.

Methods: A retrospective cohort of 3575 unselected SLE patients from 45 Rheumatology Units across Spain was evaluated for the presence of overlapping SS

using the American-European consensus criteria. Cumulative clinical data were collected at the moment of the last assessment. Clinical and laboratory parameters in SLE patients with SS (SLEwSS) were compared with those in SLE patients without SS (SLEwoSS).

Results: SS was identified in 516 SLE patients (14.4%). Compared with the SLEwoSS group, patients with SLEwSS were significantly older, had a higher frequency of mucocutaneous manifestations, Raynaud's phenomenon, peripheral neuropathy, anti-Ro/SSA, anti-La/SSB, neoplasia, and older age at death, but had a significantly lower frequency of renal involvement, thrombocytopenia, anti-DNA, anti- β 2-GPI IgM and complement consumption. Both groups displayed a clinically similar presentation of lymphadenopathy, systemic vasculitis, serositis, damage accrual, mortality, musculoskeletal and CNS manifestations.

FEATURES	SLEwSS N=516	SLEwoSS N=3059	P
Age, years $\pm$ SD	54.2 $\pm$ 14.9	45.6 $\pm$ 14.5	<0.001
Age at SLE onset, years $\pm$ SD	38.6 $\pm$ 15	32.1 $\pm$ 14	<0.001
Female	97.5	89.1	<0.001
Lymphadenopathy	11.8	10.0	0.233
Photosensitivity	65.0	57.2	0.002
Oral ulcers	55.8	42.7	<0.001
Alopecia	36.3	32.0	0.069
Raynaud's Phenomenon	39.9	32.7	0.001
Systemic vasculitis	9.6	8.4	0.352
Arthritis	75.0	76.5	0.467
Myositis	4.0	3.4	0.515
Fibromyalgia	13.9	5.1	<0.001
Pleurisy	22.7	22.4	0.893
Pulmonary fibrosis	2.3	1.9	0.563
Renal manifestations	18.3	32.7	<0.001
Seizures	6.3	6.6	0.805
Peripheral neuropathy	5.4	2.9	0.004
Hemolytic anemia	7.1	8.6	0.272
Leucopenia	55.6	53.5	0.428
Thrombocytopenia	15.5	20.8	0.007
Anti-Ro/SSA	69.2	34.4	<0.001
Anti-La/SSB	48.1	14.4	<0.001
Anti-Sm	19.8	21.2	0.495
Anti-RNP	23.2	25.2	0.317
Anti-DNA	55.9	65.1	<0.001
Anti- β 2-GPI IgM	8.6	14.5	0.006
Antiphospholipid syndrome	13.0	14.0	0.520
Hypocomplementemia	62.3	69.0	0.012
SLICC-ACR DI	1.19 $\pm$ 1.8	1.03 $\pm$ 1.7	0.062
Neoplasia	7.8	5.5	0.042
Exitus	7.2	6.0	0.324
Age at death, years $\pm$ SD	67.3 $\pm$ 14.4	54.2 $\pm$ 18.0	<0.001

SLEwSS: Systemic lupus erythematosus with Sjögren's syndrome. SLEwoSS: Systemic lupus erythematosus without Sjögren's syndrome. SLICC-ACR DI: Systemic Lupus International Collaborating Clinics/American College of Rheumatology Damage Index. Except where indicated otherwise, values are the percentage.

Conclusions: SLEwSS appears to constitute a subgroup of SLE patients with distinct clinical and serologic features, in whom SS is expressed as an overlapping entity. A particular cluster of clinical variables, namely, mucocutaneous manifestations, Raynaud's phenomenon, peripheral neuropathy, renal involvement and thrombocytopenia, was found to be important overall for discriminating SLE patients with or without SS. SLEwSS patients constitute a subgroup of patients with SLE characterised by milder lupus: older age at death, similar rates of mortality and SLICC-ACR damage index, less renal and immunological manifestations.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6123

FRI0369 PREGNANCY OUTCOMES IN WOMEN WITH ANTIPHOSPHOLIPID ANTIBODIES: INTERIM RESULTS FROM A SINGLE CENTRE COHORT STUDY

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Background: Persisting antiphospholipid antibodies (aPL) are associated with adverse obstetric events including recurrent miscarriage, late fetal loss or early

delivery due to pre-eclampsia or placental insufficiency (obstetric APS) and also thrombosis. We are a tertiary referral centre for those with aPL, and have a management protocol for women with aPL during pregnancy and the puerperium with the aim of preventing obstetric complications and maternal thrombosis.

Objectives: To report the fetal and maternal outcomes from a single centre cohort of 511 pregnancies in 372 women over a period of eight years.

Methods: This is an ongoing retrospective observational study registered as an audit. Data was collected from clinic lists attending the pregnancy clinic at the Thrombosis centre of St. Thomas' Hospital in London, UK between Jan 2010 to December 2017. Women persistently positive for aPL were included if pregnancy outcome data was available.

Results: 511 pregnancies in 372 women were included in the study (table 1). The overall live birth rate was 78.9%. Pregnancy outcomes are outlined in table 2.

Abstract FRI0369 – Table 1. Demographics

Age in years, median (range)	35 (18–50)
Ethnicity (white:black:asian:other:not specified)	(186 (50%):17(5%):35(9%):94(25%):40 (11%))
Antiphospholipid antibody profile at diagnosis	
Lupus anticoagulant, n (%) (dAPTT:DRVVT: TSVT)	261 (70%) (183:144:27)
Anticardiolipin IgG and IgM, n (%)	119 (40%) and 144 (39%)
β 2-glycoprotein-I IgG and IgM, n (%)	16 (4%) and 27 (7%)
APS history	
Obstetric APS (any), n (%)	125 (34%)
Obstetric APS (1 st trimester loss), n (%)	74 (20%)
Obstetric APS (2nd trimester loss), n (%)	35 (9%)
Fetal death (>24 weeks), n (%)	19 (5%)
Intrauterine growth restriction, n (%)	30 (8%)
Pre-eclampsia, n (%)	19 (5%)
Thrombotic APS (any), n (%)	106 (29%)
Autoimmune profile	
ANA:ENA:dsDNA, n (%)	141 (39%):94 (26%):19 (5%):56 (15%)

Key: ANA, antinuclear antibodies, APS, antiphospholipid syndrome; aPL, antiphospholipid antibodies; aAPTT, dilute Activated Partial Thromboplastin Time; dRVVT, dilute Russell Viper Venom Time; dsDNA, doublestranded DNA, ENA, Extractable nuclear antigens, TSVT, Taipan Snake Venom Time

Abstract FRI0369 – Table 2. Pregnancy outcomes

Pregnancy outcomes	Total pregnancies, n=511
Treatment during pregnancy	
Aspirin, 75 mg daily, n (%)	500 (84%)
Low molecular weight heparin, n (%)	381 (72%)
Aspirin + Heparin	357 (70%)
Aspirin + Heparin + HCQ	86 (17%)
Hydroxychloroquine, n (%)	158 (30%)
Azathioprine, n (%)	52 (10%)
Antihypertensives, n (%)	17 (3%)
Steroids, n (%)	123 (23%)
Steroids dose in mg, mean (SD, range)	10.5 (-/-5.4, 1-40)
B12 supplements, n (%)	13 (3%)
VCA prior to pregnancy, n (%)	67 (13%)
IVF treatment, n (%)	69 (13%)
Pregnancy outcomes (n=511)	
Live births, n (%)	404 (79%)
Twin pregnancies	13 (3%)
Gestational age at delivery/weeks, mean (SD, range)	39 (+/-2, 25-44)
Birthweight <2500g	55 (10%)
Birthweight <1500g	7 (1%)
Birthweight in grams, mean (SD, range)	3170 (-/-315, 575-6300)
Pregnancy loss, <10 weeks, n (%)	70 (14%)
Pregnancy loss, >10 weeks, n (%)	27 (5%)
Preterm delivery < 34 weeks gestation	13 (2.5%)
Preterm delivery < 37 weeks gestation	52 (10%)
Intrauterine death (>24 weeks), n (%)	7 (1%)
Pre-eclampsia	23 (4%)
Thrombosis during pregnancy, n (%)	9 (4%)
Caesarean section, n (%)	168 (33%)

Key: HCQ, hydroxychloroquine

Conclusions: These results from the largest single centre cohort reported show that using our management protocol, nearly 80% of women with aPL had a successful pregnancy outcome.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7252