SAT0701-HPR
SLE EXACERBATION PREDICTORS IN PATIENTS OF KYRGYZ NATIONALITY
Gulazyk Kollabaeva, Elmira Karimova, Aytyn Moldbaeva, Ajamaral Jumakadyrova, G. Kollabaeva, E. Karimova, A. Jumakadyrova, A. Moldbaeva. Togotok Moldo Street, 3, Bishkek, Kyrgyzstan
Background: Taken into account the wave-like multivariate flow of SLE, there are still difficulties in diagnosing conditions such as “remission” and “exacerbation”. The questions of SLE “exacerbation” predictors and their influence on the further nature of the course and outcome of the disease remain little studied.

Objectives: Study of SLE exacerbations predictors in patients living in Kyrgyzstan.

Methods: The study included 150 (26.31%) Kyrgyz patients out of 570 with a reliable diagnosis of SLE, female (96%), young age (median - 34 [26; 44]), Kyrgyz nationality (89.33%), high - 61 (40.66%) and very high activity - 40 (26.67%), with the duration of SLE at 1 observation point from 7 months to 10 years, with dynamic observation from 1 year to 3 years.

To determine the gradation of the degree of reduction in glomerular filtration rate (GFR) and the severity of proteinuria in patients with lupus nephritis, used the classification of chronic kidney disease (CKD) according to KDIGO (2013).

The characteristic and frequency of SLE exacerbations were assessed by the SFI - R index: mild, moderate or severe.

Results: The results of the study showed that 84 (56%) Kyrgyz patients out of 150 had 192 SLE exacerbations by using the SFI index during 3 years of follow-up, with a frequency of 1 to 4 cases (2.82 ± 2.21) per patient. A mild exacerbation was observed predominantly in 103 patients (53.65%), manifested by skin - mucous syndrome - in 81 (78.64%) and febrile fever - in 22 (21.36%). A moderate exacerbation was noted in 48 (25%) patients in the form of polyserositis - in 18 (37.5%), articular - in 16 (33.33%) and nephritis with minimal urinary syndrome - in 14 (29.17%) of them. Severe exacerbation was recorded in 41 (21.35%) patients, manifested mainly by kidney damage - in 28 (68.29%), lungs - in 4 (9.76%), central nervous system - in 4 (9.76%) and hematological disorders - in 5 (12.19%).

Severe exacerbations of the kidneys were characterized by nephritis with CKD C1 A1 in 6, CKD C1 A3 in 6, with CKD C2 A3 in 6, severe nephritis with CKD C3a A3 in 3, CKD C3b A3 in 2 and nephritis with nephrotic syndrome - in 5 patients.

SLE exacerbations in most cases resulted from self-withdrawal of glucocorticoid and cytostatic therapy (52.38%) and activation of the pathological process in 35 (41.67%) patients and in 5 (5.95%) of them were unknown.

Conclusion: On the background of careful dynamic monitoring of patients, predominantly mild SLE exacerbation was observed (53.65%), due to self-withdrawal of glucocorticoid and cytostatic therapy (52.38%) and activation of the pathological process in 35 (41.67%) patients and in 5 (5.95%) of them were unknown.

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THE HEALTH INEQUALITIES ASSOCIATED WITH SEVERE MENTAL ILLNESS IN PEOPLE WITH RHEUMATOID ARTHRITIS
Hayley McBay1, Matthew Bezzant2, Alisa Bosworth2, 1City, University of London, Division of Health Services Research and Management, London, United Kingdom; 2National Rheumatoid Arthritis Society, Maidenhead, United Kingdom

Background: People with conditions such as schizophrenia, schizoaffective disorder, bipolar disorder, personality disorder and depression with psychosis are vulnerable and face a number of health inequalities,1,2 including poorer healthcare. This may explain why those with a severe mental illness (SMI) die younger.3 In arthritis, people with psychotic disorders who are over 65 are less likely to receive nonsteroidal anti-inflammatory drugs (NSAIDS) and disease-modifying anti-rheumatic drugs (DMARDS), than those without a psychotic disorder.4 However, little is known about the prevalence of these conditions or whether disease outcomes differ to those in the broader rheumatoid arthritis (RA) population.

Objectives: To establish the proportion of people with RA who are living with a SMI and whether fatigue, pain, function and disease activity differs to that of the general RA population.

Methods: The 2018 National Rheumatoid Arthritis Society (NRAS) ‘Emotional Health and Well-being Matters’ survey was designed by people with RA and researchers. This included a questionnaire designed to capture self-reported co-morbidities and measures of fatigue and pain using a 100-point visual analogue scale, quality of life (using the shortened Arthritis Impact Measurement Scale5), functional disability (using the Health Assessment Questionnaire6) and patient-based disease activity.7 Participants were recruited by NRAS via their social media platforms, membership and non-membership lists and in newsletters and the NRAS HealthUnlocked forum. The survey was open from May-July 2018. Recruitment was focused on those diagnosed with RA aged 18 years or over and living in the UK.

Results: A total of 1565 people with RA completed the survey, 2% (n=29) of whom reported having a diagnosis of SMI, the most common being bipolar disorder (n=12). After adjusting for age and gender, those