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.

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

Methods: The study included 150 (36.31%) 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 1G3 patients (53.65%), manifested by skin - mucous syndrome - in 61 (78.64%) and lebri lefer - in 22 (21.36%). A moderate exacerbation was noted in 48 (25%) patients in the form of polyserositis - in 18 (37.5%), articulations - 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 membranous syndrome - in 5 patients.

SLE exacerbations in most cases resulted from self-withdrawal of glucocorticoid and cytostatic therapy in 44 (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%).

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Methods: Cross-sectional study, files of patients with autoimmune inflammatory rheumatic diseases were analyzed. Descriptive statistics were performed with mean, standard deviation and binary logistic regression to determine predictive factors of infection. We used SPSS software v. 21 (IL).

Results: 54 patients were included, 37% diagnosed with RA, followed by SLE 15%, psoriasis arthritis 9%, ankylosing spondylitis in 7%, Sjögren’s syndrome 5.6%. Fifty nine percent used glucocorticoids. Of the bDMARD the most used was Rituximab 65%, abatacept 25%, tocilizumab 5%, adalimumab 9%, etanercept 2% and infliximab 2%. The mean time of use was 28.8 ± 21.1 months. 54% had infection, mainly genitourinary 30%, pneumonia 15%, others as skin or gastrointestinal were presented with lower frequency, out of all infections only 12% required hospitalization (serious adverse events).

Not only predictive factors for infection were found with the use of bDMARD, but adding this variable increased the risk of infection by 5%, however the use of concomitant therapy with mycophenolic acid was the most predictive risk for the presence of infection with an OR = 9.143 (95% CI 1.055 - 79.26) p = 0.045.

Conclusion: the patients on bDMARD presented a significant percentage of infections, in this study it was not shown that the use of biological therapy was a predictive factor for the risk of infections, but with the concomitant use of mycophenolic acid appears to increase the risk.

References:

Disclosure of Interests: None declared


Methods: The 2018 National Rheumatoid Arthritis Society (NRAS) ‘Emo- tional Health and Well-being Matters’ survey was designed by people with RA and researchers. This included a questionnaire designed to capture self-reported comorbidities 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. 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 and 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