TABLE/FIG-1. Demographic and clinical variables of our cohort and their association with ON.

Variables	CASES (6)	CONTROLS (12)	p-value
Gender:			
Female	5 (33.3%)	10 (66.6%)	1.00
Male	1 (33.3%)	2 (66.6%)	
Age*	32.50 ± 18.38	33.33 ± 11.83	0.511
Ethnic group:			
Caucasian	5 (35.7%)	9 (64.2%)	1.000
Hispanic American	1 (33.3%)	2 (66.6%)	
Afro-American	0 (0%)	0 (0%)	
Asian	0 (0%)	1 (100%)	
Body Mass Index (BMI) *	25.72 ± 2.38	22.89 ± 3.79	0.134
Smoking:			
Yes	0 (0%)	3 (100%)	0.312
Former smoker	2 (66.6%)	1 (33.3%)	
Dyslipidemia	2 (40%)	3 (60%)	1.000
Hypertension	5 (62.5%)	3 (37.5%)	0.043
Diabetes Mellitus	2 (100%)	0 (0%)	0.098
Photosensitivity	4 (33.3%)	8 (66.6%)	1.000
Oral ulcers	3 (60%)	2 (40%)	0.268
Arthritis	6 (37.5%)	10 (62.5%)	0.529
Pleuritis	0 (0%)	1 (100%)	1.000
Pericarditis	0 (0%)	2 (100%)	0.529
Leukopenia	3 (30%)	7 (70%)	1.000
Nephritis	2 (40%)	3 (60%)	1.000
Antinuclear antibody	5 (29.41%)	12 (70.59%)	0.333
Anti-dsDNA	3 (25%)	9 (75%)	0.344
Anti-Sm	0 (100%)	4 (100%)	0.245
Anti-SSA (Ro)	2 (28.57%)	5 (71.43%)	1.000
Anti-RNP	0 (0%)	4 (100%)	0.245
Hypocomplementemia	3 (25%)	9 (75%)	0.344
SLICC:			
0	2 (16.67%)	10 (83.3%)	0.057
1	3 (60%)	2 (40%)	
2	0 (0%)	0 (0%)	
3	1 (100%)	0 (0%)	
SLEDAI *	2.33 ± 2.34	2.50 ± 2.28	0.883
APS associated	1 (50%)	1 (50%)	1.000
Corticosteroids (past YES/NO)	6 (35.2%)	11 (64.7%)	1.000
Corticosteroids (last visit YES/NO)	3 (100%)	0 (0%)	0.025
Corticosteroids pulses (YES/NO)	4 (80%)	1 (20%)	0.022

*: mean ± standard deviation.

AB0560 A 10-YEAR REVIEW OF DAMAGE ACCRUAL AND PROGRESSION IN A MULTI-ETHNIC COHORT OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN MALAYSIA

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Background: Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease with an unpredictable course of disease. The severity and outcomes of SLE vary across different ethnicities.

Objectives: This study is aimed to determine the pattern of development and progression of organ damage in a cohort of multi-ethnic SLE patients followed for at least 10 years, and to identify the factors associated with the damage accrual.

Methods: We reviewed the medical records of an inception cohort of patients who attended regular monitoring since 2007 at the Rheumatology and Nephrology/SLE Clinic, National University of Malaysia Medical Centre (UKMMC). Their medical records were retrospectively reviewed to obtain information on SLE disease characteristics, frequency of disease flares, cumulative corticosteroid dose and the use of other immunosuppressive treatment from 2007 until their last visit in 2017. The Systemic Lupus International Collaborating Clinics/American College of Rheumatology damage index (SDI) was used to determine the organ damage at baseline and after 10 years of being followed up. For patients who have succumbed or lost to follow up during the 10-year observation period, the SDI scores just before death or time of follow up loss were recorded.

Results: A total of 258 patients were included with majority of them were Malays (n=145, 56.2%), followed by Chinese (n=100, 38.8%) and Indians

(n=13, 5.0%). The mean SDI score increased from 0.39±0.79 at baseline to 1.13±1.47 after 10 years, p<0.001. At 10 years, Indian patients were found to have a significant increase in their SDI scores from baseline compared to Malay and Chinese (p<0.05). New damage accrual was recorded in 38.8% patients with the most common new organ damage significantly occurred in renal (p<0.001), ocular (p=0.05) and cardiovascular (p=0.07). Higher age at baseline, higher ACR criteria at diagnosis, persistent active disease ≥ 6 months, and prednisolone use of ≥ 1mg/kg were independently associated with higher risk of damage accrual. In contrast, hydroxy-chloroquine treatment was associated with lower risk of damage accrual.

Conclusion: The SDI scores of our SLE cohort increased significantly over 10 years which predominantly affecting the renal. Indian patients accumulated higher SDI scores while persistent active disease, higher ACR criteria at diagnosis, and the use of high dose steroid were associated with new organ damage.

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Acknowledgement: This study received funding from the Fundamental Research Grant Scheme (FRGS/1/2015/SKK02/UKM/03/1) from the Ministry of Higher Education, Malaysia.

Disclosure of Interests: Syahrul Sazliyah Shahar: None declared, Wong Michelle Heng Ting: None declared, Asrul Abdul Wahab: None declared, Sakthiswary Rajalingham Speakers bureau: Pfizer. Less than 1000USD, Abdul Halim Abdul Gafor: None declared, Mohd Shahrir Mohamed Said Speakers bureau: Eli Lilly. Less than 2000USD, Ruslinda Mustafar: None declared

DOI: 10.1136/annrheumdis-2019-eular.1013

AB0561

RISK FACTORS FOR ADVERSE PREGNANCY OUTCOMES AND LOW RISK FACTORS FOR ADVERSE PREGNANCY OUTCOMES AND LOW APGAR SCORES OF NEWBORNS IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic lupus erythematosus (SLE) is an autoimmune disease that occurs in women of childbearing age, and has high risk for adverse pregnancy outcomes (APOs) (1,2). Moreover, it is unclear whether maternal SLE influences the growth and development of children born from SLE mothers. Apgar scores at five minutes is a predictive factor of neurological development of newborns. However, there is no report about the association between maternal SLE and Apgar score of newborns.

Objectives: The aim of this study was to identify risk factors for APOs and for low Apgar scores of newborns from SLE mothers.

Methods: We investigated 50 SLE patients who were delivered from May 2006 to December 2018 in our institution. We examined retrospectively regarding APOs including spontaneous abortions, preterm births, premature rupture of membranes (PROM), light-for-date (LFD) newborns, and low Apgar scores of newborns. We analyzed the association between disease activity, laboratory findings, treatment agents, and APOs or Apgar scores.

Results: As for APOs of SLE mothers, cases with preterm births showed higher SLE disease activity index (SLEDAI) during the first trimester (P = 0.01) and higher titers of anti-double-stranded DNA (anti-dsDNA) antibodies at the time of conception (P < 0.01) compared to full-term births. In these cases, mean glucocorticoid doses during pregnancy (P = 0.02) and the rate of treatment intensification (P < 0.01) was higher than full-term birth. In the mothers who delivered LFD newborns, serum complement levels at conception were lower than in those with non-LFD newborns (C3: P = 0.02; CH50: P = 0.05). Cases with spontaneous abortions and PROMs did not differ significantly from the cases without spontaneous abortions and PROMs. Apgar scores at one minute were correlated with SLEDAI during the third trimester (P < 0.01) and with the titer of anti-dsDNA antibodies at conception (P < 0.01). Additionally, Apgar scores at five minutes were correlated with the titer of anti-dsDNA