REFERENCES:

- [1] Mosca M, Neri R & Bombardieri S. 1999. UCTD: a review of the literature and a proposal for preliminary classification criteria. *Clin Exp Rheumatol*; 17: 615-620
- [2] El-Sherbiny YM, Psarras A, Yusof MY Md, Hensor EMA, Tooze R, Doody G, Mohamed AAA, McGonagle D, Wittmann M, Emery P & Vital E

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FRI0232

PATIENT PERCEPTION OF SLE BURDEN: THE ROLE OF ORGAN DAMAGE

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Background: physician-based assessment of Systemic Lupus Erythematosus (SLE) may not be able to capture the real disease impact on patients' life. In the literature, the impact of disease damage on patients' quality of life (QoL) is controversial.

Objectives: Objective of our study was to investigate the role of organ damage in determining patient perception of SLE burden.

Methods: this is a cross-sectional study that enrolls patients with a diagnosis of SLE (ACR 1997 criteria). For each patient, demographics, comorbidities, treatment, clinical and laboratory data were collected. Disease damage was evaluated with the SLICC-Damage Index (SDI) and a score >2 was defined as "severe damage". The BILD (Brief Index of Lupus Damage) was used for patient self-evaluation of organ damage. Finally, the Lupus Impact Tracker (LIT) questionnaire was used to assess patient perception of SLE burden.

Results: we included 246 adult SLE patients (94.7% Caucasian, 93.1% female, mean age 45.31±13.2 years, mean disease duration 14.3±9.8 years). As for cumulative organ involvement in our cohort, the most prevalent was articular involvement (67.5%), followed by cutaneous (54.1%), hematological (51.2%), renal (43.9%) and serositis (17.9%); 11.8% had a history of NPSLE. Among comorbidities, 10.9% of patients had a concomitant fibromyalgia. 48.8% of patients was presenting at least one organ damage; among those patients, the median SDI was 2 (IQR 1-3); 16.3% of patients had a "severe damage" and among them median SDI was 4 (IQR 3-6). The most frequent items of organ damage in our cohort were: cataract (19.9%), deforming or erosive arthritis (10.2%) and osteoporosis with fracture (8.5%). Moreover, a significant number of patients (18.3%) met the criteria for neuropsychiatric damage, mainly cerebrovascular accidents (7.3%), seizures (5.3%) and cognitive impairment (4.1%). Finally, a not negligible number of patients had premature gonadal failure (4.5%) and malignancy (6.5%).

As far as patients' perception is concerned, the median LIT score in the cohort was 22.5 (IQR 7.5-40) and median BILD was 1 (IQR 0-2).

In a multiple linear regression analysis, we found a direct positive correlation between the SDI score and age at enrollment and disease duration ($p<0.001$). Severe damage resulted associated with a history of serositis ($p<0.01$) and NPSLE ($p<0.001$). We also found a positive linear correlation between the SDI score and the patient's self-reported damage (BILD score; $p<0.001$) and with the patient's perception of disease burden (LIT; $p<0.01$), irrespective of age and disease duration. In particular, in the multivariate analysis, higher SDI scores were significantly associated with a poorer perception of disease burden in terms of: future planning ($p<0.001$), usual activities, family responsibilities, discomfort due to physical appearance ($p<0.01$) and drug side effects ($p<0.05$), irrespective of fibromyalgia and age at enrollment.

Among the different types of organ damage, we found that cognitive impairment, cerebrovascular accidents and premature gonadal failure mainly contribute to determine SLE burden. In fact, they were significantly associated with higher LIT scores ($p<0.05$).

Conversely, SDI score was not related with health-related quality of life and fatigue as measured by SF-36 and FACIT respectively, neither with fibromyalgia.

Conclusion: disease damage seems to have a role in determining patient perception of SLE burden, mainly affecting patients' ability to plan the future and to fulfill daily activities and family responsibilities. In particular, neuropsychiatric damage exerts the greatest influence on patient perception of SLE impact.

REFERENCES:

- [1] Yazdany J. et al, *Arthritis Care Res (Hoboken)*. 2011 Aug;63(8):1170-7

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MORTALITY IN SLE PATIENTS COMPARED TO POPULATION CONTROLS IN FINLAND IN YEARS 2000–2015

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Background: It is well established from a variety of studies that systemic lupus erythematosus (SLE) patients have a shortened life expectancy. The literature on SLE has highlighted the impact of cardiovascular diseases (CVD) on increased mortality^{1,2}. However, there is lack of studies comparing results to the background population.

Objectives: Aim of the study was to clarify, whether incident SLE patients have an excess mortality compared to population controls.

Methods: The study included all adult (age ≥ 17 years), incident SLE patients who were entitled to a special reimbursement for SLE medication in years 2000 – 2014 in Finland. For each patient, the Population Register Centre identified 3 population controls matched for age, sex and place of residence. Comorbidities at baseline were obtained from the Care Register for Health Care of the National Institute for Health and Welfare. Data on education at baseline and deaths until the end of 2015 were retrieved from the Statistics Finland.

Results: A total of 1006 incident SLE patients (84% females) and 3005 population controls were found. During the follow-up (mean 8.6 years), 98 patients (mean age at death 70±14 years, 65% females) died. The 5-, 10-, and 15-year survival rates in SLE patients were 95.0% (95%CI 93.3-96.2%), 88.8% (86.2-91.0%) and 82.1% (77.6-85.8%), respectively. The number of deaths among controls was 187. Crude hazard ratio (HR) was 1.61 (95% CI: 1.26 to 2.06), $p<0.001$, adjusted for education- and comorbidities 1.14 (95% CI: 0.88 to 1.48) $p=0.32$. Main causes of deaths in patients were CVDs (33%), malignancies (27%) and neurological diseases (10%). Ten-year cumulative mortality rate due to CVD was in SLE patients 3.3% (95CI 2.2 to 4.9%) and in controls 2.6% (2.0-3.3) and 15-year rate 6.7% (95C% CI 4.2 to 9.9) and 4.9% (3.6 to 12.0), respectively. Crude HR for CVD deaths was 1.28 (95% CI: 0.85 to 1.93), $p=0.24$, adjusted 0.88 (95% CI: 0.56 to 1.39), $p=0.58$.

Conclusion: SLE patients had a slightly increased risk for overall and cardiovascular related mortality compared to population controls. After adjusting for education and comorbidities, the difference was not statistically significant.

REFERENCES:

- [1] Bernatsky S, et al. Mortality in systemic lupus erythematosus. *Arthritis Rheum* 2006;54:2550-7.
- [2] Björnådal L, et al. Cardiovascular disease a hazard despite improved prognosis in patients with systemic lupus erythematosus: results from a Swedish population based study 1964-95. *J Rheumatol* 2004;31:713-9.

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