SAT0212

OBSTETRIC AND THROMBOTIC ANTIPHOSPHOLIPID SYNDROME: SIMILAR ANTIBODIES BUT DIFFERENT PHENOTYPES?H. Jiang¹, Y. Zhao¹, C. H. Wang¹, J. Zhao¹. ¹Peking Union Medical College Hospital, Rheumatology, Beijing, China

Background: Several studies showed two main clinical phenotypes of antiphospholipid syndrome which could be independent, but only a few data contrast features between these two groups.

Objectives: To investigate whether obstetric and thrombotic manifestations of APS are independent subtypes.

Methods: This was a single center prospective study from the PUMCH database of primary antiphospholipid syndrome followed for over 4years. Comparing demographic data, laboratory tests, pregnancy morbidity and thrombotic events during follow-up between IoAPS (isolated obstetric APS) and ItAPS (isolated thrombotic APS).

Results: A total of 244 patients was registered in PUMCH primary APS cohorts, 157(64.34%) were female patients. In female patients, 44(28.03%) were diagnosed with IoAPS, 42(26.75%) were ItAPS. Demography showed patients in ItAPS group were older than IoAPS group (40 vs 33, $p<0.001$), presented more cardiovascular risks(33.33% vs 6.8%, $p<0.01$), neurological disorders (23.8% vs 2.3%, $p<0.01$) and thrombocytopenia (47.6% vs 20.5%, $p<0.01$). Antibody profiles had no difference in triple positivity, double positivity and partial single positivity (ACL, LA), but presence of single anti- β 2GPI positivity showed significant difference between IoAPS and ItAPS (59.09% vs 38.1%, $p<0.05$). Significant difference was presented in homocysteine (Median) between IoAPS and ItAPS (9.9 vs 11.5, $p<0.05$), not in inflammatory markers. During 49.5 (Median) months follow-up of ItAPS group, patients got 90 pregnancies, 5 abortions but weren't fulfilled with the diagnosis criteria of pregnancy morbidity. No thrombotic event occurred during 48.5 (Median) months follow-up time in IoAPS group.

Conclusion: IoAPS and ItAPS shared similar antibody profile, but presented isolated clinical complications, different demographic features and maintained independent manifestation during follow-up, indicating the underlying pathogenesis are different.

Table1. Demographic characteristics

	IoAPS(n=44)	ItAPS(n=42)	P-value
Age, years, Median (Q1-Q3)	33 (30.00, 36.00)	40(33.75, 55.25)	.00
B.M.I. Median (Q1-Q3)	22.86 (20.70,24.45)	23.52 (21.44, 27.70)	.10
Flow-up time, month, Median (Q1-Q3)	48.50 (36.00,77.00)	49.50 (23.00,103.75)	.44
Smoke (n%)	1(2.27)	0(0)	1.00
Cardiovascular risk factors (n%)	3 (6.82)	14 (33.33)	.00
Coronary heart disease	0(0)	2(4.76)	.24
Hypertension	1(2.27)	5(11.90)	.11
Obesity	2(4.55)	9(21.43)	.03
Diabetes mellitus	0(0)	0(0)	.00
Complications (n%)	16 (36.36)	30 (71.43)	.00
Kidney diseases	2(4.55)	3(7.14)	.67
Thrombocytopenia	9(20.45)	20(47.62)	.01
Neurological Disorders	1(2.27)	10(23.81)	.00
Stroke	0(0)	8(19.05)	.00
Non stroke CNS manifestations	1(2.27)	2(4.76)	.61
Valvular heart diseases	4(9.09)	2(4.76)	.68
Failed pregnancy during follow-up (%)	116/154(75.32)	5/90(5.56)	.00
Thrombosis during follow-up (n%)	0(0)	4(9.52)	.05

Table 2. Laboratory tests

	IoAPS(n=44)	ItAPS(n=42)	P-value
Antibody categories			
Triple positive (n%)	11(25.00)	15(35.71)	.35
ACL+ β 2GPI+LA			
Double positive (n%)	7(15.90)	11(26.19)	.29
LA+ACL	0(0)	1(2.38)	.49
LA+anti- β 2GPI	2(4.55)	3(7.14)	.67
ACL+anti- β 2GPI	5(11.36)	7(16.67)	.55
Single positive (n%)	26(59.10)	16(38.10)	.04
ACL	1(2.27)	1(2.38)	1.00
anti- β 2GPI	23(52.27)	10(23.81)	.01
LA	2(4.55)	5(11.90)	.26
Negative after treatment	4(9.09)	1(2.38)	.36
ESR	10(6, 27)	9(4, 16)	.06
CRP	1.03(0.56, 3.85)	1.11(0.43, 3.18)	.63
Hcy	9.9(8.10, 12.10)	11.5 (9.30, 14.65)	.04

* aCL: anticardiolipin antibodies; anti- β 2-GPI: anti- β 2 glycoprotein I antibodies; LA: lupus anticoagulant; ESR: erythrocyte sedimentation rate; CRP: C-reactive protein; Hcy: homocysteine.

References:

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IMPACT OF FLARES ON HEALTHCARE RESOURCE USAGE AND PROS IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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Background: The effect of flares on healthcare resource usage and patient-reported outcome scores in SLE patients is not well quantified.

Objectives: To understand how flares impact healthcare resource utilization (HCRU) and patient-reported outcomes amongst an international real-world dataset of SLE patients.

Methods: The Adelphi Real World 2015 Lupus Disease Specific Programme (DSP) is a cross-sectional study of 263 rheumatologists in the US and EU5. Rheumatologists were asked to complete patient record forms (PRFs) for the next 5 prospectively consulting SLE patients; the same patients were asked to complete patient self-completion (PSC) forms describing how SLE affected them. PRFs collected data pertaining to the patient's diagnosis, disease history, current clinical outcomes, treatment and management history. PSCs collected similar data and included patient-reported outcome measures (PROs) to assess humanistic burden. Propensity score matching was used to assess differences in HCRU and health status between SLE patients who had flared (physician defined) in the last 12 months and those who had not. Matching variables were patient ethnicity, time since diagnosis, and severity at diagnosis. Data were extracted from 1278 PRFs, and 591 PSCs. Propensity score matching was carried out on two matched groups of 408 patients.

Results: Demographic data are reported in Table 1. Propensity score matching showed patients who flared in the last 12 months experienced significantly greater hospitalizations, visits to the ER, and total HCP consults in the last 12 months. Significantly greater drug burden lower physician and patient satisfaction, lower EQ-5D score (worse health status), lower FACIT Fatigue score (greater fatigue), and greater overall work impairment (Table 2) were also observed.

Table 1. Demographic data

Variable	Flared in last 12 months	Not flared in the last 12 months
Mean age (years)	41.8	42.4
% Female	86.0	87.0
% White/Caucasian	66.2	76.3
Mean years diagnosed	5.9	5.4

Table 2. Propensity score matching results

Outcome variable	Flared mean	Not flared mean	Coefficient	95% CI	p-value
Hospitalisations in last 12 months	24.26	7.63	0.17	[0.12 – 0.21]	<0.001
Emergency department visits in last 12 months	20.83	4.19	0.17	[0.12 – 0.21]	<0.001
Number of tests in last 12 months	46.49	38.90	7.59	[3.74 – 11.44]	<0.001
Number of current medications	2.76	2.19	0.57	[0.43 – 0.72]	<0.001
Physician satisfied	64.46	86.63	-0.22	[-0.28 – -0.17]	<0.001
Patient satisfied	69.29	85.09	-0.16	[-0.24 – -0.08]	<0.001
EQ-5D-3L	0.72	0.83	-0.11	[-0.15 – -0.07]	<0.001
FACIT Fatigue	30.06	36.48	-6.42	[-8.5 – -4.3]	<0.001
WPAI overall percentage work impairment	42.74	30.23	12.5	[7.51 – 17.50]	<0.001

Conclusion: The analysis of international real-world data confirmed that SLE patients who flared in the last year represent a greater burden on healthcare resource and demonstrate significantly worse health status, greater fatigue, lower