**Table 1**: Clinical features in unselected SLE patients (CONVAS)

<table>
<thead>
<tr>
<th>System affected (ever)</th>
<th>Sm1U1RNP &amp; high IFN Score A (n=27)</th>
<th>Other (n=92)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>14/27 (52%)</td>
<td>24/92 (26%)</td>
<td>0.02</td>
</tr>
<tr>
<td>Mucocutaneous</td>
<td>23/27 (85%)</td>
<td>73/92 (79%)</td>
<td>0.50</td>
</tr>
<tr>
<td>Neuro</td>
<td>10/27 (37%)</td>
<td>17/92 (19%)</td>
<td>0.04</td>
</tr>
<tr>
<td>MSK</td>
<td>25/27 (93%)</td>
<td>83/92 (90%)</td>
<td>0.71</td>
</tr>
<tr>
<td>Cardiorespiratory</td>
<td>9/27 (33%)</td>
<td>20/92 (22%)</td>
<td>0.22</td>
</tr>
<tr>
<td>Renal</td>
<td>12/27 (44%)</td>
<td>15/92 (16%)</td>
<td>0.005</td>
</tr>
<tr>
<td>Haematology</td>
<td>25/27 (93%)</td>
<td>67/92 (73%)</td>
<td>0.03</td>
</tr>
</tbody>
</table>

**References**:


**Acknowledgments**: Clinical information and serum/urine samples from SLE patients were provided by BILAG-BR centres.

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Analysis of autoantibody status and interferon scores only in BILAG-BR confirmed similar clustering. Across both cohorts, the prevalence of the Sm/U1RNPNP and high IFN Score A cluster was associated with inadequate response to conventional immunosuppressive treatment (Table 2).

<table>
<thead>
<tr>
<th>Treatment group</th>
<th>Sm/U1RNPNP &amp; high IFN Score A</th>
<th>Other</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimalarial or conventional IS-treated (CONVAS) (n=90)</td>
<td>16/90 (17.8%)</td>
<td>74/90 (82%)</td>
<td>0.02</td>
</tr>
<tr>
<td>Conventional IS inadequate response, Previous rituximab (CONVAS) (n=38)</td>
<td>14/38 (36.8%)</td>
<td>24/38 (63.2%)</td>
<td></td>
</tr>
<tr>
<td>Conventional IS inadequate response, starting rituximab (BILAG-BR) (n=163)</td>
<td>51/163 (31.2%)</td>
<td>112/163 (68.7%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Conclusion: A cluster of 23% of unselected SLE patients had more severe immune abnormalities, more severe clinical disease activity and were less likely to be maintained on conventional therapies, with twice as many requiring biologic therapy. Other data in MASTERPLANS have demonstrated that Sm/U1RNPNP antibodies and IFN Scores predict better response to rituximab. This subgroup may therefore be more appropriate for first-line biologic therapy.


Acknowledgments: SSDM is a novel smart disease management tool that allows patients to do self-assessments for 4,967 times in total. According to the HADS and SLEDAI-2K Assessment results, the prevalence of anxiety and depression in all patients was 36.7% and 39.3% respectively, which was significantly higher than that in the WHO survey in Chinese population and chronic disease patients. The proportion of patients achieved and failed on LLADAS was 53% and 47%, respectively. The prevalence of anxiety (A) and depression (D) was 19% and 27% among LLADAS achievers; 41% and 47% among LLADAS failures, respectively (p<0.01, p<0.01).

According to SLEDAI-2K, in LLADAS, LDA, MDA and HDA subgroups, the prevalence of anxiety and depression was 19%, 30%, 37%, 54% and 27%, 36%, 44%, 61%, respectively. The correlation coefficients of anxiety (A) and depression (D) with SLEDAI-2K were r=0.9957 and r=0.9819. It suggested that with the increase of disease activity, the proportion of SLE patients with anxiety and depression increased significantly. (Figure 1)

Conclusion: Higher prevalence of anxiety and depression were associated with higher levels of disease activity in SLE patients. SSDM is an effective mobile interface to monitor and study entanglement of disease activity and mental health in SLE patients, which build a foundation for proactive interventions physically and mentally in future.

References:

Correlation between disease activity and mental health in SLE patients: A cross-section study with self-assessments based on smart system of disease management (SSDM) mobile tools

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Background: WHO survey showed that the prevalence of anxiety and depression in Chinese population and Chinese patients with chronic diseases were between 3.1% - 4.2% and 3.1% - 7.3%, respectively. SLEDAI-2K and Hospital Anxiety and Depression Scale (HADS) are commonly used to evaluate SLE patients’ disease activity and mental health. All the assessments were mainly performed by health professionals (HCPs) with paper questionnaire previously. This study also focused on current treatment patterns in SLE patients.

Methods: Under the guidance and training by HCPs, SLE patients downloaded SSDM and performed self-assessments. The scores were collected including the FACIT-Fatigue (range 0-52, higher scores (%) for dichotomous measures. Demographic, clinical, and patient-reported outcomes were collected including the FACT-Fatigue (range 0-52, higher scores (%) for dichotomous measures. The correlation coefficients of anxiety (A) and depression (D) with SLEDAI-2K were r=0.9957 and r=0.9819. In this study, we aimed to further understand the burden of SLE. Lilly worked with the Lupus Foundation of America (LFA) and Evidera to develop the SLE-UPDATE (Understanding Preferences, Disease Activity and Treatment Expectations) survey.

Objectives: To investigate the prevalence of anxiety and depression in Chinese patients with SLE and to analyze the potential association between disease activity of SLE and mental health.

Methods: This was a cross-sectional, non-interventional, online survey study conducted in partnership with the LFA. This survey was open to English-speaking United States patients aged ≥18 years with a self-reported diagnosis of SLE completed the survey following online screening and informed consent. Descriptive data are presented by means (standard deviation (SD)) for continuous measures, and frequency (% for dichotomous measures. Demographic, clinical, and patient-reported outcomes were collected including the FACT-Fatigue (range 0-52, higher scores

Acknowledgments: SSDM was developed by Shanghai Gothic Internet Technology Co., Ltd.

Disclosure of Interests: None declared

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THU0252

Fatigue and pain remain prominent and impactful in patients with systemic lupus erythematosus (SLE): A cross-sectional survey of SLE patients in the United States


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Background: Systemic lupus erythematosus (SLE) is a chronic autoimmune inflammatory condition impacting multiple organ systems. SLE affects approximately 1.5 million Americans, disproportionately females of reproductive age, and is more prevalent in non-Caucasian populations. Fatigue and pain are some of the most prominent symptoms of SLE, contributing to the heavy disease burden and disruption to daily life. This study aimed to further understand the burden of SLE. Lilly worked with the Lupus Foundation of America (LFA) and Evidera to develop the SLE-UPDATE (Understanding Preferences, Disease Activity and Treatment Expectations) survey.

Objectives: To understand the patient-perceived symptom burden of SLE, in particular pain and fatigue, within the current landscape of therapeutic options. This study also focused on current treatment patterns in SLE patients.

Methods: This was a cross-sectional, non-interventional, online survey study conducted in partnership with the LFA. Descriptive data are presented by means (standard deviation (SD)) for continuous measures, and frequency (%) for dichotomous measures. Demographic, clinical, and patient-reported outcomes were collected including the FACT-Fatigue (range 0-52, higher scores

Disclosure of Interests: None declared

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THU0253