## Table 2: Prevalence according to stage of therapy

<table>
<thead>
<tr>
<th>Treatment group</th>
<th>SmU1RNP &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 SmU1RNP antibodies and IFN Scores predict better response to rituximab. This subgroup of patients may therefore be more appropriate for first-line biologic therapy.

### Methods

**Disease Activity**

- **Conventional IS inadequate response:** Previous rituximab (CONVAS) (n=38)
- **Conventional IS inadequate response:** Antimalarial or conventional IS-treated (CONVAS) (n=90)

**Therapy:**

- **Previous rituximab (CONVAS) (n=90)**
- **Previous rituximab (CONVAS) (n=38)**
- **Previous rituximab (CONVAS) (n=163)**

## References


## 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. SSDM is a novel smart disease management tool that allows patients to do self-assessments on SLEDAI-2K by mobile App.

### 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.
- To develop a mobile App for SLE patients to 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.

### Methods

**Under the guidance and training by HCPs, SLE patients downloaded SSDM and performed self-assessments bundle of SLEDAI-2K and HADS mobile App.**

### Results

- **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**

## Acknowledgments

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

## Disclosure of Interests

None declared. DOI: 10.1136/annrheumdis-2020-eular.1803

## References


## 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. 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 sex (standard deviation [SD] for continuous measures, and frequency (% ) for dichotomous measures. Demographic, clinical, and patient-reported outcomes were collected including the FACIT-Fatigue (range 0-52, higher scores...
ARTICULAR INVOLVEMENT, STEROID TREATMENT AND FIBROMYALGIA ARE THE MAIN DETERMINANTS OF PATIENT-PHYSICIAN DISCORDANCE IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Remission or the lowest possible disease activity are the main targets in the management of Systemic Lupus Erythematosus (SLE). Anyway, conflicting data are present in the literature regarding the correlation between physician-driven definitions and patient perception of the disease. The discordance between patient and physician perspectives may have a negative impact on disease outcomes.

Objectives: The aim of this study was to identify the main determinants of patient-physician discordance in the evaluation of SLE and health status.

Methods: This is a cross-sectional study that enrolled 259 consecutive adult SLE patients (93.05% female, 97.2% Caucasian, mean age 45.33±13.14 years, median disease duration 14 years (IQR 6-21)). 208/259 patients satisfied the definition of LLDAS and among them 171 were in remission; 51/259 patients were active. No significant differences emerged as for the results of PROs between groups. Considering the subgroup of 208 patients in LLDAS, we identified 56 patients with a subjective condition of low disease activity (SLAQ<6) and defined them as "concordant"; the remaining 152 patients in LLDAS presented a subjective active disease (SLAQ<6) and we defined them as "discordant". Comparing these two groups, we found that "discordant" patients had more frequently ongoing and past joint involvement (p<0.05) and a concomitant diagnosis of fibromyalgia (p<0.01); finally, they were more frequently on glucocorticoid therapy (p<0.01). "Discordant" patients showed a significantly worse quality of life, evaluated by all PROs (p<0.0001) (Tab 1).

Table 1. Determinants of patient-physician discordance

<table>
<thead>
<tr>
<th></th>
<th>Discordant patients (152/208)</th>
<th>Concordant patients (56/208)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at enrollment (years)</td>
<td>47.7±13.1</td>
<td>44.3±10.8</td>
<td>ns</td>
</tr>
<tr>
<td>Disease duration (years)</td>
<td>15.5±10.2</td>
<td>13.8±9.2</td>
<td>ns</td>
</tr>
<tr>
<td>SLICC-DI</td>
<td>1.3±1.7</td>
<td>0.9±1.7</td>
<td>ns</td>
</tr>
<tr>
<td>Ongoing joint involvement</td>
<td>10.5%</td>
<td>0%</td>
<td>p&lt;0.05</td>
</tr>
<tr>
<td>(% of patients)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past joint involvement</td>
<td>7.9%</td>
<td>55.3%</td>
<td>p&lt;0.05</td>
</tr>
<tr>
<td>(% of patients)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GC therapy</td>
<td>50%</td>
<td>28.6%</td>
<td>p&lt;0.01</td>
</tr>
<tr>
<td>(% of patients)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GC daily dose (mg of prednisone)</td>
<td>1.6±1.9</td>
<td>1.1±1.9</td>
<td>p=0.06</td>
</tr>
<tr>
<td>(% of patients)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fibromyalgia</td>
<td>15.8%</td>
<td>1.8%</td>
<td>p&lt;0.01</td>
</tr>
<tr>
<td>(% of patients)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Conclusion: Articular involvement, fibromyalgia and ongoing glucocorticoid treatment, even at low dose, are the major determinants of patient-physician discordance in SLE, determining a negative patient perception of health status.


Disclosure of Interests: None declared

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AUTOANTIBODY PROFILE AND ETHNICITY: RISK FACTORS FOR ACCELERATED DEVELOPMENT OF LUPUS NEPHRITIS

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Background: Systemic Lupus Erythematosus (SLE) is a multisystem autoimmune disease. African ancestry is associated with an increased risk of Lupus Nephritis (LN). Anti-DNA autoantibodies play a major role in the development of LN and anti-Ro antibodies have also been implicated. McCarty et al suggested that women of African ancestry with the unusual autoantibody combination of anti-Sm, Ro & RNP antibodies (AB) were at increased risk of developing LN (1).

Objectives: Our aim was to determine the correlation between autoantibody profile: Sm, Ro and RNP as a combination in the development of LN in patients with African ancestry. We investigated time to the development of LN from SLE onset.

Methods: A retrospective case-control study was conducted at Guys and St Thomas NHS Trust, London, United Kingdom. 75 patients with confirmed LN meeting the ACR classification criteria for SLE and Nephritis, were included: African (n=35), Caucasian (n=22) and Asian (n=17) ancestry. LN patients with the combination of Sm, Ro and RNP antibodies (Group 1) were compared to LN patients without this autoantibody combination (Group 2). Demographic data, pathology results and laboratory findings were collected. Anonymised data was analyzed using Statistical Package for Social Sciences (SPSS). Left censorship bias was reduced by use of a database of confirmed LN in our cohort of patients. Research and Development Office approval was obtained for this study.

Results: There were 66 (88%) females and 9 (12%) males. The median age in Group 1 was 39 years (range 18-60), while in group 2 the median age was 45 years (range 24-64).

We stratified our population based on their antibody status: Of the 75 (100%) patients, 32 (42.6%) patients had the combination of Sm, Ro & RNP antibodies (Group 1) while the remaining 43 (57.4%) patients did not (Group 2).