ARTICULAR INVOLVEMENT, STEROID TREATMENT AND FIBROMYALGIA ARE THE MAIN DETERMINANTS OF PATIENT-PHYSICIAN DISCORDANCE IN SYSTEMIC LUPUS ERYTHEMATOSUS

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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. McCarti 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).

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 & 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) 17. 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).

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.

References:

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.4436

THU0255

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. McCarti 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).

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