**AB0297**  
**MORTALITY AND DISEASE RELATED COMORBIDITIES IN SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM AN EGYPTIAN COHORT WITH SYSTEMIC LUPUS ERYTHEMATOSUS-PHASE I**

R. Hamdy Abdellatif Mohammed¹, H. Lotfy Fayad², N. Emara². ¹School of Medicine- Cairo University, Rheumatology and Rehabilitation, Giza, Egypt; ²School of Medicine- Cairo University, Rheumatology and Rehabilitation, Cairo, Egypt

**Background:** Systemic lupus erythematosus (SLE) is a complex autoimmune disorder with considerably high mortality.

**Objectives:** To investigate the survival rates, 5, 10, 15 and 20 years and the impact of disease related morbidity and mortality among Egyptians patients afflicted by SLE.

**Methods:** This is a single center observational study performed in one of the leading medical school governmental hospital for teaching and training in the north African region and middle east sectors Kasr Alainy School of Medicine- Cairo University. Medical records of adult SLE patients ≥ 16 years (classified according to ACR 1997 SLE classification criteria set forth by Hochberg, 1997) who received longitudinal clinical care during the time period from 1999 to 2019 were included. Data analysis: causes of mortality, damage score and survival were determined from the time of SLE diagnosis to the last contact or date of death.

**Results:** Records of two hundred and two SLE patients were included, 91.1% were females and 8.9% patients were males (ratio is 10:1). The mean age at diagnosis 26.71 ± 7.93 years with a mean follow up between mean: 6.6 ± 4.58 years, 34.15% had damage in at least one of the organ systems by SLICC/ACR-DI in the first 6 months. Considering an outcome label of dead or alive at the end of follow up period, results showed a total of 52 mortalities, 88.5% were females, the mean age at death onset was 30.9±8.8 years.

Results identified the following death causalities in the studied SLE patients in order of frequency: Septic shock and disseminated intravascular coagulation in 11.5%, acute respiratory distress syndrome ARDS in 11.5%, congestive heart failure in 9.6%, thrombotic microangiopathy 5.7%, cerebritis, acute renal failure 5.7%, intracranial hemorrhage 5.7%, hypertensive encephalopathy in 5.7%. Alveolar hemorrhage, infection, intraoperative deaths each contributed to deaths in 3.8%. Hypovolemic shock, acute liver failure, brain edema, thrombotic thrombocytopenic purpura, end stage kidney disease, pulmonary renal syndrome, suicide and acute hydrocephalus contributed to fatalities in 1.9%. The cause of death was uniquely identified in 26.9%. Results of the Kaplan Meier survival curve in the studied SLE cohort showed an overall cumulative probability of survival at 5, 10, 15 and 20 years after SLE diagnosis was 82.9%, 68.8%, 51.4% and 20.4%, respectively. Multivariate regression analysis revealed psychosis, chronic kidney disease and heart failure were independent predictors of poor survival in our cohort. The use of hydroxychloroquine and AZA were protective.

**Conclusion:** The cumulative probability of survival at 5, 10, 15 and 20 years after SLE diagnosis was 82.9%, 68.8%, 51.4% and 20.4%, respectively. The presence of renal manifestations, neuropsychiatric lupus and heart failure were independent predictors of poor survival in our cohort. The use of hydroxychloroquine and AZA were protective.

**Corresponding author:** Reem Hamdy Abdellatif Mohammed (Reem H A Mohammed), e-mail: rmhamdy@yahoo.com, https://orcid.org/0000-0003-4984-7687

**Scopus Author ID:** 35280107100.

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**Figure 1.** Kaplan-Meier estimated survival function, starting at date of SLE diagnosis.

**Conclusion:** The cumulative probability of survival at 5, 10, 15 and 20 years after SLE diagnosis was 82.9%, 68.8%, 51.4% and 20.4%, respectively. The presence of renal manifestations, neuropsychiatric lupus and heart failure were independent predictors of poor survival in our cohort. The use of hydroxychloroquine and AZA were protective.

**REFERENCES:**


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**AB0298**  
**PREGNANCY IN RHEUMATIC DISEASE: A REGION WIDE SURVEY OF CURRENT PRACTICE AMONGST CLINICIANS IN THE WESSEX MULTI-DISCIPLINARY CONNECTIVE TISSUE DISEASE NETWORK**

L. Parker¹, A. Mason², M. Coleman³, B. Davidson⁴. ¹University Hospitals Dorset NHS Foundation Trust, Rheumatology Department, Christchurch, United Kingdom; ²University Hospital Southampton NHS Foundation Trust, Rheumatology Department, Southampton, United Kingdom; ³University Hospital Southampton NHS Foundation Trust, Maternal Medicine Department, Southampton, United Kingdom

**Background:** Rheumatic diseases frequently affect females of child-bearing age, with implications for foetal and maternal outcomes.

Two-thirds (66%) of the women who died in the 2016-18 MBRRACE report were known to have pre-existing medical problems. The NHS long-term plan supports creation of Maternal Medicine Networks to facilitate access to specialist care and advice in pregnancy.

Guidelines exist for use of disease modifying anti-rheumatic drugs (DMARDs) during pregnancy but other aspects of pregnancy related care in rheumatic disease remain less well defined. The Wessex wide connective tissue disease (CTD) network provides a multi-disciplinary forum to discuss cases, to obtain approval for high cost drugs, to compare practice in multiple hospitals but does not specifically discuss pregnancy related uncertainties.

**Objectives:** To survey variations in clinical practice relating to rheumatic disease in pregnancy.

**Methods:** Following careful project planning with the tertiary referral centre obstetric lead consultant for maternal medicine, several areas of care were identified which were prone to local and individual variation. An anonymous online survey relating to these specific areas of pregnancy related care was circulated amongst members of the CTD network, including rheumatology consultants, rheumatology practitioners and specialist trainees.

**Results:** 16 responses were obtained across 7 hospital sites; 56% were from rheumatology practitioners and specialist trainees.

**Conclusion:** This survey has revealed significant variation in practice relating to rheumatic disease in pregnancy. Integrated care with colleagues from the regional referral centre for maternal medicine is required, in keeping with the recent published NICOR guidance on the subject. Adopting a hub and spoke model, with local centres working closely alongside a tertiary centre, will help optimise peri-partum care and outcome for patients with long-term rheumatic conditions.

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