SLE, Sjögren's and APS - clinical aspects (other than treatment)

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 Fayed², N. Emara². ¹School of Medicine- Cairo University, Rheumatology and Rehabilitation, Gizah, 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 unclearly 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 survival (HR= 4.3 times, 3.58 times and 3 times respectively, $p < 0.001$), while the use of hydroxychloroquine and AZA showed a protective effect.

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.

Corresponding author: Reem Hamdy Abdellatif Mohammed (Reem H A Mohammed), e-mail: rmhamdy@yahoo.com., <https://orcid.org/0000-0003-4994-7687>, Scopus Author ID: 35280107100.

REFERENCES:

- [1] Hochberg MC. Updating the American College of Rheumatology revised criteria for the classification of systemic lupus erythematosus. *Arthritis Rheum*. 1997 Sep;40(9):1725. doi: 10.1002/art.1780400928. PMID: 9324032.
- [2] Kasitanon N, Magder LS, Petri M. Predictors of survival in systemic lupus erythematosus. *Medicine (Baltimore)* 2006;85:147–56.
- [3] Gladman D, Ginzler E, Goldsmith C, et al. The development and initial validation of the Systemic Lupus International Collaborating Clinics/American College of Rheumatology damage index for systemic lupus erythematosus. *Arthritis Rheum* 1996;39:363–9.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.149

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. Davidson². 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 problems¹. 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 consultants. 12/16 (75%) reported routinely offering contraceptive advice when prescribing DMARDs. Only 4/16 (25%) were aware of a specific pre-natal obstetric clinic available in their hospital. There was major variation in planned frequency of clinical review. 10/16 would increase frequency of review during pregnancy if a patient's disease became active or unstable; 6/16 would aim to review patients approximately 3 monthly; 3/16 would not routinely increase frequency of review during pregnancy. Planned post-natal care was equally varied. 3/16 would routinely prescribe aspirin to all lupus women during pregnancy despite this being recommended for all women with SLE for prevention of pre-eclampsia². Prescription of low molecular weight heparin was variable, and several responses were at odds with the current RCOG guidance on the subject³. 8/16 (50%) would prescribe corticosteroids judiciously in case of an acute disease flare.

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 recently published NICE guidance on the subject⁴. 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.

REFERENCES:

- [1] Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) Saving Lives, Improving Mothers' Care Maternal Report (December 2020). Available at <https://www.npeu.ox.ac.uk/assets/downloads/mbrace-uk/reports/maternal-report-2020/>