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AB0299

QUANTITATIVE EVALUATION OF PROTEINURIA WITH URINALYSIS TEST AND COMPARING ITS CORRELATION WITH RANDOM SPOT URINE PROTEIN-CREATININE RATIO AND 24 HOUR URINE PROTEIN IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS –A SINGLE CENTRE EXPERIENCE IN MALAYSIA

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Background: Lupus nephritis is an important concern among Systemic Lupus Erythematosus (SLE) patients in Asia and its mortality rate was reported to be 6 times higher compared to the general population [1]. Without prompt treatment it can lead to end stage renal failure and affect quality of life. 24 hour urine protein collection has long been used as the gold standard test to assess proteinuria. However due to its cumbersome process random spot urine protein-creatinine ratio is used as an alternative to replace the former in some centres before subjecting patients to renal biopsy. In a study done by Matar HE et al in 2012, he showed that there was a significant correlation between 24 hour urine protein and urine protein creatinine ratio in his 95 subjects [2].

Urinalysis is a semi-quantitative screening tool for early detection of potential kidney disorders. A survey done by Siedner MJ et al on practice preferences among American Rheumatologists in 2005 reported that 64.6% of them preferred to use urinalysis as the primary tool to screen for proteinuria [3].

Objectives: To assess the correlation of urinalysis test with random spot urine protein-creatinine ratio (PCR) compared with 24 hour urine protein.

Methods: This was a retrospective study. The electronic medical records of all SLE patients seen in the rheumatology clinic of Hospital Sultan Ismail from 1/1/2017 to 31/12/2020 were reviewed. Patients who had urinalysis, urine protein creatinine ratio and 24 hour urine protein tests done were identified. Data on demography, urinalysis, random spot urine protein creatinine ratio and 24 hour urine protein were obtained and analysed.

Results: There were a total of 131 patients and 124 were females. The majority were Malays (75/131) followed by the Chinese (45/131), Indians (9/141) and others (2/131). The mean age group for the studied subjects was 34 (13-67). The urinalysis test showed that 34 of them had negative results, 37 of them had urine protein of 1 +, 18 of them had urine protein of 2+ followed by 23 patients with urine protein of 3 + and the rest had urine protein of 4+. The correlation between urinalysis and 24 hour urine protein was strong ($r = 0.702$), whereas the correlation between urinalysis and urine PCR ratio was stronger ($r = 0.797$).

Conclusion: We conclude that urinalysis correlates well with both random spot urine protein creatinine ratio and 24 hour urine protein and the correlation is stronger with urine PCR.

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AB0300

LUPUS DISEASE ACTIVITY CORRELATES WITH QUALITY OF LIFE BUT NOT WITH HEALTH LITERACY STATUS

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Background: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease of unknown etiology that can affect any organ of the body. SLE is associated with adverse effects on both health and non-health-related quality of life (HRQOL and non-HRQOL). Lupus PRO is a patient reported outcome measure that has been validated in many languages. It has 44 items that cover both HRQOL and non-HRQOL (1). Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. Multiple studies indicate that people with limited health literacy have worse health status and higher rates of hospitalization (2).

Objectives: We aimed to evaluate the relationship between the LLDAS (Lupus Low Disease Activity State) criteria and the Lupus PRO test, as well as the health literacy status of lupus patients.

Methods: 83 SLE patients (94% women) were included in the study. We performed Lupus PRO and the European Health Literacy Survey tests during the routine follow-up visits of lupus patients to our rheumatology outpatient clinic and admissions to rheumatology inpatient clinic. Available clinical data on medical records were obtained, physician global assessments (PGA) were recorded by the attending physician.

Results: LLDAS criteria strongly and inversely correlated with the total score, as well as the mood subunit of the Lupus PRO. Similarly, it also significantly inversely correlated with the body appearance and goals subunits. Health literacy status of the patients did not correlate with their LLDAS scores, ie their disease activities.

Conclusion: Our results suggest that lupus disease activity, assessed by LLDAS criteria, significantly correlates with measures of quality of life, specifically Lupus PRO test, but not with health literacy status. Further studies are needed to evaluate if health literacy is related with damage, hospitalization or mortality associated with lupus.

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