serositis ($p=0.034$), pulmonary hypertension ($p=0.021$), history of alveolar haemorrhage ($p<0.001$) and cardiac valve involvement ($p=0.002$) were associated with ICU hospitalization.

Conclusion: Disease activity, infections and damage are the leading causes of hospitalization in patients with SLE. Damage increases the frequency of hospitalizations, prolongs the duration of stay, and increases the need for follow-up in the ICU. Tight control of disease activity with rational use of immunosuppressive treatment is important to reduce damage and hospitalizations.

Graphic 1. Distribution of damage according to organs/systems in hospitalized patients

REFERENCES:

- Gu K, Gladman DD, Su J, Urowitz MB. Hospitalizations in patients with systemic lupus erythematosus in an academic health science center. *The Journal of rheumatology* 2017;44:1173-8.

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POS0711 SUICIDAL BEHAVIOUR IN SLE PATIENTS: A SYSTEMATIC LITERATURE REVIEW

A. Kyriakou¹, A. Chatzittofis¹, K. Parperis^{1,2}, ¹University of Cyprus, Medical School, Nicosia, Cyprus; ²The University of Arizona College of Medicine - Phoenix, Rheumatology, Phoenix, United States of America

Background: Previous studies have demonstrated that SLE patients have a higher risk of suicidal behaviour, including suicidal ideation, attempt and complete suicide (1,2). Data describing the SLE patients' clinical characteristics and risk factors of suicidal behaviour are lacking.

Objectives: To determine the magnitude of suicidal behaviour among SLE patients and to examine predictors associated with suicidal behaviour.

Methods: According to the PRISMA guidelines, we conducted a systematic literature review of the online databases, PubMed/Medline, EMBASE, and Web of Science, from inception to December 2020 (Figure 1). Full-text original articles that examined the relationship between SLE patients with suicidal behaviour were eligible for our review. Two reviewers independently review articles to assess eligibility using the Newcastle-Ottawa Scale and the Joanna Briggs Institute tools. Systematic reviews, metaanalysis, narrative review, case reports, case series, including less than 10 patients and conference abstracts, were excluded.

Results: Of the 64 articles identified, 22 were relevant to the study question; cross-sectional ($n=8$) and prospective cohorts ($n=6$) were the most frequently retrieved studies. Among the 27106 SLE patients with SLE, 802 had suicidal behaviour (2.9%), and of those, 87.9% were female. Suicide attempt occurred in 573/802 (71.4%) and complete suicide in 18/802 (2.3%). Major depressive disorder (MDD) was the most frequently reported coexisting psychiatric condition associated with suicidal behavior, followed by psychosis and social phobia. Several clinical manifestations were linked to suicidal behaviour, particularly neuropsychiatric lupus, mucocutaneous, renal involvement and serositis. Further, high scores in disease activity and damage indices were associated with suicidal behaviour.

Conclusion: Suicidal behavior in SLE patients was associated with MDD, NPSLE, active disease and damage. Awareness of these findings can guide clinicians to recognize suicide behavior promptly and prevent suicide attempts.

REFERENCES:

- Hajduk A, Nowicka-Sauer K, Smoleńska Z, Czuszyńska Z, Zdrojewski Z. Prevalence and correlates of suicidal thoughts in patients with neuropsychiatric lupus. *Lupus*. 2016 Feb;25(2):185-92. doi: 10.1177/0961203315603136.
- Buji RI, Abdul Murad NA, Chan LF, Maniam T, Mohd Shahrir MS, Rozita M, Shamsul AS, Mohamad Hussain R, Abdullah N, Jamal R, Nik Jaafar NR. Suicidal ideation in systemic lupus erythematosus: NR2A gene polymorphism, clinical and psychosocial factors. *Lupus*. 2018 Apr;27(5):744-752. doi: 10.1177/0961203317742711.

Figure 1. A PRISMA chart describing the inclusion/exclusion process

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POS0712 "EXTRA"- CRITERIA ANTIPHOSPHOLIPID ANTIBODIES IN PATIENTS WITH ANTIPHOSPHOLIPID SYNDROME AND SYSTEMIC LUPUS ERYTHEMATOSUS (PRELIMINARY DATA)

F. Cheldieva^{1,2}, T. Reshetnyak^{1,2}, M. Cherkasova¹, N. Seredavkina¹, A. Lila^{1,2}, ¹V.A. Nasonova Research Institute of Rheumatology, Laboratory of Vascular Rheumatology, Moscow, Russian Federation; ²Russian Medical Academy of Continuing Professional Education, Ministry of Health of Russia, Department of Rheumatology, Moscow, Russian Federation

Background: The study of antiphospholipid antibodies (aPL), not included in the Sydney diagnostic criteria, in antiphospholipid syndrome (APS) and systemic lupus erythematosus (SLE) is poorly understood.

Objectives: To determine the frequency of detection of IgA-aCL and IgA-aβ2GP1 and IgG antibodies to β2GP1 domain 1 (IgG-aβ2GP1-D1) in patients with APS with and without SLE.

Methods: ELISA and chemiluminescence assays (CMA) were used to test 63 sera of patients: 22 (35%) with primary APS (pAPS) and 41 (65%) patients with APS and with SLE (secondary APS (sAPS)), with mean age 38,0 [33,0 – 43,0] years and disease duration 4,0 [0,1 – 9,9]. Both methods were used to test of IgG/IgM-aCL and IgG/IgM-aβ2GP1. CMA was used for research IgG/IgM/IgA-aCL, IgG/IgM/IgA-aβ2GP1 and IgG-aβ2GP1-D1. Of them 49 (78%) (18 – with pAPS; 31 – with sAPS) displayed major thrombotic events and 18 of 22 pregnant women had pregnancy morbidity in past history. Lupus anticoagulant (LA) positivity was in 9 out of 12 patients who had it determined. LA was not investigated due to anticoagulant therapy in the remaining 52 patients.

Results: IgG/IgM-aCL and IgG/IgM-aβ2GP1 were recorded in 44/18 and 50/17 patients by ELISA and in 55/19 and 59/16 by CMA, respectively. IgA-aCL positivity was found in 35 (56%) of 63 patients. Thirty IgA-positive patients were positive for IgG-aCL by ELISA: 22 – IgG-aCL – highly positive, 6 – medium positive and 2 – low positive patients. IgM-aCL by ELISA was detected in 13 (37%) of 35 IgA-aCL positive patients: 11 – highly positive, 1 – medium positive and 1 – low positive. IgA-aCL was combined with IgG-aCL in 34 patients and with IgM-aCL in 16 patients in the CMA. IgG-aβ2GP1 in ELISA was detected in 32 patients with IgA-aCL (24 – highly positive, 5 – medium positive and 3 – low