Keywords: Vitamin D, Systemic sclerosis, Systemic lupus erythematosus

Methods: This cross-sectional observational study included CDT (SLE and SSc) patients and healthy participants. Serum 25(OH)D, calcium, and phosphorus levels were measured and Vitamin D levels 10-20.0 ng/mL defined insufficiency and levels <10.0 ng/mL defined deficiency. The exercise capacity, respiratory muscle strength, and peripheral muscle strength were set as the primary outcomes of the study. Secondary outcomes included evaluation of physical activity, dyspnea, pain, emotional status, fatigue, and quality of life.

Results: There were 23 SLE (36.8±10.06), 21 SSc (44.3±14.63), and 24 healthy controls (37.6±11.74). Compared to healthy controls, CTD groups of physical activity, dyspnea, pain, emotional status, fatigue, and quality of life.

Conclusion: The results of our study indicate that vitamin D deficiency is associated with reduced muscle strengths and related symptoms and complaints in CTD patients, hence, in order to increase the efficacy of rehabilitation and treatment programs, attention should be paid to vitamin D levels and should be corrected accordingly.

References:

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.3544

Keywords: Systemic lupus erythematosus, Outcome measures, COVID-19, Vitamin D, Systemic sclerosis, Systemic lupus erythematosus

Methods: This is a case–cross over study nested within the national prospective cohort of SLE, Saudi Arabia. SLE patients who fulfil the SLICC classification criteria within the period between March 2020 to March 2021 and have been assessed at three-time point with three months’ time difference between assessments according to standardized protocol were included. Telemedicine was conducted at first point while in person assessment were used for second and third points. Primary outcome was difference in SLEDAI-2K score. Primary analysis was conducted using GEE model and adjusted for potential confounders including demographics, medications and changes in steroid doses. Several sensitivity analyses were conducted to mitigate selection and time varying confounders.

Results: A total of 92 participants were included. Majority of them were females (88%), with a mean (±SD) age of 36 (±13), mean (±SD) disease activity scores at baseline as follows: SLEDI 5 (±5); SRI 3.8 (±3.5); SDI 1 (±1.0). Mean difference of SLEDI score of -1.641 (95% CI -2.773 —0.510), p<0.005* between telemedicine and follow up visits. Adjusted value and mean with mean difference in Figure 1. Results were consistent in all sensitivity analyses.

Conclusion: We found that the Telemedicine assessment was associated with much higher disease activity score compared to in person in subsequent assessments which may suggest potentially overestimation of disease activity and later assessment accuracy. Cautious adoption is suggested in SLE patients with active disease.

References:

Figure 1 Repeated measure analysis of difference in SLEDAI between the virtual visit and the physical visit taking factors affecting SLEDAI on univariate analysis into consideration (abnormal urine test, fibromyalgia, haemolytic anaemia and mycoplasma use).

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.3695

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