RISK FACTORS FOR HOSPITALIZATION IN SYSTEMIC ERYTHEMATOUS LUPUS (SLE) WHAT IS AT STAKE IN THE FIRST YEAR OF THE DISEASE

**Keywords:** Prognostic factors, Systemic lupus erythematosus

**AB0593**

**Background:** Several risk factors for hospitalization have been identified among clinical, demographic, and laboratory features in SLE patients. However, less is known about how and how much disease expression in the first year since diagnosis may impact the outcome or predict disease course in the following years.

**Objectives:** To define early risk factors for hospitalization in SLE.

**Methods:** Observational, retrospective analysis in a monocentric cohort of SLE patients, regularly followed at our Unit. Demographics, clinical manifestations, hospitalizations over time, SLE flares and treatments at disease onset and during follow-up were collected. In particular, number and type of immunosuppressants (IS), and daily and cumulative doses of glucocorticoids (GCs) at 1 and 5 years of follow-up. Disease activity was evaluated by SLEDAI-2K score at baseline, and at 1 and 5 years of follow-up while organ damage was assessed by the SLICC/ACR damage index (SDI). Disease state as modified Lupus Low Disease Activity status (LLDAS) without PGA, was evaluated at one year from SLE diagnosis.

**Results:** Among 422 Caucasian SLE patients regularly followed in our centre, (87% female, mean age 47±13.2 years, follow-up duration 10.5±9.3 years) 263 (62%) had at least one hospitalization due to SLE disease activity or disease related complications within five years from disease onset. Similar hospitalization incidence rate at five years and at five years of follow-up while organ damage was assessed by the SLICC/ACR damage index (SDI). Disease state as modified Lupus Low Disease Activity status (LLDAS) without PGA, was evaluated at one year from SLE diagnosis.

**Conclusion:** Hospitalizations for disease activity and its complications are frequent in SLE patients, not only in the first years of the disease. A more aggressive disease onset seems to be protective. Therefore, our data suggest that disease expression within the first year from disease onset could be crucial to predict SLE course over time and to stratify patients at lower or higher risk for severe disease.  

Table 1. Cohort characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Overall</th>
<th>Hospitalized patients at 5 years</th>
<th>Non-hospitalized patients</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at onset (mean, sd)</td>
<td>31.9±118</td>
<td>28.7±12.2</td>
<td>30.9±11.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Renal at onset (%)</td>
<td>14.9</td>
<td>90.4</td>
<td>9.5</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Serositis at onset (%)</td>
<td>8.0</td>
<td>76.4</td>
<td>23.5</td>
<td>0.08</td>
</tr>
<tr>
<td>Articular at onset (%)</td>
<td>53.6</td>
<td>51.9</td>
<td>24.1</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>No LLADs at one year (%)</td>
<td>30.6</td>
<td>78.5</td>
<td>21.4</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Cum. GC dose at 1 year (mean, sd)</td>
<td>2.9±2.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cum. GC dose at 5 years (mean, sd)</td>
<td>9.2±6.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of flares at 5 years (mean, sd)</td>
<td>0.5±0.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of IS at 5 years (mean, sd)</td>
<td>7.0±8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLICC-DI at 1 year &gt;0 (%)</td>
<td>6.8%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SLICC-DI at 5 years &gt;0 (%)</td>
<td>11.1%</td>
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</table>

REFERENCES: NIL

Disclosure of Interests: None Declared.

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**AB0594**

**CLINICAL SIGNIFICANCE OF ANTI-LA ANTIBODIES IN SYSTEMIC LUPUS ERYTHEMATOSUS**

**Keywords:** Systemic lupus erythematosus, Autoantibodies


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**Background:** Systemic lupus erythematosus (SLE) is a systemic autoimmune disease characterized by a wide spectrum of clinical manifestations and the presence of various antibodies against antigens of the nucleus, cytoplasm, or membrane cell. Anti-La antibodies are present in 74% of SLE patients, usually accompanied by anti-RO antibodies. Double anti-La and anti-RO positivity is associated with a milder disease profile, with a lower risk of seizures and nephritis, as well as a higher frequency of arthritis. Studies analyzing the prevalence and clinical characteristics of patients with isolated anti-La in the absence of anti-RO are lacking.

**Objectives:** To describe the demographic, clinical and serological characteristics and severity indices of anti-La/-RO patients in a retrospective cohort of SLE patients and compare them with the rest of the patients.

**Methods:** Retrospective cross-sectional study, in which all patients with SLE (> 4 ACR-1997 criteria) registered in the RELESSER registry were included. Socio-demographic, clinical, serological and comorbidities variables were collected, as well as indicators of disease activity and severity. Patients were divided into 4 groups according to the presence of anti-RO antibodies: anti-La: anti-La/-RO group, anti-La/-RO group, anti-RO/-La group and anti-RO/-La group. The anti-RO/La group was compared with the other groups.

**Results:** Out of 3619 SLE patients, 44 (1.2%) had anti-RO/La. The mean ± SD age was 33.77 (±16.52) years, 88.6% were female, 90.5% were Caucasian and the mean ± SD disease duration was 135.36 (±88.46) months. The most frequent comorbidities were: smoking 48.8%, dyslipidemia 47.7% and hypertension 31.8%. 22.13% of patients had anti-RO/La, 18.98% anti-RO/La and 64.02% anti-RO-L. Photosensitivity and oral ulcers were observed more frequently in anti-RO/-La patients compared to anti-RO/-La patients (60.2% vs 52.6% p=0.0471 and 59.1% vs 40.7% p=0.0194 respectively). Arthritis occurred in 77.3% of anti-RO/-La patients, without significant differences with the other groups: 75.3% in anti-RO-La (p=0.8588), 73.9% in anti-RO/La (p=0.7240) and 75.1% in anti-RO-L (p=0.810). Twenty-five per cent of isolated anti-La had lupus nephritis, with no significant differences compared to the other groups (29.5% in anti-RO/La-p=0.6116, 22.9% in Ro/La-p=0.7144 and 28.6% in Ro/La-p=0.7364). 11.4% of anti-RO/-La patients had seizures

**Disclosure of Interests:** None Declared.