

having had a myocardial infarct, stroke or Transient Intermittent Attack after adjustments to age, gender and disease duration (table 2). The predictors of mortality in the MCTD cohort were% ILD of Total Lung Volume after age and gender adjustments (table 3). According to the Harrell's C index,

**Abstract S1A:6 Table 1** Characteristics in MCTD and SLE patients

	SLE N = 243	MCTD N = 145	P - value
<i>Characteristics</i>			
Age at study inclusion, M(SD)	46 (16)	46 (15)	NS
Age at diagnosis, M (SD)	35 (15)	36 (16)	NS
Male Gender, N (%)	25 (10)	33 (23)	.001 <sup>1</sup>
Disease duration at study inclusion, M(SD)	12 (9)	10 (8)	NS
Deceased, N (%)	25 (10)	26 (18)	.031 <sup>1</sup>
Age at death, M (SD)	69 (14)	68 (15)	NS
<i>Clinical features ever present at inclusion, N (%)</i>			
Malar rash	119 (49)	62 (42)	NS
Arthritis	170 (70)	116 (79)	NS
Pleuritis	51 (21)	21 (14)	NS
Pericarditis	36 (15)	19 (13)	NS
Lupus nephritis <sup>2</sup>	47 (27)	4 (3)	<.001 <sup>1</sup>
CNS	18 (7)	11 (8)	NS
Leukopenia	108 (44)	46 (31)	.010 <sup>1</sup>
Thrombocytopenia	48 (20)	19 (13)	NS
Raynaud	91 (37)	145 (99)	<.001 <sup>1</sup>
Alopeci	69 (28)	41 (28)	NS
<i>Complications at inclusion, N (%)</i>			
Myocardial infarct	12 (5)	3 (5)	NS
Cerebral infarct	10 (4)	4 (3)	NS
TIA	5 (2)	1 (1)	NS
Arterial event <sup>3</sup>	29 (12)	10 (9)	NS
Venous thrombosis <sup>4</sup>	20 (8)	7 (5)	NS
Interstitial Lung Disease	3 (1)	52 (35)	<.001 <sup>1</sup>
PAH	1 (<1)	3 (2)	NS

<sup>1</sup> Pearson chi square test. <sup>2</sup> Lupus nephritis on biopsy. <sup>3</sup> Myocardial infarct, Cerebrovascular infarct and/or Transient Ischemic Accident and <sup>4</sup> Deep Vein Thrombosis and/or Lung Emboli

**Abstract S1A:6 Table 2** Mortality prediction in SLE patients (N=243)

Clinical features	Multivariable model		
	HR	95 % CI	P value
Myocardial infarct, Cerebral infarct or TIA	3.58	1.53 – 8.33	.003
Age at study inclusion	1.09	1.06 – 1.06	<.001
Male gender	.41	.15 – 1.14	.087
Disease duration at inclusion	.98	.95 – 1.02	.425
Lupus nephritis class III to VI	3.89	1.09 – 13.93	.037

**Abstract S1A:6 Table 3** Mortality prediction in MCTD patients (N=145)

Clinical features	Multivariable model		
	HR	95 % CI	P value
% ILD of TLV	1.07	1.02 – 1.12	.004
Age at study inclusion	1.09	1.06 – 1.13	<.001
Male gender	.45	.18 – 1.15	.094

patient outcomes were accurately predicted by the SLE multivariable model 85% of the time and 84% in the MCTD model.

**Conclusions** SLE and MCTD are similar in many aspects, but differ in disease manifestations that have an impact on mortality, indicating that different follow-up approaches and management is needed.

## S1d: Therapeutic strategies

### S1D:4 TESTING DIFFERENT DEFINITIONS OF REMISSION IN A MONOCENTRIC CAUCASIAN COHORT OF SLE PATIENTS

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**Objective** To evaluate the prevalence of different definitions of remission and their effect on damage in systemic lupus erythematosus (SLE).

**Design and method** We considered 293 caucasian SLE patients followed-up for 7 years (2009–2015): 253 (86.3%) were female, mean ±SD disease duration 11.1±7.8 years. Disease activity was assessed by clinical SLEDAI-2K (c-SLEDAI) and damage by SLICC/ACR Damage Index (SDI). We evaluate the effect of different definitions of remission (c-SLEDAI=0; c-SLEDAI ≤1; c-SLEDAI=0 and prednisone ≤5 mg/day; c-SLEDAI ≤1 and prednisone ≤5 mg/day; c-SLEDAI=0 and PGA <0.5; c-SLEDAI ≤1 and PGA <0.5; c-SLEDAI ≤1 and prednisone ≤5 mg/day and PGA <0.5; c-SLEDAI ≤1 and prednisone ≤5 mg/day and PGA <0.5) and different durations of remission (1, 2, 3, 4, ≥5 consecutive years) on SDI using multiple logistic regression analysis.

**Results** Frequency of remission achieved during the 7 year follow-up are reported in table 1 according to the different definitions.

The mean increase in SDI and the percentage of patients with increased of SDI from the baseline to the end of follow-up were significantly higher in unremitted and 1 year remitted patients compared with patients with 2-, 3-, 4- and ≥5 year remission, irrespective of the definition of remission. 5 year remitted patients had lower damage compared with 2 year (p<0.01) and 3 year (p<0.01) remitted patients. At multivariate analysis, a remission lasting at least 2 years was an independent predictor of no damage accrual only in the definitions including prednisone intake ≤5 mg/day and/or PGA <0.5 (table 2).

**Conclusions** The inclusion of PGA <0.5 in the definition reduces the frequency of remission only in the long-term (≥5 year). A sustained remission, regardless of its definition, is associated with a lower chronic damage development. The addition of prednisone ≤5 mg/day and/or PGA <0.5 to c-SLEDAI=0/≤1 increases the ability to predict the absence of damage accrual compared with cSLEDAI=0/≤1 without substantial differences among them.

**S1D:5 SLE DISEASE ACTIVITY INDEX GLUCOCORTICOSTEROID INDEX (SLEDAI-2KG) IDENTIFIES MORE RESPONDERS THAN SLEDAI-2K**

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**Abstract S1D:4 Table 1** Proportion of patients achieving different levels of remission according to the duration of remission

	Unrem mited patients	1-year remissi on	2-year remissi on	3-year remissi on	4-year remissi on	≥5-year remissi on
<b>Remission Type</b>	<b>Number (%) of patients</b>					
c-SLEDAI=0	29 (9.9%)	31 (10.6%)	40 (13.7%)	44 (15.0%)	23 (7.8%)	126 (43.0%)
c-SLEDAI≤1	24 (8.2%)	29 (9.9%)	36 (12.3%)	40 (13.7%)	22 (7.5%)	142 (48.5%)
c-SLEDAI=0 and prednisone ≤5 mg/day	35 (11.9%)	27 (9.2%)	46 (15.7%)	48 (16.4%)	24 (8.2%)	113 (38.6%)
c-SLEDAI≤1 and prednisone ≤5 mg/day	35 (11.9%)	26 (8.9%)	44 (15.0%)	44 (15.0%)	23 (7.8%)	121 (41.3%)
c-SLEDAI=0 and PGA<0.5	75 (25.6%)	42 (14.3%)	52 (17.7%)	48 (16.4%)	21 (7.2%)	55 (18.8%)
c-SLEDAI≤1 and PGA<0.5	73 (24.9%)	41 (14.0%)	51 (17.4%)	48 (16.4%)	22 (7.5%)	58 (19.8%)
c-SLEDAI=0 and prednisone ≤5 mg/day and PGA<0.5	82 (28.0%)	47 (16.0%)	55 (18.8%)	47 (16.0%)	18 (6.1%)	44 (15.0%)
c-SLEDAI≤1 and prednisone ≤5 mg/day and PGA<0.5	80 (27.3%)	48 (16.4%)	53 (18.1%)	47 (16.0%)	19 (6.5%)	46 (15.7%)

**Abstract S1D:4 Table 2** Multivariate analysis: predictors of damage accrual over the follow-up

	c-SLEDAI=0	c-SLEDAI ≤1	c-SLEDAI=0 and prednisone ≤5 mg/day	c-SLEDAI ≤1 and prednisone ≤5 mg/day	c-SLEDAI=0 and PGA<0.5	c-SLEDAI ≤1 and PGA<0.5	c-SLEDAI=0 and prednisone ≤5 mg/day and PGA<0.5	c-SLEDAI ≤1 and prednisone ≤5 mg/day and PGA<0.5
	Odds ratio		95% C.I. (min-max)		p value			
Patient age at the end of follow-up, years	1.038 (1.012-1.064) p=0.004	1.038 (1.013-1.064) p=0.003	1.035 (1.010-1.061) p=0.006	1.038 (1.013-1.064) p=0.003	n.s.	n.s.	n.s.	n.s.
Disease duration, years	1.046 (1.005-1.089) p=0.028	1.048 (1.006-1.090) p=0.023	1.050 (1.008-1.093) p=0.018	1.045 (1.005-1.088) p=0.028	1.049 (1.013-1.086) p=0.007	1.048 (1.013-1.085) p=0.007	1.041 (1.002-1.082) p=0.037	1.041 (1.001-1.082) p=0.042
Antiphospholipid syndrome	3.871 (1.559-9.610) p=0.004	4.155 (1.709-10.103) p=0.002	4.202 (1.676-10.536) p=0.002	4.392 (1.778-10.847) p=0.001	3.287 (1.330-8.122) p=0.010	3.122 (1.297-7.510) p=0.011	3.042 (1.468-6.483) p=0.005	3.436 (1.423-8.293) p=0.006
Vasculitis	3.950 (1.357-11.498) p=0.012	3.728 (1.292-10.742) p=0.015	3.412 (1.146-10.156) p=0.027	3.443 (1.166-10.170) p=0.025	3.354 (1.156-9.732) p=0.026	3.182 (1.1207-8.929) p=0.030	3.042 (1.109-8.346) p=0.0315	3.067 (1.108-8.489) p=0.031
≥5-year remission	0.079 (0.026-0.239) p<0.001	0.115 (0.035-0.377) p<0.001	0.088 (0.012-0.127) p<0.001	0.044 (0.013-0.144) p<0.001	0.055 (0.021-0.142) p<0.001	0.072 (0.030-0.177) p<0.001	0.078 (0.0308-0.203) p<0.001	0.079 (0.031-0.203) p<0.001
4-year remission	0.190 (0.049-0.727) p=0.015	0.208 (0.049-0.894) p=0.033	0.087 (0.021-0.359) p=0.001	0.083 (0.020-0.354) p=0.001	0.044 (0.011-0.185) p<0.001	0.070 (0.019-0.255) p<0.001	0.100 (0.029-0.339) p=0.003	0.079 (0.021-0.295) p=0.003
3-year remission	0.221 (0.065-0.751) p=0.016	0.238 (0.063-0.895) p=0.034	0.118 (0.033-0.413) p=0.001	0.108 (0.030-0.378) p=0.001	0.332 (0.145-0.758) p=0.009	0.338 (0.047-0.775) p=0.010	0.214 (0.094-0.490) p=0.001	0.163 (0.069-0.383) p<0.001
2-year remission	n.s.	n.s.	0.268 (0.075-0.959) p=0.043	0.284 (0.079-1.023) p=0.054	0.274 (0.122-0.615) p=0.002	0.293 (0.131-0.657) p=0.003	0.275 (0.126-0.603) p=0.001	0.287 (0.130-0.636) p=0.007
1-year remission	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	0.433 (0.189-0.992) p=0.048
No remission	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.

n.s.: not significant