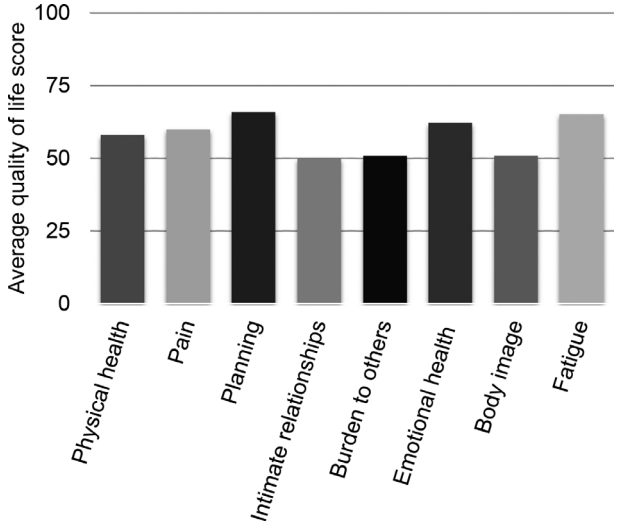
and social functions. The aim of this study was to assess the impact of disease activity on HRQoL.

Methods This was a cross-sectional descriptive study conducted at Kenyatta National Hospital rheumatology and renal outpatient clinics. 62 patients fulfilling ≥4 Systemic Lupus International Collaborating Clinics Criteria (SLICC) 2012 for classification of SLE were consecutively recruited. 27 patients with overlap syndromes were excluded. Disease activity was assessed by the modified Systemic Lupus Erythematosus Disease Activity Index 2000 (cSLEDAI-2K). HRQoL was evaluated using self-administered LupusQoL with scores ranging from 0 (worst) to 100 (best). HRQoL was correlated with age, disease duration and disease activity. Data analysis was performed on SPSS version 23.

Results The study comprised 60 female patients with mean age 34.7±11.8 years. The median disease duration was 36 months and ranged from 1–324 months. Mean cSLEDAI score was 7±5.2 and median disease activity score was 7. Renal involvement occurred in 53.2%.

All domains of LupusQoL were impaired. The mean LupusQoL score was 56%±24.4 (figure 1). SLEDAI scores inversely correlated with scores of physical health, pain, burden to others, body image and general health. The patients with renal disease had significantly lower QoL compared to other patients. Age and disease duration were positively correlated with QoL. Disease duration was associated with a better QoL in the pain, emotional health and body image domains.



Abstract P188 Figure 1 Quality of life domains

Conclusions Our study showed a low HRQoL in those with active disease. Young age, a recent diagnosis of lupus and presence of renal disease was associated with a poorer QoL.

P189 ANTIPHOSPHOLIPID ANTIBODIES AND VASCULAR RENAL LESIONS AS PROGNOSTIC FACTORS IN LUPUS NEPHRITIS

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Purpose To determine the role of antiphospholipid antibodies (aPL) and vascular renal lesions on renal prognosis, in terms of time to achieve remission, number of renal flares and development of chronic renal damage in patients with lupus nephritis (LN).

Methods 91 consecutive LN patients have been evaluated and the follow-up data have been collected at the baseline and at 6, 12, 24 months and at the last follow-up visit. Histopathological data of 41 patients were evaluated according to the 2016 revision of ISN/RPS classification.

Results Among the 91 LN patients, 31(34.1%) were aPL positive (aPL+), 10(32.2%) of them were affected by Antiphospholipid Antibodies Syndrome (APS), 53.3% showed a single aPL positivity, 23.1% double aPL positivity and 15.4% triple aPL positivity. At the last follow up visit a significant higher number of aPL+ patients showed a persistent complement consumption than aPL negative (aPL-) patients (p=0.001). We observed that aPL- patients showed a remission achievement time slightly earlier than aPL+ patients (13.6±1.0 months vs 16.5±1.5 months; log-rank test: p=0.06, Breslow test: p=0.08) and as expected, patients with a persistent complement consumption achieve remission later (18.2 ±1.5 months vs 13.0±1 months; log-rank test: p=0.002, Breslow test: p=0.003). Furthermore at the last follow up, a significant higher percentage of aPL+ patients developed persistent proteinuria (p=0.02) and chronic renal failure (p=0.04). Considering histolopathologic features we didn't observe significant differences between aPL+ and aPL- patients but we found two typical vascular lesions (mesangiolysis and vascular thrombi) only in aPL+ patients.

Conclusion Apl positivity is a predictor of worse renal outcome but in our cohort we didn't find an association between aPL positivity and vascular renal lesions at renal biopsy. The worse renal outcome and the late time to achieve remission in aPL+ group can be related to a cumulative vascular damage over time.

P190 A SIMPLIFIED APPROACH FOR PATIENTS WITH SLE TO REPORT DISEASE ACTIVITY USING A REVISED VERSION OF THE SWEDISH SYSTEMIC LUPUS ACTIVITY QUESTIONNAIRE

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Background/Purpose We compared patients' assessments of SLE disease activity, reported by the SWE-SLAQr, with physicians' assessments using SLE activity measure (SLAM) and SLE disease activity index (SLEDAI-2K).

Methods Patients (n=115), median age 43 (IQR 24) years, disease duration 15 (IQR 17) years filled out SWE-SLAQr prior to physicians' assessments. Correlations (Spearman's ρ) were calculated between SWE-SLAQr-total, sub-scales (Symptom score, Patients global) and physicians SLAM, SLEDAI-2K with and excluding the laboratory items, further corresponding items in SLAQ and SLAM were explored.

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