Conclusion: FM is common in SLE patients with over 1/3 reporting symptoms. We found no difference in prevalence of FM between lupus patients with renal and non-renal disease.

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E091 PREVALENCE OF FIBROMYALGIA IN A COHORT OF RENAL AND NON-RENAL SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

Ammar Almathkouri¹, Dev Pyne¹, Ravindra Rajakariar¹, Andrea Cove-Smith¹, Myles Lewis¹ and Angela Pakozdi¹

¹Rheumatology, Barts Health NHS Trust, London, UNITED KINGDOM

Background: Fibromyalgia (FM) has an overall reported prevalence of approximately 22-25% in systemic lupus erythematosus (SLE). To our knowledge there are no previous studies on whether patients with major organ lupus have a greater or lesser prevalence of FM compared to lupus patients without major organ involvement. In this study, we assessed whether the prevalence and severity of FM differed between renal lupus and non-renal lupus patients.

Methods: Consecutive patients, attending Barts Health Lupus Centre between April and September 2018, who fulfilled the 2012 SLICC criteria for SLE, were grouped into those who had active or inactive renal involvement (biopsy proven) and those without any history of major organ involvement (renal or otherwise). FM diagnosis was made using the ACR 2010 criteria, which include Widespread Pain Index (WPI) and Severity of Symptoms Scale (SSS). FM was identified when WPI $\geqslant 7$ and SSS $\geqslant 5$ or WPI 3-6 and SSS $\geqslant 9$. SLEDAI-2K was used to measure lupus disease activity.

Results: 106 lupus patients participated in the study. Their baseline characteristics are shown in Table 1. Overall, 36.8% (n = 39) fulfilled criteria for FM, with mean WPI of 5.5 \pm 5.4, and mean SSS of 5.7 \pm 2.9. FM prevalence was highest in south Asians (43.6%), followed by African or Afro-Caribbean blacks (38.3%) and white Caucasians (28.6%) (p=0.500). There was no difference in FM prevalence between patients with renal lupus (either active or inactive) compared to non-renal patients with no history of major organ involvement (33.3% vs. 39.7%, respectively, p = 0.415). There was no overall correlation between lupus disease activity and FM prevalence (37.8% in mild disease vs. 31.3% in moderate-to-severe disease, p=0.618). 94.2% patients (n = 98) reported fatigue with 19.2% (n = 20) describing severe and life disturbing symptoms. There was no difference in fatigue severity between renal and non-renal cohorts with 60.4% and 65.5% describing moderate-to-severe symptoms, respectively (p=0.794). In addition, there was no correlation between disease activity and the level of fatigue (p = 0.446).

E091 TABLE 1 Characteristics of lupus patient cohort (n = 106)

Mean age at study enter ± SD Mean age at lupus diagnosis ± SD	42.4 ± 12.1 33.1 ± 12.0
Gender, n (%) Male	7 (6.6)
Female	99 (93.4)
Ethnicity, n (%)	,
South Asian	32 (30.2)
African or Afro-Caribbean Black	46 (43.4)
White Caucasian	21 (19.8)
Other	6 (5.7)
Renal involvement, n (%)	48 (45.3)
Disease activity*, n (%)	
Mild disease	90 (84.9)
Moderate disease	15 (14.2)
Severe disease	1 (0.9)

^{*}Disease severity was defined using SLEDAI-2K. A score of < 5 indicated mild disease, 6-11 moderate disease, >12 severe disease.