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Clinical Significance of Raynaud Phenomenon in Systemic Lupus Erythematosus.

Objectives: There are limited reports of the frequency and clinical significance of Raynaud's phenomenon (RP) in SLE. Past reports have suggested that RP in SLE is positively associated with anti-RNP, anti-Sm, pulmonary hypertension (PHT), and peripheral/central nervous system manifestations, but negatively associated with renal involvement, serositis and hemolytic anemia. Conflicting results exist regarding the association of and anticardiolipin antibodies (ACLA) with RP. Our aim was to determine whether or not the presence of RP is associated these clinical manifestations in our cohort of SLE patients.

Methods: This cross-sectional study included 489 SLE patients consecutively enrolled and followed with a standardized annual assessment of SLE activity and damage. We included patients with at least one visit between 01/01/2011 and 15/12/2018. Using data recorded at the first visit within this interval, we determined if they had a history of RP, and assessed clinical variables from this visit, including the updated ACR criteria and the SLICC/ACR Damage Index. We assessed each variable (anti-RNP and anti-Sm, ACLA, pulmonary hypertension, CNS manifestations, peripheral neuropathy, renal involvement, serositis and hemolytic anemia) in univariate and multivariate logistic regressions adjusting for age at SLE diagnosis, SLE duration at time of visit, sex, and race/ethnicity.

Results: We studied 489 SLE patients: most (N=445, 91%) were female, mean (SD) age at SLE diagnosis was 31.5 (13.5), mean (SD) disease duration at assessment was 12.4 (11.2) years and 360 (73.6%) were Caucasians. Amongst these patients, 169 (34.6%) had RP. We found a positive association between RP and female sex (OR 2.13, 95% CI 1.03, 4.86), anti-RNP (2.73, 95% CI 1.74, 4.32) and anti-Smith (OR 2.25, 95% CI 1.26, 4.03) adjusting for age at SLE onset, SLE duration at time of visit, and race/ethnicity. There were non-significant negative correlations of RP with hemolytic anemia and with renal involvement. We did not find evidence for associations with ACLA, PHT, CNS manifestation, peripheral neuropathy or serositis.

Conclusion: In this cross-sectional analysis, just over one-third of SLE patients had RP, consistent with other studies. Female sex was associated with RP. We confirmed positive associations of RP with anti-Smith and anti-RNP antibodies. Additional evaluations with longitudinal data may help further elucidate the relationships of these variables with RP.