Background/Aims
Females with a diagnosis of systemic lupus erythematosus (SLE) are at increased risk of adverse pregnancy outcomes. Many medications used to treat SLE are teratogenic. Contraception counselling is established clinical practice. Using guidelines recently published by the American College of Rheumatology (2023) we undertook a service evaluation to evaluate current practice for patients in our centre. The aim was to evaluate and compare contraceptive advice given to females of childbearing age with SLE in our hospital.

Methods
This service evaluation aimed to evaluate the appropriateness of contraceptive advice given to females of childbearing age with SLE in accordance with the recently published guidelines published by the American College of Rheumatology (2023). The method of this service evaluation involved the retrospective analysis of electronic case notes to assess contraceptive advice and the rationale for choice of contraception for females of childbearing age with a diagnosis of SLE.

Results
Adherence to contraceptive advice was low. Only 10/39 (25.6%) of females were recommended appropriate contraception methods. Only 3/42 (7.1%) received written information on family planning. Of females were recommended non-barrier contraception were complying significantly more likely to receive follow up advice on contraception and conception discussions is underway.

Conclusion
This evaluation has highlighted that patients with identified MCTD-ILD are being treated and monitored well. However further surveillance for pulmonary involvement both at baseline and then subsequent interval pulmonary function testing needs to improve. This may account for the lower prevalence of ILD in our MCTD cohort in comparison to the literature. Surveillance of pulmonary involvement should take place regardless of clinical disease manifestations displayed. We need to establish feasibility for ambulatory desaturation testing in those with ILD within our outpatient setting. With increasing immunomodulatory treatment available identifying patients with MCTD-ILD is imperative. No association was demonstrated in patients displaying anti-Ro52 and Ro60 positivity and ILD.

Disclosure