Cross-sectional analysis of 255 patients with systemic lupus erythematosus included in a transdisciplinary multicentric Swiss cohort


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Introduction
Systemic lupus erythematosus (SLE) is a potentially devastating chronic inflammatory disease mainly affecting young women. The disease may involve organs as diverse as the skin, the kidneys, the blood, the nervous system and the joints. The diversity of medical disciplines involved in the care of SLE patients and the lack of specialized referral centers contribute to major differences in assessing disease activity, damage and treatment.

The Swiss SLE Cohort Study (SSCS) aims to follow-up patients with SLE treated in Switzerland, with emphasis on disease burden, damage accrual, preventive measures and treatment. This study assesses differences in the prescription of SLE-specific drugs between medical disciplines and their impact on global disease activity.

Results
Of the 255 patients, 82% were women and 82% of European ancestry. The mean age at enrollment was 44.8 years and the mean SLE duration 8.2 years. Antimalarial drugs were taken by 63% of patients, with prescription rates ranging from 24% by nephrologists to 57% by internists and 87% by rheumatologist.

Conclusion
Antimalarial drugs for SLE are mostly prescribed by rheumatologists and less frequently by internists and nephrologists, despite their reported benefits even in patients with visceral involvement. Regular use of antimalarial drugs appears to be associated with lower SLE activity in this study.

Methods
Cross-sectional analysis of 255 patients included in the Swiss SLE Cohort and coming from centers specialized in Clinical Immunology, Internal Medicine, Nephrology and Rheumatology. Clinical data were prospectively collected between April 2007 and March 2012 in eight different centers (Basel, Bern, Geneva, Lausanne, Schaffhausen, Sion, St. Gallen and Zurich).

Only patients with definite SLE according to the American College of Rheumatology (ACR) criteria were included in this analysis. Disease activity was assessed using the Safety of Estrogens in Lupus Erythematosus National Assessment-SLE Disease Activity Index (SELENA-SLEDAI) and the erythrocyte sedimentation rate (ESR).

Patients taking on a regular basis hydroxychloroquine or chloroquine had significantly lower SELENA-SLEDAI scores.

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