

Response to: 'Postpartum breastfeeding status' by Betzold

Thank you for your question¹ regarding our article 'Effect of pregnancy on disease flares in patients with systemic lupus erythematosus'.² We did not have data available on lactation status for women during the postpartum period, and we were unable to account for this in our analysis. We agree that it could be an important factor that may influence disease activity during this time period. Previous studies have found a positive association between plasma/serum prolactin levels and disease activity among patients with lupus.^{3,4} It is possible that the natural increased levels of prolactin during pregnancy and while breast feeding^{5,6} may help explain our finding of increased disease activity during pregnancy and a 3-month postpartum period. Even though we were unable to fully explore this hypothesis, our results did indicate that use of hydroxychloroquine may help reduce the risk of flare during pregnancy and post partum. Future studies could explore the effect lactation has on postpartum flare for hydroxychloroquine users and non-users, as well as analyse how prolactin levels may explain the increased risk of flare during pregnancy and post partum.

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Handling editor Josef S Smolen

Contributors All authors read and approved the correspondence response.

Funding This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Not required.

Provenance and peer review Commissioned; internally peer reviewed.

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To cite Eudy AM, Siega-Riz AM, Engel SM, *et al.* *Ann Rheum Dis* 2019;**78**:e38.

Received 27 March 2018

Revised 30 March 2018

Accepted 3 April 2018

Published Online First 11 April 2018



► <http://dx.doi.org/10.1136/annrheumdis-2018-213414>

Ann Rheum Dis 2019;**78**:e38. doi:10.1136/annrheumdis-2018-213427

REFERENCES

- 1 Betzold C. Postpartum breastfeeding status. *Ann Rheum Dis* 2019;**78**:e37.
- 2 Eudy AM, Siega-Riz AM, Engel SM, *et al.* Effect of pregnancy on disease flares in patients with systemic lupus erythematosus. *Ann Rheum Dis* 2018;**77**:855–60.
- 3 Jacobi AM, Rohde W, Ventz M, *et al.* Enhanced serum prolactin (PRL) in patients with systemic lupus erythematosus: PRL levels are related to the disease activity. *Lupus* 2001;**10**:554–61.
- 4 Pacilio M, Migliaresi S, Meli R, *et al.* Elevated bioactive prolactin levels in systemic lupus erythematosus--association with disease activity. *J Rheumatol* 2001;**28**:2216–21.
- 5 Abbassi-Ghanavati M, Greer LG, Cunningham FG. Pregnancy and laboratory studies: a reference table for clinicians. *Obstet Gynecol* 2009;**114**:1326–31.
- 6 Riordan J. *Breastfeeding and human lactation*. 3rd edn. Boston and London: Jones and Bartlett, 2005:75–7.