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Remission, flares and predictive factors in SLE, Sjogren and anti-phospholipid syndrome

OP0140

IMPACT OF TIME TO REMISSION, FLARES AND TIME ON IMMUNOSUPPRESSIVES ON THE ESTIMATED GLOMERULAR FILTRATION RATE IN LUPUS NEPHRITIS

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Background: Time to complete remission, subsequent flares and time on immunosuppressives after complete remission are major determinants of the progression to advanced chronic kidney disease in lupus nephritis (LN). However, the impact of these factors on the rate of glomerular filtration rate (GFR) deterioration is not known.
Objectives: To determine the impact of time to remission, flares and time on immunosuppressives after remission on the estimated GFR in LN.
Methods: Patients with LN based on biopsy or abnormal proteinuria (>0.5g/day) with or without hematuria or pyuria or casts for two consecutive visits were retrieved from the Toronto Lupus Clinic long-term longitudinal database. Individuals with advanced chronic kidney disease at baseline (eGFR≦29ml/min/1.73m^2) were excluded. All patients were followed for at least 5 years. The primary outcome was any decrease of the estimated GFR on an annual basis (slope). Remission was defined as proteinuria<0.5g/24h, inactive urinary sediment and serum creatinine ≤120% of the baseline value. Flare was defined as any abnormal proteinuria (>0.5g/day) or increase in serum creatinine (SCR) from normal to abnormal or >120% of the baseline value after remission. Slopes of eGFR changes (standard error) were calculated using Ordinary Least Square method in each complete remission/flare group. Linear Mixed model was performed to account for factors associated with deterioration of eGFR.
Results: Out of 418 eligible patients, 209 (50%) achieved remission within the first year from LN diagnosis, 102 (24.4%) within the 2nd and 3rd years, 70 (16.7%) after 3 years and 37 (8.9%) never achieved remission. Regarding flares, 82 patients (19.6%) never flared, 75 (18%) had one flare and 261 (62.4%) had two or more flares. The trajectory and annual slope of eGFR according to time to remission and number of flares is shown in the Figure 1.

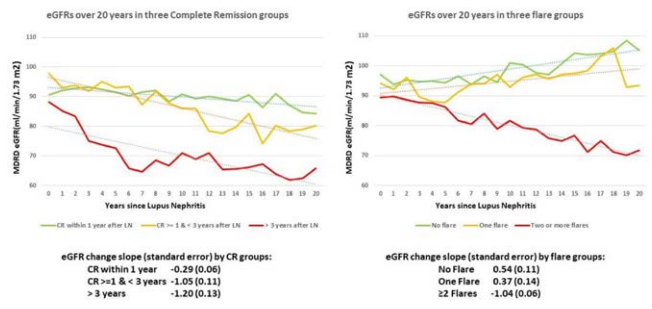

Figure 1.

Regression analysis (linear mixed model) for the outcome of eGFR was performed to adjust for other variables that impact eGFR (Table 1).

Predictors	Estimate	Standard Error	p value
Each one later decade of LN onset	4.45	0.93	<0.0001
Years on immunosuppressives since remission	0.71	0.19	<0.0001
Age at LN onset	-0.76	0.11	<0.0001
Hypertension at LN	-7.73	2.75	0.005
CR < 1 year after LN	0 (Ref.)		
CR between 1-3 years comparing to < 1 year after LN	-1.60	2.90	0.581
No CR or CR later than 3 years comparing to < 1 year after LN	-12.31	2.90	<0.0001
No Flare	0 (Ref.)		
One flare any time after LN vs. no flare	-3.48	3.79	0.358
Two or more flares any time after LN vs. no flare	-14.79	3.01	<0.0001

Conclusion: Complete remission after 3 years or no remission is associated with a significant decrease in eGFR, while remission during the 2nd and 3rd year from LN diagnosis is not associated with significant decrease of renal function over time. Patients with one flare did not have significant impact on their renal function. Patients with 2 or more flares had a significant decrease of eGFR over 20 years, even after adjustment for other covariates. Time on immunosuppressives after complete remission is protective against eGFR decline. Our findings emphasize the importance of rapid remission and flare prevention by prolonged maintenance treatment with immunosuppressives to optimize renal outcomes.
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OP0141

TREAT TO TARGET IN SYSTEMIC LUPUS ERYTHEMATOSUS FROM THE PATIENTS' PERSPECTIVE – RESULTS FROM AN INTERNATIONAL PATIENT SURVEY

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Background: Treat-to-target (T2T) is a generally accepted treatment concept in rheumatology care. It is assumed that T2T could significantly improve systemic lupus erythematosus (SLE) care and the patients' outcomes. However, T2T has not yet been studied systematically and clinical trials are currently in preparation [1]. Furthermore, the patients' opinion on T2T has barely been taken into account.
Objectives: As the success of T2T is largely determined by the involvement of patients, it was our aim to investigate the attitude towards, need, and willingness of SLE patients to participate in a T2T study and to identify possible obstacles.
Methods: A questionnaire on T2T, its acceptance, the need and willingness to participate in a T2T trial and possible obstacles for T2T was designed by the authors in cooperation with patient research partner and performed in the Netherlands (NL), Austria (AU), Germany (GE) and Bulgaria (BG). The web-based survey consisted of 13 questions with single and multiple answers and/or free text. After back-and-forth translation from German to Dutch and Bulgarian, it was distributed among members of the patient organizations of NL, GE, AU, BG via newsletter (GE, AU, BG), personal invitation (NL) and a closed Facebook group (BG). Castor Electronic Data Capture (NL) and SoSci-Survey (GE, AU, BG) were used as platforms.
Results: A total of 863 patients (n=316 NL, n=271 GE, n=232 BG, n=44 AU) with self-declared diagnosis of SLE completed the questionnaire. 93.3% were female, 52.2% were 41-60 years old. The disease duration was longer than 10 years in 54.8%, 12.4% had a disease duration of 0-2 years. Regarding the satisfaction with the current health status, 56.2% were somewhat to all the way satisfied, 29.3% were not at all or hardly satisfied. 65.5% were satisfied with their current therapeutic treatment, 14.8% where not at all or hardly satisfied.