Conclusion: SLE-APS patients show a more severe clinical profile with higher frequency of major organ involvement and more damage accrual than SLE-AL and SLE-AN.

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Asian patients were the youngest, had the lowest complement levels and the highest rate of ENA & DNA consistent with high disease activity. Low complement, but not DNA, was relatively common in Europe. LA patients, like Asians, had high rates of serologic activity but less incidence of low C3/C4, suggesting that this population may have intrinsic disease severity without being as acutely active.

Conclusion: SLE patients entering studies from North America are strikingly less likely to have markers of active disease than other regions, raising concerns for their suitability for trials. This appears to be associated, at least in part, with age, although more aggressive treatments cannot be ruled out. Asian subjects have the greatest prevalence of autoantibodies and low complements. Latin American patients have high prevalence of ANA:>1:640 and other autoantibodies, but less evidence of low complements. These findings may help to explain regional differences in treatment/placebo responses and emphasize the importance of geographical stratification and improved methods to screen out patients unsuitable for SLE trials.

REFERENCE:
[1] www.immupharma.co.uk

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Confirmation: This is a follow-up to a previous study by the same group of investigators.

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