Background: Although the survival of patients with systemic lupus erythematosus (SLE) has improved, irreversible organ damage remains a critical concern. Long-standing inflammation, drug-related side effects and comorbidities may eventually cause permanent organ damage even in remission.

Methods: 234 peri- and postmenopausal women with SLE were included (mean age 49.9±9.1 years) in our study. All women were under outpatient observation in St.Petersburg State Clinical Rheumatology Hospital #25 (Russia). Mean disease duration was 8.9±7.5 years. We analyzed treatment regimens and doses of glucocorticoids (GC) based on source medical documents. To assess disease activity, we used SLEDAI-2K and LLDS. To assess organ damage, we used SLICC damage index (SDI).

Results: 94.3% of women have been taking GC during our study. Almost a half of all women (44.8%, n=105) in our study were postmenopausal (mean duration of menopause was 11.1±7.1 years). A half of all patients had low disease activity (44.4%, n=111) or were in remission (18.8%, n=44) according to SLEDAI-2K. 26.5% (n=65) of patients had all 5 criteria and 45.1% (n=115) had 4 of 5 criteria according to LLDS. Critical organ damage (SDI≥4) was observed in 68.8% of patients who had all 5 criteria and 45.1% (n=115) of patients had 4 of 5 criteria according to LLDS. Critical organ damage (SDI≥4) was observed in 68.8% of women with SLE. Moderate (1≤SDI≤4) and low damage (SDI=1) were 25.6% (n=60) and 6.4% (n=15) of patients respectively. Musculoskeletal (n=161) and skin (n=140) damage were the most frequent. Moderate or low damage was observed in 33.2% (n=77) and 3.2% (n=8) of patients respectively. Almost a half of all women (49.6%, n=120) had critical organ damage.

Conclusion: Progression of irreversible organ damage in peri- and postmenopausal women with SLE is associated with long-term treatment with GC and GC doses. There are no doubts that organ damage accrual is associated with GC therapy. Correction of GC dose or discontinuation of GC treatment in remission can predict organ damage accrual in SLE including osteoporosis and osteoporotic fractures.

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AB0447

IMPACT OF REMISSION ON DAMAGE ACCRUAL IN SYSTEMIC LUPUS ERYTHEMOSUS (SLE) PATIENTS: A SYSTEMATIC LITERATURE REVIEW (SLR)

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Background: Treat-to-target strategy with remission as the target has been proposed for the management of SLE. However, there is not a uniform definition of remission.

Objectives: To determine the protective value of remission state on organ damage accrual in SLE patients through a SLR.

Methods: Two independent reviewers identified studies in Medline and Cochrane Library. Data on remission definitions and rates as well as damage accrual (assessed by the SLICC/ACR damage index [SDI]) were extracted.

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Reference:

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AB0448

IREVERSIBLE ORGAN DAMAGE IN PERI- AND POSTMENOPAUSAL WOMEN WITH SYSTEMIC LUPUS ERYTHEMOSUS IN REMISSION

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Background: Although the survival of patients with systemic lupus erythematosus (SLE) has improved, irreversible organ damage remains a critical concern. Long-standing inflammation, drug-related side effects and comorbidities may eventually cause permanent organ damage even in remission.

Objectives: To describe irreversible organ damage in peri- and postmenopausal women with SLE in remission and low disease activity, to find predictors of damage progression.

Methods: 234 peri- and postmenopausal women with SLE were included (mean age 49.9±9.1 years) in our study. All women were under outpatient observation in St.Petersburg State Clinical Rheumatology Hospital #25 (Russia). Mean disease duration was 8.9±7.5 years. We analyzed treatment regimens and doses of glucocorticoids (GC) based on source medical documents. To assess disease activity, we used SLEDAI-2K and LLDS. To assess organ damage, we used SLICC damage index (SDI).

Results: 94.3% of women have been taking GC during our study. Almost a half of all women (44.8%, n=105) in our study were postmenopausal (mean duration of menopause was 11.1±7.1 years). A half of all patients had low disease activity (44.4%, n=111) or were in remission (18.8%, n=44) according to SLEDAI-2K. 26.5% (n=65) of patients had all 5 criteria and 45.1% (n=115) had 4 of 5 criteria according to LLDS. Critical organ damage (SDI≥4) was observed in 68.8% of women with SLE. Moderate (1≤SDI≤4) and low damage (SDI=1) were 25.6% (n=60) and 6.4% (n=15) of patients respectively. Musculoskeletal and skin damage were the most frequent. Moderate or low damage was observed in 33.2% (n=77) and 3.2% (n=8) of patients respectively. Almost a half of all women (49.6%, n=120) had critical organ damage.

Conclusion: Progression of irreversible organ damage in peri- and postmenopausal women with SLE is associated with long-term treatment with GC and GC doses. There are no doubts that organ damage accrual is associated with GC therapy. Correction of GC dose or discontinuation of GC treatment in remission can predict organ damage accrual in SLE including osteoporosis and osteoporotic fractures.

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