Conclusion: Our report adds relevant evidence concerning the sensitive issue of COVID-19 vaccine AEs and flares in SLE patients during the antenatal and lactation period. Despite the small sample size, the findings provide some reassurance and can contribute to informed decisions regarding vaccination in patients with SLE and high-risk pregnancies due to their background autoimmune disease. Based on the present data, the risk/benefit ratio of COVID-19 vaccination appears favourable, with vaccines both providing passive immunisation to the fetus and active immunisation to the mother with no signals of exacerbation of the mother’s autoimmune disease.

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Comparative Cardiovascular Risk in Patients with Older-Onset Systemic Lupus Erythematosus: A Nationwide Retrospective Cohort Study in Korea

Keywords: Cardiovascular disease, Systemic lupus erythematosus

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Background: Patients with systemic lupus erythematosus (SLE) have increased mortality related to cardiovascular disease (CVD) and the age is one of important risk factors for the development of CVDs. However, the comparative risk of CVDs in patients with older onset SLE has not been well studied.

Objectives: This study aims to compare the CVD risk in patients with SLE occurred after the age of 40 compared to those with DM.

Methods: Incident SLE patients aged over 40 years and age-sex matched (1:4:1) controls with DM or general population were identified from the nationwide claims database in Korea between 2008 and 2018. We defined CVD risk as ischemic heart disease, stroke, and cardiac death. The incidence rates (IR) and incidence rate ratio (IRR), and adjusted hazard ratio (HR) of CVDs were calculated using generalized estimating equation models.

Results: We identified 4,272 SLE, 17,003 DM, and 17,088 general population patients aged over 40 years. Their mean age was 53.1 (±9.7) and 81.7% of them were female. The IR per 1,000 person-years (PYs) of CVDs for SLE, DM, and general population were 16.8, 11.7, and 5.7, respectively. Compared to general population, patients with SLE (IRR 3.27, 95% CI 2.78-3.85) and DM (IRR 2.77, 95% CI 2.02-3.56) showed higher CVD risk compared to general population. Increased risk of CVDs in SLE patients was highest in their forties (IRR 4.13, 95% CI 3.06, 5.59). After adjusting confounders, the CVD risk of SLE (HR 1.99, 95% CI 1.66-2.38) was higher than DM (HR 1.39, 95% CI 1.22-1.58) patients.

Conclusion: Older onset SLE patients had increased CVD risk compared to general population. Even after adjustment for confounders, SLE patients showed higher CVD risk than DM patients in Korea.

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