

Long-term remission in SLE is not as rare as previously thought

Over one-third of Caucasian patients can achieve long-term remission.

INTRODUCTION

Systemic lupus erythematosus (also known as SLE or lupus) is an autoimmune disease. It typically affects women between the ages of 15 and 45. The cause of SLE is not known, and symptoms can vary from patient to patient. People with SLE often have severe fatigue as well as joint pain and rashes that are sensitive to sunlight. SLE can also lead to inflammation in internal organs such as the kidneys. SLE tends to flare up from time to time.

The period in which disease symptoms are reduced or have disappeared is called remission. Remission is increasingly being used as a measure in the trials of new drugs for SLE, but the definition of remission in SLE is not clearly defined. Traditionally, remission in SLE has been very rare.

WHAT DID THE AUTHORS HOPE TO FIND?

The authors wanted to find out how often patients with SLE achieved long-lasting remission. They also looked at whether achieving remission prevented people from suffering from organ damage.

WHO WAS STUDIED?

The study looked at 224 patients with SLE. All patients included were white-skinned Europeans (Caucasians) and had follow-up visits at the clinic at least three times a year.

HOW WAS THE STUDY CONDUCTED?

This was a non-interventional observational study of the patients seen at one clinic in Italy. The authors used the clinic database to look at the records of SLE patients seen from 2009 to 2014. They used this information to work out whether each person achieved long-term remission, and what organ damage or other complications they had.

WHAT WERE THE MAIN FINDINGS OF THE STUDY?

The findings showed that prolonged remission was not as rare as had previously been thought: 37% of patients achieved remission, which is much higher than previously recorded. The authors also found that patients with inflammation of their blood vessels or kidneys or those with blood disorders were less likely to achieve prolonged remission than those without these complications. The development of organ damage was significantly higher among patients who did not achieve a prolonged remission compared with those who did. The type of medicine people were taking also had an effect, and people in prolonged remission who were not using corticosteroids had less damage than those people who achieved prolonged remission and kept taking corticosteroid medicines.

ARE THESE FINDINGS NEW?

Yes, this is the first time that long-lasting remission has been seen in a group of SLE patients, and the first time that there had been a link between remission and organ damage.

HOW RELIABLE ARE THE FINDINGS?

One limitation of the study is that the authors looked only at Caucasian SLE patients. Ethnicity can influence the likelihood remission, and Afro-Caribbean and Hispanic patients often have more severe disease. This means that these findings might not apply to other groups of patients.

In addition, this study defined remission as 'prolonged' when it lasted for at least 5 years, but this definition may not be the same as used in other studies, which may make it hard to compare results with other groups.

WHAT DO THE AUTHORS PLAN ON DOING WITH THIS INFORMATION?

The authors plan to continue to collect data over the coming years, and to repeat the study over different time durations to see if shorter periods of remission are also associated with a reduction in organ damage.

WHAT DOES THIS MEAN FOR ME?

If you have SLE, there is hope that you will be able to achieve long-term disease remission. This could mean that with careful management you might enjoy many years with no or limited symptoms of your disease.

If you have SLE and achieve remission using corticosteroids, you may be able to stop taking your medicine for a period. However, you should never discontinue treatment without talking to your doctor first to understand all the risks involved. If you have complications or other diseases alongside your SLE it is very important that you follow your doctor's instructions carefully to control your SLE, as this may help stop you developing organ damage.

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