Supplementary Table 2 Risk of specific damage accrual in mSACQ patients with SLE assessed using Cox proportional hazard models

Initial prednisolone-equivalent GC dosage (mg/day)		Avascular necrosis				Osteoporosis				Diabetes			
		HR	CL	CU	p-value	HR	CL	CU	p-value	HR	CL	CU	p-value
0≤, and ≤7.5													
	Initial prednisolone-equivalent GC dosage (mg/day)	1.080	0.883	1.322	0.452	0.979	0.872	1.099	0.719	0.826	0.644	1.060	0.133
	Decrease in the prednisolone-equivalent GC dosage (mg/day)	1.028	0.904	1.170	0.672	1.012	0.953	1.074	0.702	0.952	0.912	0.993	0.023
0≤, and ≤5													
	Initial prednisolone-equivalent GC dosage (mg/day)	1.203	0.746	1.938	0.449	0.805	0.624	1.040	0.097				
	Decrease in the prednisolone-equivalent GC dosage (mg/day)	1.063	0.886	1.274	0.510	1.027	0.933	1.131	0.585				
5<, and ≤7.5													
	Initial prednisolone-equivalent GC dosage (mg/day)					0.989	0.294	3.330	0.986				
	Decrease in the prednisolone-equivalent GC dosage (mg/day)					1.063	0.895	1.262	0.489				

Cox proportional hazard models were used to assess the association of 1-mg decrease of prednisolone-equivalent GC dosage and Initial prednisolone-equivalent GC dosage with subsequent specific damage accrual. Factors/covariates except "initial prednisolone-equivalent GC dosage" were those at subsequent visits.

mSACQ, modified serologically active clinically quiescent; SLE, systemic lupus erythematosus; GC, glucocorticoid; HR, hazard ratio; CL, confidence interval lower bound; CU confidence interval upper bound; SLEDAI-2K, Systemic Lupus Erythematous Disease Activity Index 2000.