

Antimalarials May Have Survival Benefit in SLE

BY NANCY WALSH
New York Bureau

LONDON — The list of reasons for treating patients who have lupus with antimalarial drugs now includes long-term survival benefits, according to a Spanish cohort study.

Antimalarials have proved beneficial for several aspects of systemic lupus erythematosus (SLE), such as for controlling disease activity, improving lipid profiles, and

preventing thrombosis. But an analysis of 15 years' follow-up in a group of 232 patients now has shown significant differences in survival between those treated with antimalarial drugs and those never given the drugs, Guillermo Ruiz-Irastorza, M.D., said at the Sixth European Lupus Meeting.

A total of 147 of the 232 patients (64%) in the cohort received an antimalarial at some time during the course of their disease. Thus far 23 have died. The causes of

death were thrombosis (seven patients), neoplasm (six patients), infection (five patients), and other (five patients).

Of the 23, there were 19 (83%) who had never received antimalarials, said Dr. Ruiz-Irastorza of the department of internal medicine at Hospital de Cruces, University of the Basque Country, Barakaldo, Spain.

Of those treated with antimalarials, 97% remain alive, he said.

Cumulative 15-year survival rates were 68% for patients not receiving antimalar-

ials, compared with 95% for those treated with antimalarials, which was a statistically significant difference.

After adjusting for independent covariates, including renal disease, thrombosis, neoplasia, presence of irreversible damage 6 months after diagnosis, and age at diagnosis, the adjusted hazard ratio for death at 15 years for those not receiving antimalarials was found to be 3.8, he said at the meeting, sponsored by the British Society for Rheumatology.

The limitations of the study include its nonrandomized design, and the fact that it is a homogeneous population with easy access to health facilities, Dr. Ruiz-Irastorza said. The cohort consisted of 204 women and 28 men; 99% were white.

"But the protective effect is too big to reject," he said.

These study findings suggest a beneficial effect of antimalarials on the long-term prognosis of patients with SLE. Although these results should be confirmed by randomized clinical trials, they support the routine use of antimalarials in all patients with SLE, given the drugs' safety profile, he said.

Ocular toxicity is rare at the usual dose of 200 mg/day, he noted. ■

Annual CV Risk Evaluation a Must In Lupus Patients

LONDON — Patients with systemic lupus erythematosus should be evaluated on an annual basis for cardiovascular risk until such time as specific recommendations are formulated, Heiko Schotte, M.D., said at the Sixth European Lupus Meeting.

Results of procedures that detect coronary insufficiency, surrogates of atherosclerotic burden, and echocardiographic findings are often abnormal in SLE, but evidence to support routine screening is not currently available. "Therefore, based on the recommendations that have been proposed for other conditions associated with cardiovascular disease, we suggest annual assessment of traditional risk factors including diabetes mellitus, dyslipidemia, hypertension, smoking, and family history of premature coronary disease," Dr. Schotte said in a poster session at the meeting, which was sponsored by the British Society for Rheumatology.

If two or more risk factors are present, an exercise ECG should be done, he said.

SLE can involve the pericardium, myocardium, and valves—and pulmonary hypertension also often develops. Echocardiography also should be done each year to look for any of these abnormalities, even in asymptomatic patients, he said.

These recommendations must be confirmed in prospective studies, and should be enlarged to include other SLE-specific risk factors such as antiphospholipid antibodies and long-term corticosteroid therapy, said Dr. Schotte of the department of medicine, Muenster (Germany) University Hospital.

—Nancy Walsh



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