

Pregnancy Does Not Raise Lupus-Associated Mortality

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WASHINGTON — Women with lupus are at increased risk for thrombosis, infection, and hematologic disorders, according to data from the large National Inpatient Survey, Dr. Megan E.B. Clowse reported at the annual meeting of the American College of Rheumatology.

The National Inpatient Survey (NIS), which is administered by the Healthcare Cost and Utilization Project of the Agency for Healthcare Research and Quality, contains data from 1,000 hospitals nationwide. Out of more than 18.3 million pregnancy-related hospital admissions between 2000 and 2002 in the United States, 17,262

Of lupus patients, more than one-third had cesarean births, and preeclampsia was three times higher than in women without the disease.

(0.01%) involved women with SLE, according to Dr. Clowse, a rheumatologist at Duke University, Durham, N.C.

Analysis of data from the NIS revealed that women with SLE who become preg-

nant were significantly more likely also to have other underlying medical conditions that are associated with adverse outcomes, including renal failure (odds ratio 35.8), antiphospholipid syndrome (odds ratio 31.9), hypertension (odds ratio 6.4) and diabetes (odds ratio 1.6).

They were also more likely to experience complications during pregnancy (see chart). More than one-third had cesarean births, and preeclampsia was three times higher among the SLE patients than among non-SLE women, at 23%. Eclampsia developed only in a small percentage of lupus patients (0.5%), but this was still four times more common than in nonaffected women.

Moreover, women in the survey with SLE had demographic factors that may predispose them to more medical problems. They were older, with a mean age of 30 years, compared with 27.5 years in the general pregnancy population, and more (20%) were African American than in the general pregnancy population, at 14%.

The observation that pregnancy poses risks to women with SLE is not surprising, Dr. Clowse wrote in a poster session. After all, lupus itself increases the risk of death in reproductive age women by up to 12 times, regardless of pregnancy, and also heightens the risk of infection, thrombosis, and hematologic complications.

But the absolute risk of death during pregnancy remains low, at 0.3%, while the annual mortality among SLE patients ranges from 0.8% to 3%.

"The risk of death during pregnancy may actually be lower than during non-pregnancy for SLE patients, because the sickest patients do not get pregnant," she

observed. Nonetheless, pregnancy does carry risk for patients with lupus, and they should be followed closely by a rheumatologist and an obstetrician who specializes in high-risk pregnancies.

Also, because of the risk of thrombosis, consideration should be given for all SLE pregnancies to have prophylaxis with low-dose aspirin, Dr. Clowse noted. ■

Complications in Pregnant Women With SLE

Pregnancy Complications	Number of Cases	Odds Ratio
Thrombotic		
Stroke	25	2.2
Pulmonary embolism	56	3.2
Deep vein thrombosis	138	5.8
Infectious sepsis	66	3.5
Pneumonia	239	4.3
Hematologic		
Transfusion	465	3.6
Anemia at delivery	1,702	1.9
Thrombocytopenia	587	8.3

Note: Total number of pregnancies was 17,262.
Source: Dr. Clowse

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