



EARLY AND NON-EARLY SYSTEMIC LUPUS ERYTHEMATOSUS DISEASE PATTERN FROM THE PATIENT'S STANDPOINT

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THE OBJECTIVE

To assess the disease pattern in patients with early and non-early systemic lupus erythematosus from the patient's standpoint.

METHODS

A case-control study was performed, and included SLE patients that fulfilled SLICC, 2012 classification criteria. The research groups included were included: first group - patients with early SLE (disease duration \leq 24 months) and non-early SLE – second group (disease duration $>$ 24 months). The disease pattern was assessed by PhGA, PGA, SLEDAI-2K and SLAM, for SLE activity, SLICC/ACR Damage Index for irreversible changes and SF-8 for the quality of life (QoL). We correlated disease activity, DI and QoL scores, using intra- and inter-class correlation coefficients.

RESULTS

A total of 101 SLE patients with 34 in the first group and 67 in the second group was analysed. The disease activity by SLEDAI and SLAM showed high disease activity in both groups. The QoL was appreciated as low in both groups and the damage index was higher in the 2nd group.

RESULTS

PGA correlated in both groups with activity indices - SLAM and SLEDAI-2K, but more representative in the second group of patients. A better correlation of PGA with SLAM can be explained by the presence of multiple components in this tool and subjective data as fatigue or cognitive dysfunction. The correlation of PGA with the QoL components showed that patients with the early disease are affected more from the physical aspect, but from the mental aspect, they still underestimate their condition.

Table 1. General characteristics of the study population

Parameters of the disease	Gr I, Nr 34	Gr II, Nr 67
Age at study entry \pm SD, years	39,61 \pm 15,02	45,50 \pm 11,94
Disease duration \pm SD, month	12,42 \pm 8,70	146,41 \pm 81,64
SLAM \pm SD, points	7,47 \pm 4,40	7,31 \pm 4,10
SLEDAI \pm SD, points	7,02 \pm 4,16	6,26 \pm 4,43
PhGA \pm SD, points	45,61 \pm 19,45	48,35 \pm 19,50
PGA \pm SD, points	46,97 \pm 19,39	47,98 \pm 22,41
SLICC/ACR DI, points	0,23 \pm 0,43	1,07 \pm 1,29
SF-8 \pm SD, points		
PCS	38,79 \pm 10,60	36,76 \pm 10,33
MCS	41,80 \pm 10,83	41,97 \pm 10,47

Table 2. Correlation of PGA with other SLE parameters

	Early SLE group PGA (correlation coefficient r)	Non early SLE group PGA (correlation coefficient r)
PhGA	0,87*	0,73*
SLAM	0,45*	0,50*
SLEDAI	0,29**	0,40*
SF-8 PCS	-0,67*	-0,56*
SF-8 MCS	-0,31**	-0,50*
SLICC/ACR	0,01	0,23***
DI		

p, * $<$ 0,001 ** $<$ 0,01 *** $<$ 0,05

RESULTS

Regarding correlation of PGA with SLICC/ACR DI, it was significant only in the 2nd group, which can be explained by the more accurate assessment of patients with longer disease duration.

CONCLUSIONS

Accepting the disease and accumulating the necessary knowledge comes with time and patients with longer disease duration more accurately appreciate their disease character.