

# Predictors of organ damage identified in patients with SLE

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Image courtesy of Blausen Medical

Patient age, hypertension, and corticosteroid use are the most important predictors of the cumulative organ damage that occurs in patients with systemic lupus erythematosus, according to research published in the December issue of *Arthritis & Rheumatism*.

(HealthDay)—Patient age, hypertension, and corticosteroid use are the most important predictors of the cumulative organ damage that occurs in patients with systemic lupus erythematosus (SLE), according to research published in the December issue of *Arthritis & Rheumatism*.

Michelle Petri, M.D., M.P.H., of the Johns Hopkins University School of Medicine in Baltimore, and colleagues used data from 2,054 patients with SLE in the Hopkins [Lupus](#) Cohort in an effort to identify predictors of organ damage, as assessed by the Systemic Lupus International Collaborating Clinics/American College of Rheumatology (ACR)

Damage Index (SDI).

The researchers found that the rate of increase of the SDI score was 0.13 per year. African-American, male, or older patients as well as those with lower income or educational levels had higher rates of damage.

Additionally, SLE patients with [hypertension](#), proteinuria, or who were positive for lupus anticoagulant had increased rates of organ damage. During follow-up, those who were older, received corticosteroids, had more disease activity, satisfied more ACR criteria for SLE, had low complement levels, or who were positive for anti-double-stranded DNA had a higher risk of organ damage. Of these factors, age, hypertension, and corticosteroid use were the most important predictors of cumulative [organ damage](#) in SLE patients. Lower risk was seen for patients receiving hydroxychloroquine.

"Our findings indicate that rates of damage vary in demographic subgroups, but much variation appears to be explained by hypertension and [corticosteroid](#) use," the authors write. "These data clearly point to the need for tight control of disease activity without reliance on corticosteroids."

**More information:** [Abstract](#)  
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