

Lupus ups risk of spontaneous subarachnoid hemorrhage

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Patients with systemic lupus erythematosus have an increased risk of spontaneous subarachnoid hemorrhage (SAH) and increased mortality after SAH, according to a study published in the April issue of *Arthritis Care & Research*.

(HealthDay)—Patients with systemic lupus erythematosus (SLE) have an increased risk of spontaneous subarachnoid hemorrhage (SAH) and increased mortality after SAH, according to a study published in the April issue of *Arthritis Care & Research*.

Yu-Sheng Chang, M.D., from Shuang Ho Hospital in Taipei, Taiwan, and colleagues conducted a nationwide, population-based study to assess the risk of SAH among patients with SLE. The incidence of SAH was compared in a cohort of 16,967 patients with SLE identified from the Taiwan National Health Insurance (NHI) database and 16,967 randomly selected age- and sex-matched individuals without SLE.

The researchers found that the incidence of SAH was significantly higher in the SLE cohort (incidence rate ratio, 4.84). Compared with all the non-SLE SAH patients identified from the NHI database, the mortality rate after SAH was significantly higher for patients with SLE, despite a younger age (60 versus 38.9 percent). Independent risk factors for new-onset SAH included age (hazard ratio [HR], 1.03); platelet transfusion (HR, 2.75); red blood cell transfusion (HR, 7.11); and a mean daily steroid dose greater than 10 mg prednisolone or equivalent (HR, 4.36).

"In conclusion, our study is the first to demonstrate a higher risk of SAH in SLE patients using a nationwide population data set," the authors write. "Elderly SLE patients and those with a higher mean daily steroid dose and a history of platelet or red blood cell transfusion had a higher risk of developing SAH."

More information: [Abstract](#)
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