

# Monash researchers bringing hope to lupus patients

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Researchers at Monash University are leading the world's largest study to describe lupus patients and disease characteristics, bringing treat-to-target options for lupus a step closer.

Systemic lupus erythematosus, or lupus, is a chronic multi-organ autoimmune disease with a broad spectrum of symptoms. Currently there are no effective targeted treatments for lupus, and most patients are treated with long-term steroids and therapies to suppress the immune

system.

While these treatments can manage disease symptoms, they don't prevent morbidity and loss of life expectancy and have significant and often devastating side-effects.

"Treat-to-Target" (T2T) is a concept used to design the best treatment options for a number of debilitating diseases, including rheumatoid arthritis, vascular medicine and diabetes. An international initiative that has resulted in significant improvements in patient outcomes in many areas of medicine, T2T defines specific treatment targets to measure disease severity.

The T2T philosophy requires information about [disease activity](#). But how can you hit your target if the target hasn't been defined? Until now, lupus has had no defined treatment outcome states, clear treatment guidelines or T2T approaches.

"Determination of a measure of low disease activity for lupus is a major research priority," said Dr Vera Golder, rheumatologist at Monash Health and PhD student in the Lupus and Arthritis Research Group, Monash University.

"Some patients with lupus have periods of disease inactivity punctuated by disease flare while others have persistently active disease."

Dr Golder said that current instruments used to measure disease activity are complex, contributing to mixed results in trialling possible new targeted therapies.

The Asia-Pacific Lupus Collaboration recently developed and retrospectively validated the Lupus Low Disease Activity State (LLDAS) definition—a state which if sustained, is associated with good

long-term outcomes.

"Our study is the first to prospectively validate and refine this LLDAS definition in a large multi-centre cohort over several years," said Dr Golder.

Commencing in May 2013, 1846 patients were recruited prospectively in 12 centres from nine countries.

"In this study cohort, 93 per cent of patients were female, with a mean age of 29 years at diagnosis and mean disease duration of 8.5 years at the time of recruitment.

"More than 50 per cent of patients were of Chinese ethnicity, seven per cent of patients were Caucasian, with the remainder representing the other ethnic groups native to the region."

The Monash study found that Asian patients are more likely to have renal disease, whereas Caucasian patients are more likely to exhibit musculoskeletal, neurological and skin problems. Low disease activity was observed in less than half of [lupus patients](#) at a single point in time.

"We've also shown that disease duration and phenotype, as well as national social wealth were predictors of LLDAS attainment," said Dr Golder.

"Previous retrospective studies have shown that patients who spent more than 50 per cent of their [disease](#) duration in LLDAS accrued less damage compared to patients who did not.

"We are hopeful our study has brought us a step closer identifying treatment options that will have better long-term outcomes for [lupus patients](#)."

Dr Golder presented her research findings recently at the Australian Rheumatology Association Annual Scientific Meeting in Darwin last week and will soon present at the European League Against Rheumatism Annual Scientific Meeting in London.

Provided by Monash University

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