

Despite improvements, death rates from lupus remain disproportionately high

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Despite improving trends in mortality, death rates from systematic lupus erythematosus (lupus) remain high compared to those in the general population, and disparities persist between subpopulations and geographic regions. Underreporting of lupus on death certificates may have resulted in underestimates of mortality rates. Findings from a nationwide population-based study are published in *Annals of Internal Medicine*.

Lupus is a [chronic autoimmune disease](#) with limited treatment options. In the 1950s, 5- and 10-year survival rates were less than 50 percent, but those rates jumped to more than 90 percent in the 1980s. The influence of more recent diagnostic and therapeutic developments on lupus [mortality](#) in the general population of the United States is unknown. Previous studies of lupus mortality were based primarily on deaths in patient cohorts, which do not capture changes in lupus incidence over time and do not reflect the true burden and trends of lupus mortality in the [general population](#).

Researchers at the David Geffen School of Medicine at UCLA used a national mortality database and census data to identify temporal trends and demographic and regional differences in lupus mortality in the United States over a 46-year period from 1968 through 2013. They found that the reduction in mortality attributed to lupus was less than the reduction in non-lupus mortality, and the ratio of lupus to non-lupus mortality was about 35 percent higher in 2013 than in 1968. After an initial decrease between 1968 and 1975, lupus mortality increased

annually for 24 years, followed by a sustained decrease for 14 years starting in 1999. Changes in lupus incidence over time could partially explain the changing trends; however, significant disparities in lupus mortality among subpopulations were observed. Mortality rates remained higher among older persons, females, blacks, and Hispanics, as well as in patients who resided in [geographic regions](#) in the West and the South. Most interestingly, according to the authors, persons of the same race/ethnicity had differences in lupus mortality, depending on where they lived. White persons living in the South had the highest lupus mortality, whereas non-Whites had the highest lupus mortality in the West.

The study authors stress that it is encouraging that lupus mortality began to decrease in 1999 and that the decrease has been sustained for 14 years, until the end of the study period. They suggest that additional research could help to identify any potentially modifiable risk factors that might inform targeted research and public health programs to address the disparities in lupus mortality rates.

More information: *Annals of Internal Medicine* (2017).
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