

NEWS

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REF-FUNDED RESEARCH PROVIDES IMPORTANT PROGNOSTIC INFORMATION ABOUT LONG-TERM CHILDHOOD-ONSET SLE

ATLANTA, GA (May 1, 2009) A study recently published in *Arthritis Care & Research* concluded that there are differences in the outcomes of patients with childhood-onset systemic lupus erythematosus and adult-onset SLE, which provides important prognostic information about long-term SLE disease activity and treatment.

Lupus affects 10 times as many women as men and typically develops in people in their twenties and thirties. The 2005 prevalence of SLE was estimated between 161,000 and 322,000 with 15 to 20 percent of SLE patients diagnosed during childhood—ages 18 and under. Although short-term survival rates for childhood-onset SLE have improved dramatically over the last several decades, for unknown reasons, a significant percentage of childhood-onset SLE patients still die prematurely.

The researchers used data derived from the University of California's Lupus Outcomes Study – an observational study of 885 adult subjects with SLE, 90 who had childhood-onset SLE. The researchers gathered baseline and one-year follow-up data through telephone interviews conducted between 2002 and 2006. Using self-report data on differences in organ involvement and disease morbidity, current disease status and activity, past and current medication use, and number of physician visits, they then compared the data based on age at diagnosis with SLE.

Among the researchers on the project was Aimee O. Hersh, MD, a recent recipient of the ACR Research and Education Foundation's Physician Scientist Development Award. When Hersh and her colleagues set out to compare the differences in long-term outcomes between adults with childhood-onset SLE and adults with adult-onset SLE, the hope was that their findings would eventually help clinicians design interventions to improve outcomes for patients with childhood-onset SLE.

"We found that patients with childhood-onset SLE were more likely to have renal disease, which was expected. But, we also found that there were similar outcomes with other co-morbidities like clotting disorders, seizures, and myocardial infarction," explains Hersh about the study's findings.

The researchers also found that at follow up, patients with childhood-onset SLE were more likely to be taking steroids and other immunosuppressive therapies and reported a higher number of nephrology visits than the patients with adult-onset SLE.

"This study provides prognostic information on co-morbidities that had not been studied before," says Hersh. "As a pediatric rheumatologist taking care of these patients, I'm asked 'Will I have to take these medications forever,' so studies like these are important so that we can educate

our patients about future outcomes and so we can discuss the practical interventions to prevent these other co-morbidities.”

The REF is the second largest funder of rheumatology research and training programs in the U.S., funding \$11 million in 2008. Awards like the Physician Scientist Development Award provide salary support for young physician-scientists and are an integral part of the REF efforts to ensure the future of rheumatology.

About ACR Research and Education Foundation

The ACR Research and Education Foundation was established in 1985 as a 501(c)(3) with a mission to improve patients' lives through support of research and training that advances the prevention, treatment and cure of rheumatic diseases. Since its founding, the REF has promoted and advanced the field of rheumatology by funding research, training and education opportunities for clinicians, students, health professionals, researchers and academic institutions. On average, 90 cents of every dollar donated to the REF is used to fund its extensive award and grant program.

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