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The effect of disease duration on the incidence of peripheral arterial disease in young adults with systemic lupus erythematosus

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ABSTRACT
Background: Peripheral arterial disease is a chronic complication that affects morbidity and mortality in SLE patient. However, there were only a few of researches studying the relationship of disease duration and peripheral arterial disease event overseas and it has never been studied in Indonesia.

Objectives: To obtain information about the increased event of peripheral arterial disease in women of 40 years old or younger with SLE’s duration of five years or longer compared with less than five years.

Methods: This was a case control study conducted between June - August 2012 at Cipto Mangunkusumo hospital, Jakarta. Subjects were women of 40 years old or younger with SLE who visited Rheumatology and Allergy-Immunology outpatient clinic. They were assigned to case and control groups and traced retrospectively using interview and medical record. The relationship between disease duration and peripheral arterial disease was estimated using OR and the role of confounding factors was analysed using logistic regression one by one, resulted in fully adjusted OR.

Results: A total of 90 subjects were recruited, 18 subjects in case group and 72 subjects in control group. Traditional risk factors were similar in both groups. In multivariate analysis, there was a relationship between disease duration 5 years or longer and peripheral arterial disease with fully adjusted OR 1.9 (95%CI 0.575-6.543). Older age and steroid therapy were the confounding factors.

Conclusion: There was an increased event of peripheral arterial disease in women of 40 years old or younger with SLE’s duration five years or longer compared with subjects having the disease duration less than five years, but this increase was not statistically significant.

Keywords: Peripheral arterial disease, lupus erythematosus systemic, disease duration

The fast development of medical technology affects the life expectancy of people with SLE.1 But this increase of life expectancy brings new challenges as the patients will have complications associated with the accumulation of chronic damage on organs. Without early detection and prompt treatment, there will be decreased quality of life with increased morbidity and mortality. One of these potential chronic damages is vascular damage caused by early atherosclerosis. According Unrowitz et al (1976), the distribution of death causes in SLE was bimodal where the early death was caused by the disease severity or infection, while the late cause was cardiovascular reasons.2 Young women with SLE have five times more risk for a cardiovascular event compared with normal control on the same age. This risk increases with age, disease duration, hypertension, dyslipidemia, body mass index, and CRP.3,4 In a cohort study on 78 SLE patients without atherosclerosis signs, after five years there were increased thickness on 28% patients and atherosclerotic plaque on 17% patients.5 Traditional risk factors could not explain the early pathogenesis of atherosclerosis in SLE, so it was postulated that autoimmune processes causing chronic inflammation was the main contributor.6 Vascular complications in SLE should have enough attention because the process happens even before symptoms could appear.7 Peripheral arterial disease (PAD) is one example of these vascular complications. PAD usually asymptomatic and does not have classical symptoms that it hinders early diagnosis. It became the cause of decreased quality of life in more than two millions of patients in USA, which affected morbidity, mortality, and increased health spending.8 SLE patients (mean age 39 years old) were reported having prevalence of abnormal ankle-brachial index (ABI) higher than normal population (37% vs 4%).9 The effect of disease duration on the increasing event of PAD in SLE patients have not been studied enough. A few of studies overseas such as Burgos et al (LUMINA, 2009)10 in USA, Bhatt et al (2007)11 in India, and Wang et al (2007)12 in China did not give adequate explanation on the relationship between the duration of SLE and this complication. In Indonesia, Sari RM (2009)13 did a study measuring the thickness of medial intima in the carotid artery of women younger than 40 years old with SLE. The study reported the prevalence of atherosclerosis about 40%, with duration of disease, age, and duration of steroid therapy were the factors with positive correlation.13 Compared with USG, ABI was cheaper and easier for screening because of its good sensitivity and specificity.14

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