

Ana Catarina Teixeira; Nuno Afonso; Rui Alves; Faculdade de Medicina da Universidade de Coimbra, Clínica Universitária de Nefrologia Centro Hospitalar e Universitário de Coimbra, Nefrologia, Coimbra, Portugal

INTRODUCTION AND AIMS

Patients with systemic lupus erythematosus (SLE) constitute a particularly vulnerable population due to loss of bone mineral mass. There are multiple factors, related to the disease, concerning the lack of vitamin D and carried out therapeutics, particularly long exposure to corticosteroids. Our study aims to evaluate the bone mineralization status of our SLE patients carrying out corticosteroids.

METHODS

patients with SLE Nephrology diagnosis follow-up Medicine/Autoimmune Diseases Observacional study; and and in outpatient consultations in CHUC-HG. eGFR>60ml/min; 110 patients were identified, 38 met the criteria for inclusion. of clinical (number of Demographic data, disease duration, presentation and therapeutic options years corticotherapy, vitamin D supplementation and usage of bisphosphonates) 25-OH Vitamin D (25-OHVitD) levels were measured and bone densitometry (BD) analysis was performed. **Osteoporosis** T Score < -2.5, **Osteopenia** T score between -1 and -2.5, **Normal** T score > -1; Severe deficit 25-OHVitD < 10ng/mL, slight deficit 25-OHVitD 10-20 ng/mL

22 patients performed bone densitometries

RESULTS

| Median age : 46,2 %Women: 76,3%Bone mineral disease | | Patients with Osteopenia | | 15/39% patients with vitamin D supplementation | | |
|--|----------------|--------------------------|--------------|--|----------------|-----------------|
| | | | 6/54,55% | 16/42% patients with vitamin D levels | | |
| 9,09 | Normal | | | Vitamin D levels | N. Patients/ % | Supplementation |
| 40,9 | 0,9 Osteopenia | 5/45.45% | | <10 | 2/12,5 | 0/0 |
| 50,00 | Osteoporosis | | | [10, 20] | 9/56,25% | 3/33,3% |
| | | Fémur Femur | Femur/Lumbar | >20 | 5/31,25% | 5/100% |

No statistically significant No correlation difference No association Number of years of Age, gender, number of years of Bone mineral disease and gender corticotherapy and corticotherapy between patients osteopenia/osteoporosis with osteopenia and patients without disease

CONCLUSIONS

evaluation patients revealed that about had preliminary half of lupus of patients our our A a median age of 46.2 years; the vast majority had vitamin deficit. despite D osteopenia/osteoporosis Despite the protection in patients using steroids only a minority (39%) recommendations under vitamin D for bone was supplementation. The preliminary results of our study suggest the importance of regularly assessing the mineral bone status and vitamin D levels in SLE patients in order to establish preventive measures to avoid loss of bone mass.

References: M. D. E. Sanidad and S. S. E. Igualdad, "Guía de Práctica Clínica sobre Lupus Eritematoso Sistémico."; K. Almehed, E. H. Forsblad d', G. Kvist, C. Ohlsson, and H. Carlsten, "Prevalence and risk factors of osteoporosis in female SLE patients -Extended report," Rheumatology, vol. 46, no. 7, pp. 1185–1190, 2007; P. C.A., U. M.B., F. P.J., I. D., and G. D.D., "Osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic lupus erythematosus: Factors associated with referral for bone mineral density studies, prevalence of osteoporosis in systemic and factors associated with reduced bone density," Lupus, vol. 13, no. 6, pp. 436-441, 2004.







DOI: 10.3252/pso.eu.54ERA.2017