Background and aims Antimalarials (AMs) have been shown to exert a reduced risk of damage accrual in North American and European SLE patients. We are presenting data from Latin American patients.

Methods Patients with a recent SLE diagnosis (≤2 years) from the GLADEL cohort were studied. End-point: Increase in damage (SLICC Damage Index, SDI) since cohort entry.

Results Of the 1466 patients included in this analysis 1049 (72%) received AMs during follow-up (as defined); median exposure time: 30 months (Q1-Q3: 11–57 months). Damage accrual occurred in 665 (45%) patients during a median follow up time of 24 months (Q1-Q3: 8–55 months). After adjusting for potential confounders (SDI at cohort entry, socioeconomic status, disease duration at cohort entry, malar rash, photosensitivity, serositis, oral glucocorticoids, pulse glucocorticoids and SLEDAI at cohort entry) at any time during follow-up, a patient on AMs had a 25% lower risk of damage accrual than a patient not on AMs (adjusted HR 0.75, 95% CI 0.62–0.90).

Conclusions After adjustment for possible confounding factors related to AMs use and damage accrual, AMs were independently associated with a reduced risk of damage accrual in this cohort.
Massive pericardial effusion in young female of systemic lupus erythematosus

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