

This presentation will review studies looking at non-adherence in SLE and LN and a comparison between adherence patterns in lupus and other autoimmune rheumatic diseases.

REFERENCES

1. Costedoat-Chalumeau N, Pouchot J, Guettrot-Imbert G, *et al.* Adherence to treatment in systemic lupus erythematosus patients. *Best Pract Res Clin Rheumatol.* 2013;**27**(3):329–40. doi: 10.1016/j.berh.2013.07.001.
2. Feldman CH, Yazdany J, Guan H, *et al.* Medication nonadherence is associated with increased subsequent acute care utilization among medicaid beneficiaries with systemic lupus erythematosus. *Arthritis Care Res (Hoboken).* 2015;**67**(12):1712–21. doi: 10.1002/acr.22636.
3. Ritschl V, Stamm TA, Aletaha D, *et al.* 2020 EULAR points to consider for the prevention, screening, assessment and management of non-adherence to treatment in people with rheumatic and musculoskeletal diseases for use in clinical practice. *Ann Rheum Dis.* 2021;**80**(6):707–13. doi: 10.1136/annrheumdis-2020-218986.
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5. Ntatsaki E, Vassiliou VS, Velo-Garcia A, *et al.* Renal transplantation for lupus nephritis: Non-adherence and graft survival. *Lupus.* 2019;**28**(5):651–57. doi: 10.1177/0961203319842641.
6. Ntatsaki E, Ali B, Hamour S, *et al.* AB1242 comparing adherence to treatment in lupus and vasculitis patients. *Ann Rheum Dis.* 2018;**77**(Suppl 2):1717. doi: 10.1136/annrheumdis-2018-eular.5932.

Learning Objectives

At the end of this presentation participants will be able to:

- Discuss the factors contributing to poor compliance: Identify and explain the various factors (such as socioeconomic status, medication side effects, complexity of treatment regimens, and psychological barriers) that contribute to poor compliance in patients with LN
- Diagnose non-adherence using effective tools: Learn to accurately diagnose non-adherence in SLE and LN patients by utilizing various assessment tools and methods. Emphasize the importance of routine and open discussions about adherence during each patient visit to prevent renal flares and unnecessary treatment escalation
- Develop strategies to improve compliance: Explore and evaluate different strategies and interventions aimed at improving patient compliance

Y.K. Onno Teng. *Leiden University Medical Center, The Netherlands*

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Systemic lupus erythematosus (SLE) is a complex autoimmune disorder that frequently involves the kidneys and can ultimately lead to renal replacement therapy or kidney transplantation for severe cases. Lifelong prevalence of end-stage kidney disease (ESKD) in SLE patients is 10–15%.¹ Therefore, although SLE is a rare disease, managing lupus patients after a kidney transplantation is even more rare and presents with its unique challenges. In this presentation I will address general aspects of care after kidney transplantation and then focus on SLE disease recurrence, graft rejection and complications from immunosuppressive therapy.

REFERENCE

1. Hocaoglu M, Valenzuela-Almada MO, Dabit JY, *et al.* Incidence, prevalence, and mortality of lupus nephritis: a population-based study over four decades using the lupus midwest network. *Arthritis Rheumatol.* 2023;**75**(4):567–73. doi: 10.1002/art.42375.

Learning Objectives

At the end of this presentation participants will be able to:

- Explain the impact of SLE on kidney function and the potential need for kidney transplantation
- Discuss the risks and challenges associated with SLE recurrence after kidney transplantation
- Explain the potential complications associated with immunosuppressive therapy used after transplantation