Background and aims Nowadays the lupus treatment strategy is based on background therapy, immunosuppressive drugs and glucocorticoids (GC). Using minimal effective dose of GC only in flares is a recommendation for preventing complications which increase mortality. The aim of the study was to evaluate SLE clinical and immunological activity in lupus patients during the standard clinical care and analyse GC treatment.

Methods We observed Polish cohort of patients with SLE recognised and confirmed by SLICC classification criteria 2012. 127 patients (118 female and 9 male) with average age 43 ± 6 years (range 18–64 years), average disease duration 7.8 ± 5.6 years (range 1.0–15.0 years). All of them were treated with oral and pulse GC and standard immunosuppressive therapies (CTX, MMF, AZT, MTX, CsA). As a background therapy 77% of these patients were on chloroquine or hydroxychloroquine (CQ/HCQ) Table 1. All patients were assessed according to SLEDAI (Gladman et al., 2002) and divided into 5 groups: no GC, low dose, medium dose, high dose and pulse GC therapy group. Immunological activity was assessed by anti-dsDNA and C3 and C4 complements levels.

Results: Results Tables 2 and 3.

Conclusions In this Polish cohort lupus patients GC doses depended on lupus activity. Minimizing glucocorticoid exposure is an important part of appropriate management of lupus patients. Proper assessment of clinical and immunological lupus activity is critical for treatment decisions, especially for long-term GC use.