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. Independent (socio-demographic, clinical laboratory and treatment) variables were included. The effect of AMs use on damage (adjusting for potential confounders) was examined with a multivariable Cox regression model with a stepwise selection algorithm (variables retained in the model α: 0.05). AMs was a time-dependent variable (user: patient receiving AMs during the previous 30 days) in the regression model.

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, socio-economic 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.