Background and aims Health-related quality of life (HRQoL) among systemic lupus erythematosus (SLE) patients is reduced, and fibromyalgia contribute to the decreased HRQoL. The objective of the present study is to evaluate the contributing factors for reduced HRQoL in female SLE patients regarding the presence of fibromyalgia.

Methods The HRQoL measurement was made using the SF-36 and Euroqol EQ-5D. Sleep quality, fatigue severity, fibromyalgia severity, and SLE disease associated variables were measured.

Results The scores of HRQoL, including overall scores as well as the physical component summary (PCS) and mental component summary (MCS), were lower in female SLE patients with fibromyalgia (n=41), than in those without fibromyalgia (n=111). SLE patients with fibromyalgia showed higher SLE disease activity, and more severe fatigue score, depressive mood and deteriorated sleep quality, compared with patients without fibromyalgia. In SLE patients with fibromyalgia, education level, SLE organ damage, fatigue severity, sleep quality and fibromyalgia severity were significantly correlated with EQ-5D, whereas age, income, SLE disease activity, steroid dose, and disease duration were not correlated with EQ-5D. On the other hand, education level did not show significant correlation with EQ-5D in SLE patients without fibromyalgia. Multivariate logistic regression analysis revealed that depressive mood is only independent contributing factors for deteriorated HRQoL in female SLE patients with fibromyalgia. Interestingly, in SLE patients without fibromyalgia also showed same result.

Conclusions The quality of life in SLE patients can be improved by managing depressive mood both in patients with fibromyalgia and in those without fibromyalgia.

Aim To analyse and compare the prevalence, manifestations and outcomes of systemic lupus erythematosus (SLE) in the Indigenous and non-Indigenous population in Central Australia.

Background SLE is a common autoimmune condition worldwide. With the development of better immunosuppression, outcome of the disease has significantly improved. There is a high prevalence of SLE in the Indigenous population in Central Australia.

Methods The medical records of all patients diagnosed and/or being treated for SLE at Alice Springs Hospital from 1999 to March 2016 were reviewed. Only those with definite SLE, defined by the 2012 Systemic Lupus International Collaborating Clinics (SLICC) were included in this study.

Results 39 patients fulfilled the criteria, 31 were Indigenous. 37 were female. The prevalence of SLE was 1:601 in the Indigenous and 1:4051 in the non-Indigenous. Both the groups fulfilled an average of 6 SLICC criteria. 18 patients of whom were Indigenous, had biopsy proven lupus nephritis. The ISN-RPS 2003 lupus nephritis Class IV and V was most prevalent, followed by Class III. Various immunosuppressive regimes were used to treat lupus nephritis with varying responses. The Indigenous group had a high predisposition to infections, and the risk increased with immunosuppressive therapy. Non-adherence to treatment was a significant problem in the Indigenous group. 5 patients were deceased, 4 of whom were Indigenous.

Conclusions There is a high prevalence of SLE in the Indigenous population in Central Australia. A low threshold for renal biopsy is recommended for classification and treatment purposes. Treatment regimes and response varied between individuals.