Conclusion From our study was found that there is a directly proportional relationship between hypocomplementemia and the severity of haematological involvement in SLE patients. The more severe it is the haematological involvement, the more affected seem to be the complement serum levels.

COLD COMPRESS FROM CASSAVA AS A NOVEL THERAPY TO PREVENT EXACERBATIONS AND IMPROVE QUALITY OF LIFE OF LUPUS PATIENTS WITH STRESS

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Cassava is one of Indonesia’s natural materials that can be utilised as a basic ingredient of cold compress. New effect of cold compress founded to decrease the stress responses of Lupus patients. Purpose: to know the effects of cold compress from cassava to reduce stress responses, decrease exacerbations, and improve quality of life of patients with Lupus.

Methods 126 young adult Lupus patients with similar in sex, ethnicity, education status, and active disease activity (SLEDAI score >3) measured their stress responses and quality of life using Lupus Quality of Life Questionnaire (Lupus-QoL) (pretest). Stress responses measured include physical responses (blood pressure, respiratory, headache scale, and insomnia using Insomnia Rating Scale (IRS), cognitive responses using Cognitive Symptoms Inventory (CSI), and emotional responses using Depression Anxiety and Stress Scale (DASS)). Lupus patients with positive stress responses were given therapy of cold compress from cassava (17–24°C) in forehead area for 20 min before bedtime for one week. Patients with cold allergies, open wounds in the compressed area, circulatory disorders, and Raynaud’s syndrome were excluded. After one week of therapy, the patients (n=114) measured SLEDAI score, stress responses, and quality of life (posttest).

Results 62% had elevated blood pressure; 68% had respiratory enhancement; 72% had moderate-to-severe headache; 68% had insomnia; 56% increased CSI score; and 62% had mild-to-severe stress level. Cold compress therapy have significant effects in decreasing stress responses including respiratory, headache, insomnia, cognitive impairment, and stress levels (p=0.08, p=0.01, p=0.00, p=0.02, and p=0.00 respectively). The SLEDAI score decreased 32% (p=0.04) and the Lupus-QoL increased 27% (p=0.03). Suspected, local effects of vasocostriction, decrease capillary permeability, and decrease temperature of prefrontal cortex in the brain by cold compress can decrease vasodilatation when headache occur and induce patients to sleep early. At bedtime, norepinephrine levels will decrease so the cognitive and emotional stress responses can be repaired. No side effects were found.

Conclusions This is a preliminary evidence to support hypothesis of development of cold compress from cassava as stress therapy in lupus that can be used to prevent exacerbations and improve the quality of life of Lupus patients.

MYCOBACTERIAL INFECTION IN SYSTEMIC LUPUS ERYTHEMATOSUS: CLINICAL SIGNIFICANCE AND ASSOCIATED FACTORS. DATA FROM THE REGISTRY OF PATIENTS WITH SLE OF THE SPANISH SOCIETY OF RHEUMATOLOGY (RELESSER)

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The aim of this work is to study the prevalence of mycobacterial infection (M.I.), the associated factors and their clinical significance in patients included in a large SLE cohort.

Methods Retrospective descriptive study of RELESSER patients with a history of M.I. and analysis of the factors associated with the infection of this aetiology.

Results In RELESSER 3,658 SLE patients were included. 90% women, mean age of 32.9 years. 93% Caucasians. The mean follow-up time (±S.D.) was 120.2 (±87.6) months. 705 patients had at least a serious infection, 1227 serious infections occurred. M.I. were diagnosed in 42 patients (1.2% of all RELESSER patients, 3.4% of all serious infections, 85.7% women. The incidence rate of mycobacterial infection was 1 per 1000 patients/year (95%CI: 0.7 to 1.4).

M.I. presentation was pulmonary in 18 (42.9%) patients and extrapulmonary in 24 (57.1%) patients—joints in 18 (42.9%) patients, soft tissue in 6 (14.3%) and other sites in 10 (23.8%). The extrapulmonary form was associated with the use of immunosuppressants: 84.6% of the 13 patients treated with immunosuppressive drugs versus 44.4% of the 27 patients without (p=0.01). We did not observe this association with the use of corticosteroids.

To study the factors associated with mycobacterial infection, we performed a bivariate analysis including the variables associated with severe infection identified in RELESSER (age, sex, ethnicity, use of corticosteroids, immunosuppressants, antimarialars, previous admission by SLE activity, use of rituximab, use of anti-TNF, Katz severity index, SDI damage index, SLE-DAI activity index and Charlson comorbidity index). There is a statistically significant association with previous admission by SLE activity (RR: 2.9, 95%CI: 1.3 to 6.2, p=0.007), renal impairment (RR:2.0, 95%CI: 1.1 to 3.7, p=0.04), the Katz

Abstracts

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