prospective studies are needed to confirm these results.

Results

There were 76 patients with SLE in remission, in age between 21 and 75. They fulfilled 23-item questionnaire about weekly diet habits. Basic anthropometric data, disease duration, levels of C3 and C4 complement components and 24 hour proteinuria were recorded and analysed in correlation with diet habits.

Discussion

Aim to objectively evaluate sleep in SLE patients and to find possible relationships with disease manifestations and to find the factors that have greater impact on mood disorders in SLE group.

Methods Sleep was evaluated in 41 SLE patients and 36 controls using actigraphy. The presence of mood disorders, temperament, health-related quality of life and perception of sleep were evaluated with specific questionnaires: Beck Depression Inventory (BDI), Self Rating Anxiety Scale (SAS), Brief COPE, Pittsburgh Sleep Quality Index (PSQI), Insomnia Severity Index (ISI), Perceived Stress Scale (PSS), Resilience Scale for adult, Functional Assessment of Chronic Illness Therapy (FACIT) Fatigue Scale, Brief TEMPS-M, Lupus QoL and Short Form Health survey 36 (in SLE patients and controls respectively).

Results The strongest predictors of the SLE group were higher scores in BDI and SAS index, lower Sleep Efficiency and greater Total Sleep Time.

Statistically significant differences were found between depressed SLE patients and non-depressed SLE patients in several parameters. Lower scores in FACIT fatigue scale, burden to others, pain and body image domains and higher PSS score were found in depressed SLE patients. In SLE group, FACIT score was strongly negative correlated with BDI score and positively correlated with physical domain.

Fibromyalgic SLE patients had lower scores in pain domain when compared with non-fibromyalgic SLE patients. Instead, no difference in pain domain was found between patients with joint involvement and patients without joint involvement, addressing fibromyalgia as the factor with greater impact over pain.

Conclusion SLE is a chronic disease that has great impact on mood and sleep quality and identification of this problems and consequent therapeutic interventions may improve the quality of life of these patients.

Abstracts

DIET HABITS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Objective

Many patients with systemic lupus erythematosus (SLE) are interested in diet advice. We wanted to investigate which diet habits are most common in our patients, and which of them are in correlation with laboratory parameters that are related to disease remission, such as normal values of serum complement and 24 hour proteinuria.

Methods

We included 76 patients with SLE in remission, in age between 21 and 75. They fulfilled 23-item questionnaire about weekly diet habits. Basic anthropometric data, disease duration, levels of C3 and C4 complement components and 24 hour proteinuria were recorded and analysed in correlation with diet habits.

Results

Majority of our patients had normal BMI (between 18.5 and 25 kg/m2), preferred to eat healthy food and did regular weekly workout. Milk, meat, fruits, vegetables, pasta, rice and bread were the most abundant food. Lower serum values of C3 were found in 34 (44.7%) cases, and lower values of C4 were found in 28 (36.8%) cases. Only 5 (6.6%) patients had significant 24 hour proteinuria higher than 3.5 g and another 7 (9.2%) had proteinuria higher than 1 g. Lower values of C3 were found in patients who more often consumed fast food or fried food had lower levels of C4 (p=0.043 and p=0.051).

Conclusions

There is an evidence that food rich in proteins and calories can lower serum complement levels. As clinicians, we should always advice our SLE patients to eat a lot of fish, fruits and fresh vegetables, although there is no strong support for that. More studies with dietary interventions have to be done before final recommendations can be made.
CLASS III-IV LUPUS NEPHRITIS MANAGEMENT IN EVERYDAY PRACTICE

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Purpose
To study the use in real life clinical practise of glucocorticoids (GCs), immunosuppressive and adjuvant therapy in Class III-IV Lupus Nephritis (LN).

Methods
A multiple choice electronic questionnaire was sent to Latin American rheumatologists. Ten questions addressing the following topics: use of methylprednisolone pulses at the beginning of treatment and additionally during induction, use of oral GCs (maximum dose, tapering schedules, time on prednisone doses >30 mg/day, time until a prednisone dose of 5 mg/day is reached); use of immunosuppressants during induction and maintenance therapies; and use of adjuvant therapies.

Results
Were assessed 153 surveys (67 were from Argentina, 26 from Brazil, 12 from Venezuela, and 48 from Chile, Colombia, Cuba, Ecuador, Peru, Mexico and Costa Rica). As of GCs, 63.40% (97/153) give three intravenous pulses of methylprednisolone of 1 gr, and then switch to 0.5 - 1 mg/kg/day of oral prednisone. With the lack of a definite tapering scheme, 88.24% (135/153) taper prednisone based on disease activity; 81.04% (124/153) maintain doses of oral prednisone >30 mg/day for 4 or more weeks and 40.42% (62/153) for 6 or more weeks; 43.79% (67/153) reach an oral prednisone dose of 5 mg/day in 4 to 6 months, and 39.87% (61/153) in >6 months; 79.08% (121/153) do not use additional intravenous pulses of methylprednisolone during induction.

Intravenous cyclophosphamide (IVCYC), 1 gr/4 weeks, (60.13%, 92/153) and mycophenolate mofetil (MFM) (68.63%, 105/153) are the most used drugs for induction and maintenance therapy, respectively.

Regarding adjuvant therapy, 81.05% (124/153) prescribe hydroxychloroquine in order to improve the prognosis of these patients. Little attention is paid to calcium and vitamin D supplements.

Hand ultrasound guided therapeutic decisions in inflammatory arthritis associated with systemic lupus erythematosus and Sjögren’s syndrome

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Purpose
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