As systemic lupus erythematosus (SLE) is a chronic condition with a significant impact on physical and mental health, all potential interventions to improve quality of life are relevant for SLE patients.

Among the possible non-pharmacological interventions, exercise and diet have a pivotal role.1 2 For SLE patients aerobic exercise programs are safe and effective on improving aerobic and functional capacity, in addition to tolerance to exercise. Physical activity enhances cardiovascular well-being in SLE patients by reducing their body weight and waist circumference, while improving their maximum oxygen consumption, endothelial function and insulin sensitivity. Moreover, several studies also suggest a reduction in fatigue and a beneficial effect of exercise on depression, anxiety, pain, poor-quality sleep and, more generally, on health-related quality of life (HRQoL).

Diet can have a role in reducing modifiable cardiovascular risk factors; a benefit on SLE activity and HRQoL is also reported. The most robust evidence is available for polyunsaturated fatty acids enriched diets; however, we cannot draw definitive conclusions on whether there is any kind of diet that is better than another for SLE patients. Patients with SLE who smoke have an increased risk of disease flare, particularly skin manifestations, a poorer HRQoL and a reduced response to antimalarial drugs. The more intense smoking, particularly skin manifestations, a poorer HRQoL and a reduced response to antimalarial drugs. The more intense smoking and in clinical trials few patients improving in SLEDAI pre-sented deterioration in BILAG.3 4

The SLE Disease Activity Score (SLE-DAS) is a recently validated 17-item composite index with continuous measurement properties. As compared to SLEDAI-2K, the SLE-DAS presented higher accuracy in measuring SLE disease activity and better sensitivity-to-change, as well as higher predictive value for damage accrual.5 Advantages of SLE-DAS include its continuous nature and the inclusion of important disease activity features absent from SLEDAI. Ongoing research suggests that SLE-DAS can accurately define clinical remission, low disease and active disease categories, with a more practical definition compared to other instruments.

Learning Objectives
- Identify unmet needs for measuring SLE disease activity in clinical practice and clinical trials
- Understand the strengths and pitfalls of instruments to measure SLE disease activity
- Apply at each clinical context the most appropriate instrument for measuring disease activity

REFERENCES