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Learning Objectives

- Describe the evidence base for current cyclophosphamide-based regimens
- Discuss the advantages and disadvantages of using cyclophosphamide-based regimens
- Explain how cyclophosphamide might be used in combination with newer therapies

03 TOP 10 TIPS REGARDING PATIENT ADHERENCE TO HYDROXYCHLOROQUINE

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Adherence is defined as ‘the extent to which a person’s behaviour coincides with medical or health advice’. Non-adherence to therapeutic regimens is a common and expensive problem in patients with chronic diseases including systemic lupus erythematosus (SLE) and is associated with a higher risk of flares, morbidity, hospitalisations and poor renal outcomes.^{1–2} Non-adherence is also very difficult to evaluate.^{3–5}

Hydroxychloroquine (HCQ), an important medication in SLE with an excellent benefit:risk ratio, has a long half-life and it can be measured in blood. Undetectable or very low levels of blood HCQ is then a simple, objective and reliable marker of non-adherence in SLE patients.^{1–4–5}

Levels of HCQ and then HCQ non-adherence should be routinely and repeatedly assessed. If severe non-adherence is unmasked, a non-judgmental and open discussion must take place to improve adherence as much as possible. This task is not simple, but particularly important and some tips will be discussed (table 1).⁵

Abstract 02 Table 1 Addressing medication non-adherence in clinical practice

Remember that non-adherence is the rule and perfect adherence the exception.
 Improve your diagnostic skills to unmask non-adherence.
 Always ask open questions.
 Use objective methods to detect non-adherence, such as measurement of blood hydroxychloroquine levels.
 Try to understand the reasons for non-adherence.
 Explain but listen first.
 Set-up a tailored-management plan.

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Learning Objectives

- Recognise the frequency and consequences of non-adherence
- Describe methods to evaluate non-adherence
- Analyse blood hydroxychloroquine levels
- Improve the way we discuss non-adherence with our patients

Opening session (live-streamed with external Q&A)

Debate

04 THE MATTER OF THE DEBATE: LLDAS IS AN EXCELLENT OUTCOME MEASURE, BUT DOES IT REALLY CAPTURE PATIENTS WITH TRUE LDA?

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Accurate definitions of disease states can be very helpful in care, education and research. During recent years, definitions of low disease activity and remission in systemic lupus erythematosus (SLE) have been developed, tested and published. The definition Low Lupus Disease Activity State (LLDAS) was extensively validated and has already been utilized in several studies and clinical trials. However, some uncertainties remain. Does this definition define patients whose disease does truly have a low level of activity? Or conversely, can patients whose disease activity really is low be ‘missed’ by this definition? And if so, what would the consequences of that be. These questions will be addressed in this year’s debate at the 11th Annual Meeting of the Lupus Academy.

Learning Objectives

- Explain the importance of having definitions of lupus disease states
- Describe the recent development of the LLDAS
- Demonstrate understanding that some questions remain around the LLDAS

05 LLDAS IS AN EXCELLENT OUTCOME MEASURE, BUT DOES IT REALLY CAPTURE PATIENTS WITH TRUE LDA?

YES

Eric Morand. *Monash University, Melbourne, Australia*

10.1136/lupus-2022-ia.5

The deployment of treat-to-target approaches requires the identification of feasible, attainable endpoints, that are empirically associated with improved patient outcomes. While remission is the goal of care, the AsiaPacific Lupus