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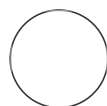
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Clinical characterization of a cohort of patients under treatment for systemic lupus erythematosus in Colombia

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ABSTRACT

Introduction/objectives:

To describe the clinical characteristics and health care resource utilization in a Colombian systemic lupus erythematosus (SLE) outpatient cohort.

Method: Retrospective descriptive study. Clinical records and claims data of SLE patients from ten specialized primary care centers in Colombia between July 2017 and June 2018 were reviewed. Baseline clinical variables, SLE activity (SLEDAI), drugs use, and direct costs were measured.

Results: A total of 413 patients were included, 361 (87.4%) female; mean age was 42±14 years. Mean disease evolution was 8.9±6.0 years; 174 patients (42.1%) had a systemic manifestation at baseline, mostly lupus nephritis (105; 25.4%). 334 patients (80.9%) had at least one comorbidity, mainly antiphospholipid syndrome (90; 21.8%) and hypertension (76; 18.4%). Baseline SLEDAI score was 0 in 215 patients (52.0%), 1-5 in 154 (37.3%), 6-10 in 41 (9.9%) and 11+ in 3 (0.7%). All patients received pharmacological therapy, the most common were corticosteroids (293; 70.9%), followed by antimalarials (chloroquine 52.5%, hydroxychloroquine 31.0%), immunosuppressants (azathioprine 45.3%, methotrexate 21.5%, mycophenolate mofetil 20.1%, cyclosporine 8.0%, cyclophosphamide 6.8%, leflunomide 4.8%) and biologicals (10.9%). The mean annual costs were USD 1954 per patient/year, USD 1555 for anti-rheumatic drugs (USD 10,487 for those with biologicals), USD 86 for medical visits, USD 235 for drug infusions and USD 199 for laboratory tests.

Conclusions

SLE generates an important economic and morbidity burden for the Colombian health system. SLE outpatient attention costs in the observation year were mainly determined by drug therapy (especially biologics), medical visits and laboratory tests.

Protocol status: Working

ATTACHMENTS

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