THE WEAKER SEX: CHARACTERIZATION OF GENDER DISPARITIES IN A NATIONWIDE LUPUS REGISTRY

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Introduction and Methods

Systemic lupus erythematosus (SLE) is characterized by female predominance with male to female ratio around 1:10. Differences regarding clinical manifestations, disease activity, damage and mortality between men and women with SLE have been reported. Overall it is recognized that gender may affect SLE phenotype, but results concerning disease severity and prognosis are still a matter of debate.

Objectives: Characterization of Portuguese SLE male patients, focusing demographic, clinical, and laboratory features.

Methods: All SLE patients from the Portuguese Lupus Register, Reuma.pt/LES were included. Demographic, clinical and therapeutic data were analyzed upon records from the last visit. Student t-tests, chi-square tests and Fisher’s exact tests were used to compare male and female patients. Analyses were further adjusted to age and disease duration.

Results

• Serositis, renal involvement and hemolytic anemia were more prevalent in men while, photosensitivity, alopecia, oral ulcers and arthritides were more commonly found in women (Table 1).
• Accumulated damage assessed by the SLICC damage index (SDI) and disease activity, assessed by SLEDAI-2K at last visit were similar in the two groups, with adjustment to age and disease duration.

Of the 1510 SLE patients registered in Reuma.pt/LES, 122 (8%) are men.

Male patients had later onset (39.4±20.6y vs 35.6±14.1y; p=0.005) and shorter disease duration (10.7±7.6y vs 14.1±9.0y; p=0.0001).

• Comorbidities in both genders are described in Table 2.
  - Hypertension, n=641
  - Diabetes, n=641
  - Thyroid disease n=641
  - APS, n=641
  - Sjögren syndrome n= 641

Table 1 - Characteristics of SLE in male and female patients; (*) statistically significant differences, adjusted to age and disease duration

Table 2 - Comorbidities in male and female patients; (*) statistically significant differences.

Discussion

Male patients with SLE are older at disease onset and present a distinct phenotype with less cutaneous, mucous membranes and articular manifestations. However, disease outcome evaluated by the SDI is comparable in men and women, which is in line with observations from other European cohorts.

The acknowledgement of the effect of gender on disease manifestations may help physicians in the timely introduction of an appropriate care.

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