Antimalarials Help Heart Health in Lupus Patients

BY TIMOTHY F. KIRN
Sacramento Bureau

SNOWMASS, COLO. — Antimalarials may not only treat active lupus, but also benefit the heart, W. Joseph McCune, M.D., said at a symposium sponsored by the American College of Rheumatology.

Lupus patients have an elevated risk of heart disease, and antimalarials have been shown to have a number of cardioprotective properties, said Dr. McCune, professor of internal medicine at the University of Michigan, Ann Arbor.

Such benefits may help offset the deleterious effects of prednisone, which has been shown to increase cholesterol levels. Each 10-mg titration in prednisone dosage is estimated to increase serum cholesterol by 7.5 mg/dL.

Several studies have shown that antimalarials are associated with lipid profile improvements in lupus patients. Each of those studies has treated patients somewhat differently and has shown slightly different results. "But the body of the studies clearly show that when a benefit is looked for, it is found mostly in lowering LDL cholesterol," Dr. McCune said.

In one study involving lupus patients not on corticosteroids, antimalarial therapy was associated with a 4% drop in total cholesterol at 3 months and a 1% drop at 6 months, compared with baseline levels. In patients on a corticosteroid, antimalarial therapy was associated with an 11% drop in total cholesterol at 3 months and a 9% drop at 6 months (J. Rheumatol. 1999;26:325-30).

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Among diabetes patients, antimalarials have been shown to lower glucose levels in non–insulin-dependent patients. They also reduce insulin requirements in insulin-dependent patients. The dosages used have tended to be much higher than those typically used to treat lupus. However, even at the lower dosages used for treating lupus, it's believed that there is some positive effect on glucose tolerance, Dr. McCune said.

Other drugs have been shown to have beneficial secondary effects in lupus patients, but the supporting evidence is generally less robust, he said.

Dehydroepiandrosterone, which can be steroid sparing when it is added to lupus treatment, may produce increases in bone density that could offset steroid-induced osteopenia. But this has not been shown in patients with lupus, and the evidence is not definitive.

Statins clearly have immunomodulatory effects and have been shown to help prevent transplant rejection and to improve rheumatoid arthritis symptoms. They obviously primarily lower cholesterol, and they may have positive effects on bone formation. But at present there are no trials of statins used in patients with lupus, Dr. McCune said. ■

Lupus Patients Appear to Have Increased Skin Cancer Risk

BY MITCHEL L. ZOLER
Philadelphia Bureau

NEW ORLEANS — Patients with systemic lupus erythematosus have a 50% increased risk of also having skin cancer compared with people who don't have lupus, according to findings from a study involving nearly 500,000 people.

This is the first evidence to link systemic lupus erythematosus (SLE) with skin cancer, although a few prior reports documented an increased risk of breast cancer among female SLE patients, Ritu Khurana, M.D., said at the southern regional meeting of the American Federation for Medical Research.

The new study was done in patients seen at 10 collaborating Veterans Affairs medical centers, and involved a population that was 92% male.

Additional analysis of the same population also showed that patients with progressive, systemic sclerosis had an elevated risk of also having skin cancer or lung cancer.

Several prior reports have linked systemic sclerosis to lung cancer, breast cancer, lymphoproliferative disease, and to cancer in general, said Dr. Khurana, a rheumatologist at Louisiana State University in Shreveport.

The investigators reviewed case records for 484,226 people seen at the 10 VA medical centers during 1998-2004. Their average age was 61 years.

This group included 615 patients diagnosed with SLE, more than 76,000 diagnosed with cancer, and almost 19,000 patients specifically diagnosed with skin cancer (basal cell carcinoma, squamous cell carcinoma, or melanoma).

In a multivariate analysis in which the investigators controlled for smoking history, age, race, and gender, SLE patients were 53% more likely to have skin cancer and 73% more likely to have cancer of any type compared with the other VA patients studied.

The study group also included 203 patients with systemic scleroderma. In the multivariate analysis, patients with scleroderma were 2.35-fold more likely to have lung cancer than the rest of the study population, 82% more likely to have skin cancer, and 61% more likely to have any cancer.

By comparison, patients who smoked had a 2.13-fold elevated risk for developing lung cancer compared with nonsmokers, Dr. Khurana said.

The increased prevalence of cancers in patients with either SLE or systemic sclerosis may be related to the impaired immunosurveillance in these patients, an increase in both systemic and cutaneous inflammation, and an increased susceptibility to viral infections, she said.

Patients with SLE or systemic sclerosis may also have a higher rate of genetic damage, such as chromosomal breaks or deletions.

The elevated risk for skin cancer in patients with SLE or systemic sclerosis means that they should be especially vigilant about sun avoidance and receive regular skin examinations, said Seth M. Berney, M.D., chief of rheumatology at Louisiana State University in Shreveport and a collaborator on these studies. ■