Lower Mortality Rates Among Asian and Hispanic Lupus Patients

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A new study by researchers from Brigham and Women’s Hospital in Boston, Massachusetts reveals that Asian and Hispanic patients with systemic lupus erythematosus (SLE) have lower mortality rates compared to Black, White, or Native Americans with the disease. Findings published in Arthritis & Rheumatology, a journal of the American College of Rheumatology (ACR), indicate that the risk for death among White patients is much lower than in Black and Native American SLE patients.

Patients with lupus have an overactive immune system that attacks their healthy joints and organs. Previous studies report that lupus is disproportionately higher among non-White populations in the U.S. In fact, evidence shows incidence of lupus is as much as four times higher in Black compared to White females. Blacks, Hispanics and Asians with lupus have higher rates of lupus nephritis, end-stage renal disease and organ damage according to prior research.

“While previous research has examined racial differences among lupus patients, the studies have primarily been based at academic research centers,” said lead author Dr. Jose A. Gomez-Puerta. “Our study investigates the variation in death rates due to lupus among different ethnic groups in a general clinical setting.”

Researchers reviewed Medicaid claims from 47 U.S. states and Washington, D.C. that were filed between 2000 and 2006. The team identified individuals with lupus, aged 18 to 65 years, who were enrolled for three or more months and had three or more claims for lupus. Lupus nephritis was determined by two or more claims for glomerulonephritis, proteinuria, or kidney (renal) failure.

Results of this study show there were 42,221 lupus patients, with 8,191 having lupus nephritis. The racial/ethnic breakdown of patients with lupus or lupus nephritis was 40% Black, 38% White, 15% Hispanic, 5% Asian, and 2% Native American. The annual mortality rate for those with lupus per 1,000 person-years was highest in Native Americans (27.52), Blacks (24.13), and Whites (20.17). Hispanic and Asian lupus patients had lower mortality than Black, White, or Native American patients even after adjusting for demographic and clinical factors.

Dr. Gomez-Puerta concludes, “In less than three years of follow-up of Medicaid patients with lupus we found a great disparity in mortality rates among ethnic groups. Understanding the variation of death among the races is important to determine how best to treat individual patients, modify risk factors, and ultimately improve survival for those with lupus.”

This study was supported by grants from the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS R01 AR057327, K24 AR066109A, T32 AR055885); the Fundacion Alfonso Martin Escudero Grant; and the Lupus Foundation of America Career Development Award.

Additional Information


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