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ORIGINAL ARTICLE

Late-onset systemic lupus erythematosus: clinical features, course, and prognosis

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Abstract There are contradictory opinions if late-onset systemic lupus erythematosus (SLE) is associated with a different, more benign disease course and better prognosis than early-onset SLE. The objective of this study was to evaluate the clinical manifestations, course, treatment, and prognosis of late-onset SLE. Patients who developed SLE after/or at the age of 50 years were considered late-onset SLE and compared to a group of randomly selected patients aged younger than 50 years at the diagnosis, matched for disease duration. Lower frequency of cutaneous manifestations (p=0.01) and higher frequency of cytopenias (p=0.02) were registrated at the SLE onset in the late-onset group. Atypical clinical presentation of SLE contributed to a longer delay of diagnosis in late-onset SLE patients (p=0.005), who fullfiled less American College of Rheumatology criteria at the diagnosis (p=0.022). Cumulative incidence of clinical manifestations showed lower frequency of cutaneous (p=0.017), neuropsychiatric manifestations (p=0.021), lupus nephritis (p=0.006), and higher frequency of Sjogren′s syndrome (p=0.025) in the late-onset group. Late-onset SLE patients received lower doses of corticosteroid (p=0.006) and cyclophosphamide (p=0.001) and had more cyclophosphamide-induced complications (p=0.005). Higher prevalence of comorbid conditions in the late-onset group (p=0.025), and higher Systemic Lupus International Collaborating Clinics/American College of Rheumatology damage index was noticed (p=0.018). Despite the less major organ involvement and more benign course of disease, late-onset SLE has poorer prognosis, because of the higher frequency of comorbid conditions and higher organ damage, due to the aging and longer exposition to a classical vascular risk factors.

Keywords Clinical manifestations · Late-onset · Prognosis · SLE

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Introduction

Systemic lupus erythematosus (SLE) predominantly affects women, with a high incidence during the childbearing age, a decline after menopause, and frequent exacerbation during pregnancy, suggesting that estrogens act as a precipitating factor. However, it can also begin after the age of 50 which is called late-onset SLE and constitutes 2–20 % of all patients with SLE [1, 2]. Age at onset has been recognized as having a modifying effect on clinical expression of the disease affecting especially gender, race, and severity of disease. Late-onset SLE also seem to have a more insidious disease onset, and have an overall lesser degree of disease activity [3, 4]. There are contradictory opinions if the late-onset SLE is associated with better prognosis than early-onset SLE. Despite this apparent benign course, recent studies have addressed the negative impact the older age at disease onset may have on the outcome of lupus in terms of both morbidity and mortality [1, 5, 6].

We conducted the current study to analyze clinical characteristics, therapy, course, and prognosis of late-onset SLE