Update on the Treatment of Systemic Lupus Erythematosus (SLE)

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Abstract: Despite an overall improvement in the survival of patients with SLE, conventional treatment modalities directed at general suppression of immunity are not uniformly effective and are associated with substantial toxicities. Efficacy and safety of new forms or combinations of therapeutic agents, and attempts to achieve immunological reconstitution using immunoablative therapy are being investigated. Concerning the treatment of proliferative lupus nephritis, long-term results confirmed that cyclophosphamide (CYC) or combination therapy of CYC with methylprednisolone (MP) was more effective than MP alone in preventing treatment failure. Mycophenolate mofetil (MMF) was also shown to be as effective as sequential therapy with oral CYC followed by azathioprine in the short-term induction of renal remission. Immunoablative therapy with or without autologous hemopoietic stem-cell rescue has been used with some success in refractory SLE patients who failed conventional therapy. A variety of biologic agents are currently under investigation as potential treatment for SLE, designed to interfere with specific immunologic responses, hopefully avoiding generalized immunosuppression. The indication and efficacy of immunoadsorption therapy remained controversial as the pathogenic role of specific subset of autoantibodies or immunoglobulin in SLE is still uncertain. Dehydroepiandrosterone could be of benefit for patients with mild to moderate SLE.

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