



# Hipertensión y riesgo vascular

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## ORIGINAL ARTICLE

# Lupus nephritis with preserved kidney function associated with poorer cardiovascular risk control: A call for more awareness

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### KEYWORDS

Lupus nephritis;  
Systemic lupus erythematosus;  
Cardiovascular disease

### Abstract

**Background:** Despite the improvement in the prognosis of lupus nephritis (LN), the cardiovascular morbimortality remains high. The early recognition and remission of flares, while trying to avoid the metabolic adverse effects of medication, must be mandatory.

**Aim:** The aim of our study was to assess the cardiovascular (CV) risk profile in a cohort of lupus patients with preserved kidney function after a nephritis episode, compared to patients without a nephritis flare.

**Methods:** 130 patients diagnosed of SLE (32 with previous nephritis flare and 98 without) were studied in order to evaluate the CV risk profile, despite the preserved kidney function.

**Results:** The most prevalent risk factors were sedentary lifestyle (57.6%), overweight/obesity (38.3%) and dyslipidemia (36%), followed by smoking (32%) and hypertension (16%). Though more than a half (53.1%) was taking CV medication, a high percentage did not reach a therapeutic target value, especially regarding obesity (11.5%) and cholesterol levels (LDL-C of 16%). The prevalence of dyslipidemia (53.1% vs 30.6%), smoking (46.6% vs 27.5%), left ventricular hypertrophy (LVH) (21.4% vs 6.4%) and lower HDL-C (48.6 mg/dL vs 55.4 mg/dL) were significantly different in the group with previous nephritis flare. Moreover, young patients with lupus

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nephritis, received more pulses of corticosteroids and cyclophosphamide, had higher prevalence of hypertension, LVH, higher proteinuria, hospital admissions and waist circumference, constituting the subgroup of patients with greater aggregation of CV risk factors.

**Conclusions:** Patients with previous nephritis flare showed a poor control of CV risk factors despite the preserved renal function, these patients would require a closer therapeutic management.

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## PALABRAS CLAVE

Nefropatía lúpica;  
Lupus eritematoso  
sistémico;  
Enfermedad  
cardiovascular

## Nefropatía lúpica con función renal conservada, asociada a un peor control del riesgo cardiovascular: llamada de atención y concienciación

### Resumen

**Antecedentes:** A pesar de la mejora en el pronóstico de la nefropatía lúpica (NL), la morbimortalidad cardiovascular sigue siendo elevada. El reconocimiento precoz y la remisión de los brotes, a la vez que los intentos de evitar los efectos metabólicos adversos de la medicación, deben ser de obligado cumplimiento.

**Objetivo:** El objetivo de nuestro estudio fue valorar el perfil de riesgo cardiovascular (RCV) en una cohorte de pacientes de lupus, con función renal conservada tras un episodio nefrítico, en comparación con los pacientes sin brote nefrítico.

**Métodos:** Se estudiaron 130 pacientes diagnosticados de LES (32 con brote nefrítico previo y 98 sin brote), a fin de evaluar el perfil del RCV, a pesar de la función renal conservada.

**Resultados:** Los factores de riesgo con mayor prevalencia fueron el estilo de vida sedentario (57,6%), el sobrepeso/obesidad (38,3%) y la dislipidemia (36%), seguidos del tabaquismo (32%) y la hipertensión (16%). Aunque más de la mitad de los pacientes (53,1%) recibían medicación CV, un elevado porcentaje de ellos no alcanzaba un valor diana terapéutico, especialmente en lo concerniente a obesidad (11,5%) y niveles de colesterol (LDL-C del 16%). La prevalencia de dislipidemia (53,1 vs. 30,6%), tabaquismo (46,6 vs. 27,5%), hipertrofia ventricular izquierda (HVI) (21,4 vs. 6,4%) y bajo HDL-C (48,6 vs. 55,4 mg/dl) fue significativamente diferente en el grupo con brote nefrítico previo. Además, los pacientes jóvenes con nefropatía lúpica recibieron más pulsos de corticosteroides y ciclofosfamida, tuvieron mayores valores de prevalencia hipertensión, HVI, proteinuria, ingresos hospitalarios y perímetro de cintura, constituyendo el subgrupo de pacientes con mayor acumulación de factores de RCV.

**Conclusiones:** Los pacientes con brotes nefríticos previos reflejaron un peor control de los factores de RCV a pesar de la función renal conservada, por lo que estos pacientes requerirían una gestión terapéutica más cercana.

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## Introduction

Lupus nephritis (LN) is one of the most common and feared systemic lupus erythematosus (SLE) manifestations. During the first 5 years after the diagnosis of SLE, up to 60% of the patients may develop kidney disease, and after 15 years, from 10 to 30% of the severe LN cases (WHO classification, class III or superior) progress to end stage renal disease (ESRD).<sup>1,2</sup>

Although we have improved dramatically the prognosis in those patients,<sup>3</sup> LN still positions as the main predictor of mortality: 6 times more if compared to the general population and 26 times greater if left progress to ESRD.<sup>4</sup>

Therefore, when we face a patient with a recent diagnosis of LN, the principal goal is to achieve disease remission (avoid progression to chronic renal failure)<sup>5</sup>

and treat the metabolic side effects due to the therapy.<sup>6</sup>

Many international studies correlate the diagnosis of LN with cardiovascular disease (CVD), identifying both risk and protective factors.<sup>7-11</sup> Chronic renal disease (CRD) appears to be an independent risk factor for the development of CVD.<sup>12</sup>

We searched the literature and scarcely found evidence regarding the impact of inactive LN (with preserved renal function) in CVD morbimortality.

## Objective

To assess the prevalence of inactive LN and its influence in the cardiovascular (CV) risk profile in a cohort of SLE patients.

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