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Commentary

Determining Disease Activity in Lupus Erythematosus among the African People

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ABOUT THE STUDY

Systemic Lupus Erythematosus (SLE) is a multisystem autoimmune illness characterized by periods of clinical quiescence interspersed by abrupt disease flares. A five-year population-based study found that women of African origin had a remarkable illness excess, with crude incidence rates (per 100000) of 0.4 for White males, 3.5 for White females, 0.7 for African-American males, and 9.2 for African-American females. Mortality rates follow a similar pattern, with multiple researches revealing that Black women had a greater risk of lupus mortality than White women. Some of the regions with the highest illness burden and death rates are also those with the least capacity to identify and manage the condition.

The European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR) recommendations for SLE care are based on international best practice. Yet, the financial resources and accessible infrastructure in many nations prevent these suggestions from being implemented in practice. An international symposium report presented at the 9th International Congress on SLE in 2010 highlighted discrepancies in SLE management throughout the world and aimed to reach an agreement on the minimal best practice recommendations that might be used in resource-limited clinical settings. The Systemic Lupus Activity Questionnaire (SLAQ) was deemed a viable screening instrument that might assist the clinician's more in-depth assessment. The SLAQ is a self-administered questionnaire designed to evaluate disease activity in low-income groups. It has been compared to the Systemic Lupus Activity Measure (SLAM) with encouraging findings. This is in contrast to its reported low connection with the Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) and the Physician Global Assessment (PGA), which is regarded as the best assessment of disease activity. The ability to compare research is hampered by discrepancies in statistical methodologies employed in earlier questionnaire comparisons, as well as structural differences across questionnaires (SLAQ and SLEDAI, for example, have differing patient recall periods).

Given, the SLAQ's potential application but its varying agreement with the other instruments, the aim is to compare the SLAQ's ability to measure disease activity to the SLEDAI and the PGA, using a single statistical measure of agreement and providing a simple sensitivity analysis of agreement by standardizing questionnaire items and questionnaire recall time. The SLEDAI is frequently used to measure SLE activity in clinical practice and research. Yet, the SLEDAI includes laboratory tests that are not commonly available in resource-constrained nations like Barbados, thus the clinical assessments that follow are frequently insufficient.

The SLAQ is a self-administered questionnaire that yields conflicting results when compared to other lupus activity measurements. This follow-up study will allow for additional research into specific areas of the SLAQ that promote over-reporting. SLAQ indices with low agreement with matching SLEDAI indices are highlighted for deletion or substitution. Any changes to the SLAQ would then be validated further.

The development of this tool is even more important now, given the emphasis on the treat-to-target program, which has proved to be useful in the management of rheumatoid arthritis. This strategy establishes clinical objectives for each follow-up time-point, and therapy is changed based on whether or not the set disease activity goal is fulfilled (or not). Assessing the specified target necessitates the use of a disease activity instrument.

CONCLUSION

The present SLAQ is insufficient as a disease monitoring tool because to a lack of laboratory measures and patient-based subjective reporting, which may result in unintentional over-reporting of symptoms. This means that researchers still require an SLE disease monitoring tool that is accessible to resource-limited groups. The aim of future research is to convert the present SLAQ into a clinically meaningful but easily accessible tool by including basic, low-cost laboratory measures and eliminating over-reporting of symptoms.

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