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Commentary

Skin Lesions and Quality of Life in Lupus-The Visible Hidden Struggle

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DESCRIPTION

Cutaneous Lupus Erythematosus (CLE) is an incredibly heterogeneous autoimmune disease characterized by dermatological lesions and develops in up to 85% of patients with Systemic Lupus Erythematosus (SLE) but can develop independently of SLE as well [1]. Studies have shown that when compared to SLE patients, patients with Discoid Lupus Erythematosus (DLE) have a lower quality of life than patients with SLE, yet the added impact that CLE has among patients with SLE had not been previously studied. Our recent study, published in the British Journal of Dermatology [2], highlights this critical yet frequently neglected aspect of SLE: The effect of moderate to severe skin lesions on the quality of life of individuals with active SLE.

Since SLE has no known cure, personalized treatment plans are essential for managing disease and for patient care [3]. 200,000 patients in the United States of America alone have been diagnosed with SLE, and an additional 16,000 patients in the USA receive an SLE diagnosis each year [4]. The skin is the second most affected organ among SLE patients, with up to 85% experiencing cutaneous manifestations during the course of the disease. For 25% of these patients, skin manifestations occur as a presenting symptom [5,6]. Despite this prevalence, the impact of cutaneous lesions on the health-related quality of life for SLE patients is often overlooked. For example, no Food and Drug Administration (FDA) approved medications for CLE alone have been developed, and resistance to conventional treatments is very common [7], and often in disease management for SLE, CLE is overlooked as something that needs to be considered, exemplifying that the current focus and resources put into treatment and management of skin manifestations is not proportional to the current need for a focus on CLE in both medicine development and patient care. The impact of moderate to severe skin lesions on patients' quality of life is profound, affecting their physical and emotional well-being. The study findings underscore the significant role that cutaneous manifestations play in the overall well-being of patients, emphasizing the necessity of integrating skin lesion management into treatment plans and the importance of keeping skin lesions as a forefront and vital part of treatment goals for people with SLE.

Utilizing data from two phase-3 clinical trials, the co-authors examined adults diagnosed with active SLE. The study divided patients into two groups based on the severity of their skin lesions: Moderate/severe CLE (measured by Cutaneous Lupus Erythematosus Disease Area and Severity Index (CLASI) ≥ 10) and mild/no CLE (CLASI 0-3). The results were noticeable. Patients with moderate/severe CLE reported significantly lower HRQoL scores compared to those with milder or no skin involvement. This impairment was evident across almost all domains of the Short Form-36 (SF-36) survey. The findings were consistent even after adjusting for other factors such as sex and baseline disease activity [2]. Specifically, patients with higher CLASI scores (≥ 10) showed clinically meaningful declines in the mental and physical components of the SF-36, far surpassing the thresholds for minimum clinically important differences. The findings highlight a clinical care gap for people with SLE who have concomitant moderate/severe CLE. Namely, the presence of moderate/severe CLE should be a key consideration in individualized treatment plans of SLE, as these lesions could contribute substantially to the overall burden of disease. Additionally, most of the current researches for drug development against lupus do not have CLE as a primary endpoint and some do not even have it as a secondary endpoint, highlighting a need to reemphasize the immense impact of CLE on SLE patients, and the existing need for greater drug development against CLE specifically. Of the few FDA approved medications currently existing for SLE, none target CLE specifically [7]. This is not consistent with the current needs of SLE patients, in which a majority of patients will experience skin manifestations, which, as demonstrated in the British Journal of Dermatology (BJD) research letter, has a significant negative impact on patient quality of life.

CONCLUSION

In conclusion, the study from the BJD serves as an important

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reminder that skin lesions in SLE patients are not just a trivial concern. They have profound implications for patients' quality of life and should be prioritized in treatment strategies. By focusing on improving skin-related outcomes, we can give a chance to a better life quality for people living with SLE, aligning with the mission to provide them with comprehensive patient care, bringing this visible hidden struggle out of hiding.

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