

# Understanding the Relationship between Systemic Lupus Erythematosus Activity and Increased Proximal Aortic Stiffness in Children and Teenagers

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## DESCRIPTION

Systemic Lupus Erythematosus (SLE) is a chronic inflammatory rheumatic illness characterized by autoantibody production and involvement of several organ systems, including a high incidence of polyarthritis. SLE incidence has grown in the United States over the last four decades, and it has one of the highest fatality rates among rheumatic illnesses. In the United States, minorities had considerably greater rates of SLE incidence, prevalence, morbidity, and death than whites. SLE is three to four times more common in African American women than in white women, although males have significantly lower rates than women in general, and Hispanics, Asians, and Native Americans are all more likely to acquire lupus than non-Hispanic Whites. The broad clinical spectrum of SLE is comparable among ethnic groups; however there appear to be some variations in the autoantibody profile, prevalence of particular disease consequences, severity, and overall prognosis of the disorder. Moreover, SLE patients frequently have severe psychological symptoms such as anxiety, sadness, mood disorders, and a reduction in health-related quality of life. These patterns may be particularly prominent in African and Hispanic Americans, who have traditionally been exposed to a distinct mix of risk factors, resulting in a pattern of cumulative disadvantage through time. The majority of public health focus to SLE has been epidemiologic, documenting SLE mortality and morbidity as well as the possible consequences of environmental exposures. SLE research has historically avoided models that incorporate both socioeconomic determinants of health and chronic care. To better understand the implications of this cumulative disadvantage and, ultimately, improve treatment delivery, researchers believe that such techniques are required to enhance care for SLE patients, particularly those at greatest risk. Moreover, the previous studies propose using the Chronic Care Model (CCM) to gain a better understanding of how community-level variables may increase inequities addressed in social determinant frameworks or promote improved care delivery for SLE patients. Some of the previous studies on Subdural Hematoma (SDH) frameworks and the CCM, discusses accessibility difficulties to indicate that further Tran's disciplinary research focusing on the function of site might enhance treatment for SLE patients, particularly the most vulnerable patients. Examining

health-related travel and accessibility ties together, this topic of integrating SDH frameworks and the CCM. Researchers analyzed the scientific literature on travel as a possible barrier to receiving care in order to identify trends, differences, strengths, and limits of current focus to socioeconomic variables affecting the lives of SLE patients. Access to care is a critical component in understanding the impact of socioeconomic determinants of health, and it has been studied in health service policy research for several years. It is crucial to understand accessibility by taking into account travel, which impacts patient access to healthcare. When evaluating the geographical availability of rheumatologists and the related patient demands, this line of study might be quite valuable. According to research with SLE patients, the economic repercussions and expenses of sickness can have a detrimental influence on disease activity/damage and SLE individuals' capacity to adequately manage their condition. Several studies have identified racial inequalities among SLE patients, but little in-depth study has been conducted on the social elements that determine these disparities, particularly with regard to travel constraints that may impact accessibility.

The examination of SDH frameworks, the CCM, and the situation of accessibility and travel concerns in the context of SLE demonstrates that much more effort can be done to enhance treatment for SLE patients. Tran's disciplinary techniques and research activities might bring together a variety of novel approaches to better address the complex difficulties confronting SLE patients. More study on how present techniques have been hampered, as well as the implications for disease symptoms and therapy, is needed to guide future SLE research.

This would aid in determining the appropriateness of concentrating more extensively on "upstream" factors as a means of improving quality of life for SLE patients by investigating cases where focusing on upstream influences improved treatment outcomes. As a result, the researchers would thoroughly illustrate the necessity for community health methods founded on the social determinants of health framework, while also laying the groundwork for linking it to a biological framework generally recognized among physicians and medical researchers. This allows us to propose not just maintaining standard scientific research models, but also making extrapolations about how wide socioeconomic variables affect the lives of SLE patients.

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