Transcript Details

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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Prednisone and Lupus – A Treatment Mainstay?

Announcer:
You're listening to Conference Coverage on ReachMD, captured on location at the Congress of Clinical Rheumatology's Annual Meeting in Destin, Florida. Your host is Dr. Madelaine Feldman, Clinical Associate Professor of Medicine at Tulane University Medical School and Vice President of the Coalition of State Rheumatology Organizations.

Dr. Feldman:
This is Dr. Madelaine Feldman, and I am here at Congress of Clinical Rheumatology —record-breaking attendance this year at this conference. It's turned into one of the national top meetings that rheumatologists go to here in the United States.

I'm here with Dr. James Lipstate, and he has just left the nonrenal lupus talk from Dr. Michelle Petri, and I'd like to find out if he picked up a couple of pearls along the way.

Dr. Lipstate:
Always enjoy Dr. Petri's talks, a recognized thought leader in lupus, and in this year's talk, she talked a lot about vitamin D levels. She finds that we need to keep the levels up above 40, and it has a beneficial effect therapeutically in patients with nonrenal lupus and later in another talk on renal lupus, so I took that as a take-home message. And then she also made the emphatic comments that the P in prednisone stands for poison, that we need to really try to manage our patients with as low a dose of

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corticosteroid as possible because many of the problems that lupus patients can have—cardiovascular, for example—may in fact be corticosteroid mediated, so if we can minimize their use, the patients would be at lesser risk.

Dr. Feldman:
You know, that's really sort of a new and exciting, interesting comment, because prednisone has always been the mainstay of how we treat lupus patients, so it's interesting that she's utilizing other things, such as vitamin D, to help manage lupus to get down the prednisone as low as possible.

Hydroxychloroquine has been the mainstay of treatment for lupus patients. I know Dr. Petri feels very strongly that patients should remain on this drug. I know there's been some controversy about the ophthalmologic exams. Did she address any of that?

Dr. Lipstate:
Yes, she did. She presented data showing that patients on hydroxychloroquine statistically are less likely to progress to severe and multiorgan disease, but newer ophthalmologic testing is also finding that this drug can deposit in the retina. The question then becomes: Where do you draw the line? Ophthalmologists have guidelines saying that you should keep it down below 5 mg per kilogram, but she emphasized that we sometimes have to move beyond a simple guideline in the best interest of the patient. She asked the crowd if anybody had ever had a patient go blind while on hydroxychloroquine, and the answer in our 600 people attending the meeting was no, so that we have to use these guidelines more as a suggestion but still have to look at individual patients and use our best clinical judgment.

Announcer:
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