دانشگاه علوم پزشکی شهید صدوقی یزد

LUPUS IN MEN AND ELDERLY

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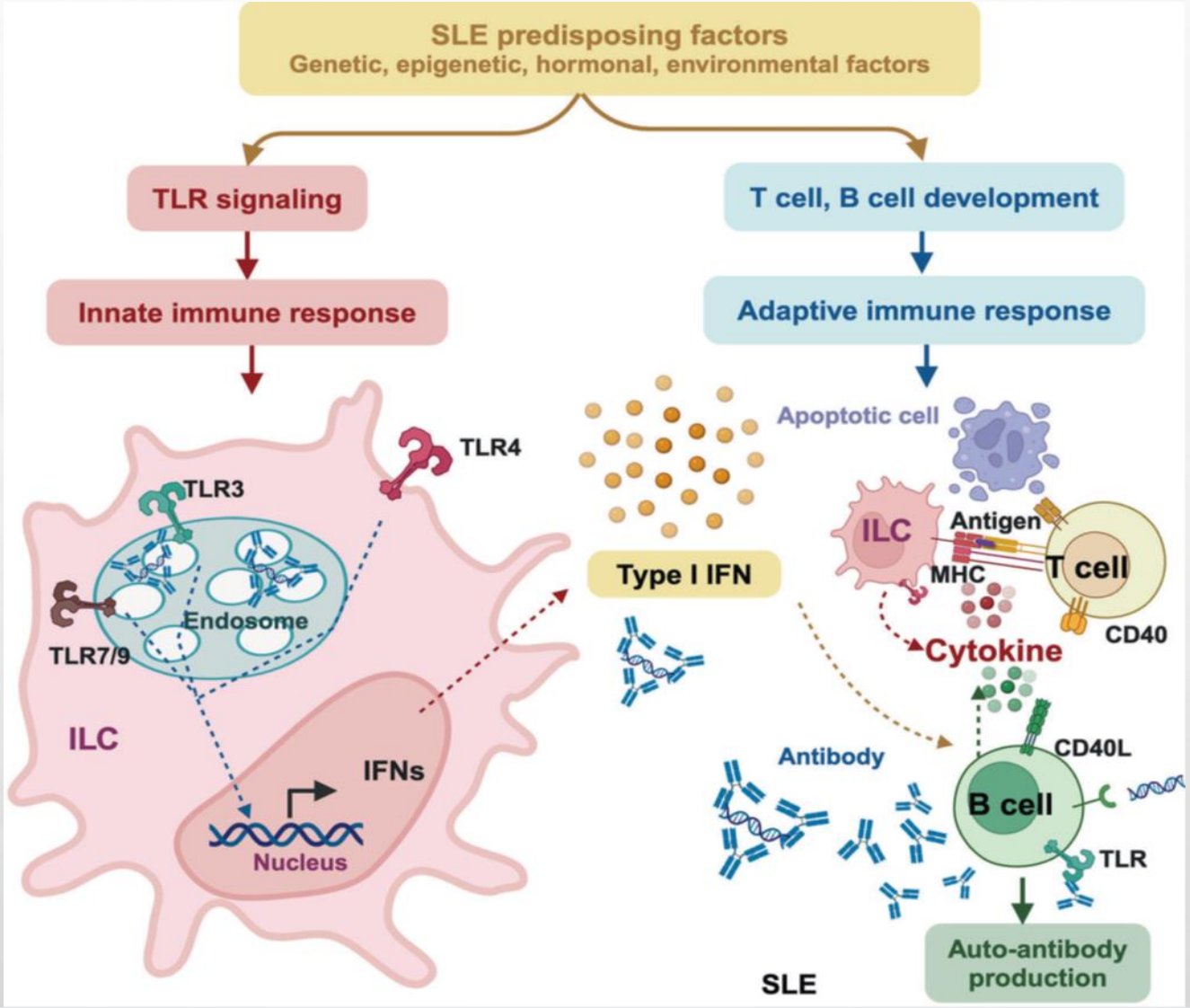
بیمارستان شهید رهنمون یزد

PATHOGENESIS

- PREDISPOSING FACTORS INCLUDING GENETIC, EPIGENETIC, HORMONAL AND ENVIRONMENTAL FACTORS

- TYPE I IFN FUNCTIONS AS THE HUB BRIDGING THE INNATE AND ADAPTIVE IMMUNE SYSTEMS



REF:https://www.nature.com/articles/s41392-025-02168-0

Epidemiology of SLE in Men

- SLE mainly affects young women
- late-onset SLE (≥50 years) represents ~3–18% of cases.
- Proportion of men is higher in late-onset SLE → smaller F:M ratio

  (~5:1 vs ~9:1 in younger adults).

Refs: Springer 2015; SAGE 2012; ScienceDirect 2009

Epidemiology of SLE in Elderly

- Diagnosis is often delayed in older patients due to subtle/atypical presentation.
- Classic cutaneous features (malar rash, photosensitivity) are less common in elderly/men.
- Comorbidities are more frequent (cardiovascular disease, infection, malignancy).

Refs: Springer 2015; SAGE 2012; ScienceDirect 2009

Clinical Features: Men vs Women

- Men: more renal involvement and serositis; less malar rash/alopecia.

Refs: SAGE 2002; MDPI 2025; SAGE 1999

Clinical Features: Men vs Women

- Hematologic abnormalities (anemia, leukopenia) are more common in younger women.

Refs: SAGE 2002; MDPI 2025; SAGE 1999

Clinical Features: Elderly

- more serositis and pulmonary involvement
- less arthritis and nephritis.

Refs: SAGE 2002; MDPI 2025; SAGE 1999

Clinical Features: Elderly

- Late-onset SLE can be insidious → diagnostic lag may reach ~5y

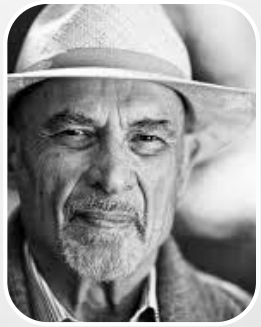
- Myositis appears relatively more often in older-onset SLE.

Refs: SAGE 2002; MDPI 2025; SAGE 1999

LABORATORY & SEROLOGY DIFFERENCES

ANTI-RO/SSA AND

ANTI-LA/SSB



- LOWER ANTI-DSDNA, ANTI-SM, ANTI-RNP
- LESS HYPOCOMPLEMENTEMIA

+TIVE RF

HIGH ESR

Disease Activity & Organ Damage

- At onset, activity scores (SLEDAI) are often lower in late-onset SLE.
- Damage indices (SDI) may be higher due to comorbidities rather than disease activity.
- Less aggressive therapy/delayed recognition can contribute to under-detected organ damage.

Refs: SAGE 2002; Springer 2025; Cureus 2020

Prognosis & Survival

- Survival is lower in late-onset SLE: ~70–75% 10-year survival vs ~90–95% in early-onset.
- Risk factors: male sex, high disease activity (SLEDAI), poor adherence.

Refs: Medicine 2006; Springer 2014; SAGE 2012

Prognosis & Survival

- Infection is the leading cause of death, followed by cardiovascular disease.
- In older patients, mortality is often driven by comorbidities rather than SLE itself.
- Long-term monitoring should account for frailty and comorbidity burden.

Refs: Medicine 2006; Springer 2014; SAGE 2012

Treatment Considerations

- Older patients tolerate IS less well → lower use despite indications.
- HCQ is generally safe unless contraindicated; tailor steroids/IS to risk profile.
- Maintenance prednisolone<5 mg
- Consider renal function, infection risk, and comorbidities when choosing therapy.

Refs: Springer 2015; Cureus 2020; MDPI 2025, Drugs and aging 2025, Lancet 2025

Treatment Considerations

- Late-onset SLE often presents as organ-limited disease → individualized treatment.
- Earlier recognition can prevent irreversible organ damage.
- Polypharmacy

Refs: Springer 2015; Cureus 2020; MDPI 2025, Drugs and aging 2025, Lancet 2025

Treatment Considerations: biologics

- Belimumab and Anifrolumab effective

Refs: Springer 2015; Cureus 2020; MDPI 2025, Drugs and aging 2025, Lancet 2025

JAK			Infections		Hematologic		Liver and GIT	Throm-bosis	Lipids	Others	Malignancies
			Serious	URT	NEU	LYM	TA	VTE	HDL	CREA	Malignancies
			OI	HZ	Hb	PLT	GIP	PE	LDL	CPK	NMSC
Non-selective	Tofacitinib	JAK1-3	↑	↑	↓	↑	↑	↑*	↑	↑	↑*
			↑	↑↑	↔	↑	↔ (?)	↑*	↑	↑	↔ (?)
	Peficitinib	JAK1-3	↑	↑	↓	↓	↑	↔ (?)	↑	↑	↔ (?)
			↑	↑↑	↓	↔	↔ (?)	↔ (?)	↑	↑	↔ (?)
	Baricitinib	JAK1,2	↑	↑	↓	↔	↑	↑	↑	↑	↔ (?)
			↑	↑↑	↓	↑	↔ (?)	↑ (?)	↑	↑	↔ (?)
Selective	Upadacitinib	JAK1,2	↑	↑	↓	↓	↑	↔ (?)	↑	↑	↔ (?)
			↑	↑↑	↓	↓	↔ (?)	↔ (?)	↑	↑	↔ (?)
	Filgotinib	JAK1	↑	↑	↔	↔	↔	↔ (?)	↑	↔	↔ (?)
			↑	↔	↑	↓	↔ (?)	↔ (?)	↑	↑	↔ (?)

REF:Bonelli M, et al. Ann Rheum Dis 2024;83:139–160. doi:10.1136/ard-2023-223850

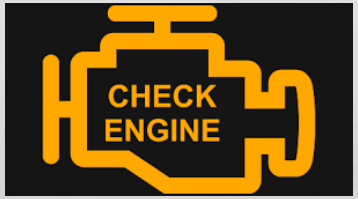
Key Takeaways

- Late-onset SLE is relatively more common in men than early-onset disease.
- Elderly SLE often presents atypically: fewer skin/renal features; more serositis/myositis.
- Disease activity may be lower, yet organ damage risk remains significant.

Refs: SAGE 2002; Springer 2025; Medicine 2006

Key Takeaways

- Outcomes are influenced by age, sex, comorbidities, and disease activity.
- Vigilance, tailored therapy, and prevention/monitoring of infection & cardiovascular events are essential.



Refs: SAGE 2002; Springer 2025; Medicine 2006

کانال کشوری راند روماتولوژی

4.1K