

## **Do Current Standards for Determining Lupus Kidney Flares Need Revision?**

Experts generally agree that excessive protein in the urine is a common symptom of lupus nephritis, or inflammation of the kidney. However, there is little agreement about how much of an increase in urinary protein indicates a flare. Establishing agreement on what constitutes a flare of lupus kidney disease could help identify the true status of the kidney in people with lupus. The researchers aimed to define normal fluctuations in levels of urinary protein in people with lupus kidney disease who are not experiencing a flare. The researchers found that, according to current standards, patients experiencing the most common types of kidney flares would have delayed treatment for these flares. Conversely, for those with relatively high levels of urinary protein, treatment may be initiated too early. The researchers suggest that current standards for lupus kidney flares may be set too low or too high. The results of this study may one day be used to help better guide treatment strategies for lupus kidney disease.

### **Heart Disease May Precipitate Depression in Certain People with Lupus**

Depression occurs commonly in people with lupus, as does heart disease. However, it is unknown whether one may trigger or contribute to the development of the other. Increased understanding of factors that may contribute to depression in people with lupus can aid future strategies to prevent and treat depression in people with lupus. The researchers hoped to learn about lupus-related factors that may contribute to the development of depression in people with lupus. The participants were interviewed annually about their health statuses for up to five years. The researchers used statistical methods to determine whether specific lupus-related factors could predict the development of another. The following were found to be predictors of depression in people with lupus regardless of the statistical methods used: being aged 40-59, having less than a full college education, being Hispanic/Latino, and having some form of depression upon entry to the study. Increased education seems to have a protective effect against developing depression in people with lupus. Identifying lupus patients at risk for developing depression could greatly increase their quality of life since there are many effective treatment options for depression.

## **Validation of a Self-Reported Questionnaire for Neuropsychiatric Lupus Events**

The incidence of neuropsychiatric disease in people with lupus varies widely, from 21% to 95%, depending on the stringency of the criteria used. Regardless, it is recognized that the occurrence of neuropsychiatric disease is associated with reduced self-reported quality of life in people with lupus. The use of standardized measures of health-related quality of life associated with neuropsychiatric events in people with lupus has not yet been validated. The investigators sought to examine changes in health-related quality of life associated with clinical outcomes of neuropsychiatric events in people with lupus over the course of one year. Health-related quality of life was determined for each patient by use of the Short Form 36 (SF-36), a questionnaire which includes components about both mental and physical status. The results of the SF-36 self-reports were compared to physician-determined assessments of the patients' neuropsychiatric statuses. The most frequent neuropsychiatric events included the following: headache, mood disorders, cognitive dysfunction, anxiety disorder, cerebrovascular disease, multiple kinds of nerve inflammation, and seizures. Physician-determined changes in the neuropsychiatric statuses of patients were

significantly similar to SF-36 self-reports provided by patients. The SF-36 thus appears to be a valid measure of changes in neuropsychiatric status in people with lupus that may complement other kinds of tests.