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Hydroxychloroquine usage in Lupus Nephritis Patients in a Single center

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Background:
Lupus nephritis is a common SLE manifestation that is caused by type 3 hypersensitivity reaction which results in immunocomplex formation.Treatment of lupus nephritis is based mainly on the class of lupus identified in the histopathology with evidence of proliferative glomerulonephritis usually necessitating the introduction of Immunosuppressive medications. However, hydroxychloroquine has been shown to reduce the risk of damage accrual, improve survival, and decrease the frequency of lupus flare. It also has been shown to improve kidney outcome. There is an increased probability of remission in patients with membranous nephritis treated with MMF when combined with hydroxychloroquine and also a lowered probability of decrease in kidney function if used prior to the onset of lupus nephritis. Both KDIGO and EULAR guidelines recommend the use of Hydroxychloroquine in Lupus Nephritis. Prior studies have identified the reduced odds of being on an antimalarial if a patient is seen by a Nephrologist as compared to a Rheumatologist. With this in mind, we intend to ascertain the awareness and use of hydroxychloroquine in biopsy proven Lupus Nephritis in our center.

Methods:
This is a retrospective review of 40 patients with biopsy confirmed Lupus nephritis diagnosed between 2005 and 2017 in a single center. Data was collected by painstaking review of clinical letters and medication history of the identified cohort.

Results :
83% of the participants were females. Twenty two patients aged between 30 and 50 years while 17% younger than 20 years old. Of these patients 62% of them were of Caucasian ethnicity 35% Asian and only 3% were Afro-Caribbean. Of the cohort 34% were not on hydroxychloroquine without precluding factors and all of them were on steroids and Mycophenolate mofetil treatment.

Discussion:
Data from this limited sample of lupus nephritis patients shows that Hydroxychloroquine is not prescribed to considerable number of our lupus nephritis cohort despite no identifiable precluding factor. The inference from this will be that the nephrology community remains unaware of the advantages inherent in the use of anti-malarial in Lupus patients. The other unlikely possibility is that nephrologist remains unconvinced of the evidence of its utility. We believe that it is the former and hence we intend to raise awareness of this particular line of management. Following this study we have commenced a Quality Improvement project to raise awareness of the utility of this age old drug and to actively encourage Nephrologist to prescribe hydroxychloroquine in lupus nephritis patients. A re-audit would be embarked upon in the future.