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Predictors of Long-Term Outcomes in Lupus Nephritis Amongst Asian Indians

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Objectives : Data on long-term outcomes in patients with lupus nephritis (LN) is scarce from developing countries. We evaluated the predictors of patients and kidney outcomes in the Indian cohort.

Methods : This retrospective study included patients at the lupus clinic of a tertiary referral center in western India over 32 years. Consecutive patients with lupus nephritis having at least six months of follow-up were included. All patients received treatment as per KDIGO recommendations. The primary outcome was renal remission (complete + partial). Secondary outcomes were rates of eGFR < 60ml/min/1.73m², kidney failure, and death. Clinical predictors were calculated using multivariate analysis.

Results : We included 302 patients with a female: male ratio of 9.5:1. Mean \pm SD age at presentation was 27.8 ± 9.46 years. Median[IQR] follow-up duration was 6 years [3 – 11 years]. The most common presentation was nephrotic syndrome (43%). A decreased estimated glomerular filtration rate (eGFR) was present in 107 (38.7%) patients with a mean serum creatinine at presentation of 1.69 ± 1.39 mg/dL. Twenty-four (7.9%) of patients presented as rapidly progressive glomerulonephritis (RPGN). Out of 277 patients who got biopsied, the most common was Class IV LN in 94(34%) of patients. Remission (complete or partial) at 1 year was seen in 251 (83.2%) of patients and in 236/274 (86.1%) patients at 3 years. Predictors of remission were baseline serum creatinine < 1mg/dl, histological class II-III, and absence of drug non-adherence. Non-adherence was documented in 79 (26%). At the last follow-up, eGFR < 60ml/min/1.73m² was seen in 70 (23%), kidney and patient survival were 94% and 91.3%. Infections caused mortality in 60% of patients. High chronicity index, no response to treatment at 1 year, and drug non-adherence predicted progression to kidney failure.

Conclusions : Long-term outcomes were found reasonable, with lack of remission at 1 year and non-adherence as important predictors of adverse outcomes.