



COGNITIVE DYSFUNCTION IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A DESCRIPTIVE STUDY.

Daniela Cabral Sousa (Universidade Federal do Ceará, Fortaleza, CE, Brasil), Emmanuelle Silva Tavares Sobreira (Universidade Federal do Ceará, Fortaleza, CE, Brasil), Werbety Lucas Queiroz Feitosa (Universidade Federal do Ceará, Fortaleza, CE, Brasil), Ticiania Maria Pinto Moreira Aires (Universidade de Fortaleza, Fortaleza, CE, Brasil), Andressa Laura Castro Silva (Universidade Federal do Ceará, Fortaleza, CE, Brasil), Leticia Pastuszka Paz Araújo (Universidade Federal do Ceará, Fortaleza, CE, Brasil), Caroline Brandão Joventino (Universidade de Fortaleza, Fortaleza, CE, Brasil), Nathalia Maria Tomaz Silveira (Universidade de Fortaleza, Fortaleza, CE, Brasil), Marta Maria Chagas Medeiros (Universidade Federal do Ceará, Fortaleza, CE, Brasil), Pedro Braga Neto (Universidade Federal do Ceará, Fortaleza, CE, Brasil)

BACKGROUND

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease characterized by multisystemic involvement. Neurological and psychiatric symptoms are reported in 10 to 80% of patients, with cognitive dysfunction being the most common neuropsychiatric manifestation of SLE, reported in 12 to 87% of patients. The divergence found in this percentage reflects the difference between the populations studied, the study methods used, and the difficulty in defining and assessing cognitive dysfunction. In addition to the pathophysiological mechanisms of SLE involved in these manifestations, the disease state, chronic pain, and quality of life of these patients may be implicated in cognitive dysfunction.

MATERIALS AND METHODS

We evaluated 50 patients with SLE between 18-45 years of age, from Rheumatology outpatient clinics at the University Hospital Walter Cantídio (UFC) and NAMI-UNIFOR, respectively, during routine outpatient visits, without prior neurological disease that could compromise cognitive function. We obtained data on demographic characteristics, cognitive dysfunction (neuropsychological assessment), disease activity (SLEDAI) and quality of life (SF-36). We analyzed the data through the SPSS program, using descriptive analysis and Pearson's test.

RESULTS

We obtained the following results: we obtained data from 49 female patients and 1 male patient, mean age: 35.30 years (SD = 7,126). The mean duration of illness was 10.89 years (SD = 6.888), and the average schooling in years was 10.92 (SD = 2.699). The mean of SLEDAI was 5.51 (SD = 6.171). As for cognitive evaluation, there was a greater percentage of deficit / borderline performance in memory domains (verbal episodic-56% and late evocation-68%) and a higher percentage of median performance in verbal fluency domains (62% and 54% in different tests), reasoning (90%) and attention (86%). The executive function domain varied the percentages between deficit / borderline performance (58%, 88% and 76% in different tests) and medium performance (58%, 90% and 92%, in different tests). Disease activity had a significant impact in the tests that evaluated executive function, while age had significant impact on the domains memory, planning, reasoning attention.

CONCLUSION

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