



## **EVALUATION OF CARDIOVASCULAR RISK IN PATIENTS WITH SYSTEMIC ERITEMATOSUS LUPUS AT RHEUMATOLOGY SERVICE IN BELEM, PARA, BRAZIL**

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### **BACKGROUND**

Systemic Lupus Erythematosus - SLE is a disease of autoimmune origin with a large number of clinical and laboratory manifestations. The pathophysiological nature of lupus involves both chronic and atherosclerotic inflammatory processes, which gives pathology an important role in the genesis of changes related to the cardiovascular system. In this context, it is essential to use the Framingham score in an attempt to estimate the cardiovascular risk in lupus patients and the interaction with traditional and non-traditional risk factors. Therefore, aims of this study were to evaluate the cardiovascular risk in patients with systemic lupus erythematosus using the Framingham score, to establish the prevalence of cardiovascular risk factors, to characterize the epidemiological profile of these patients and to relate clinical characteristics to cardiovascular risk.

### **MATERIALS AND METHODS**

The study consisted of a descriptive, cross-sectional, observational study in which the patient's medical records were searched for data essential for the development of the work, including: age, sex, disease duration, smoking, systolic blood pressure, total cholesterol, HDL, hypertension, diabetes, medications in use and type of SLE involvement. The inclusion criteria were patients diagnosed with SLE, older than 18 years. The exclusion criteria were patients with another rheumatologic disease and patients with incomplete and / or illegible data. The data collected from the medical records were used to fill out the research protocol elaborated by the authors. These data served as the basis for the use of the Framingham score.

### **RESULTS**

A total of 68 patients were analyzed. Of these, 88.2% (n = 60) were female, 33.8% (n = 23) were in the age group under 30 years old and 44.1% (n = 30) had a disease time between 6 and 10 years. Cutaneous involvement was the most prevalent, with 88.2% (n = 60) of the cases. In addition, 75% of the patients were not hypertensive (n = 51) and 66.2% (n = 45) had total cholesterol above 200mg / dl. Regarding cardiovascular risk, 94.1% (n = 64) of the patients were in the low risk group, 1.5% (n = 1) in the medium risk group and 4.4% in the high risk group (n = 3). The immunosuppressive / immunomodulatory class is part of the treatment of 92.6% of the patients.

### **CONCLUSION**

The study concludes that the Framingham score was not able to correctly identify cardiovascular risk in SLE patients.