Differences in physician attitudes towards glucocorticoid prescribing for Systemic Lupus Erythematosus (SLE): results from the LUPHPOS survey

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Background

- **Glucocorticoids (GCs) play a pivotal role in the treatment of active SLE; however their use is associated with the risk of organ damage**. The lack of specific guidelines due to insufficient evidence and the inherent heterogeneity of the disease pose challenges for initiating and withdrawing GC.

Objectives

- To explore the **variations in prescribing practices and attitudes toward initiating and withdrawing GC therapy in SLE.**

Methods

- The LUPHPOS (LUpus PHysician' Perspective On glucocorticoidS) study is an online cross-sectional self-reported survey on the physician's perspective of glucocorticoids in the management of SLE, disseminated between April-December 2023.

- We have compared responses between **practitioners based on location (European and non-European countries)** and **years of experience (≤10 years, defined as shorter experience, SE and those with >10 years of experience, defined as longer experience, LE).**

Results

- The survey was completed by 501 physicians, **269 (54%) from Europe and 232 (46%) from non- European countries**, with the distribution of countries shown in Figure 1. The top three countries to respond were **India (n=127, 25%), Italy (n=72, 14%), Spain (n=60, 12%).** The majority of respondents (82%) were **adult rheumatologists**, and 70% reported working in a **university hospital**. Around half (45%) of respondents had a dedicated lupus clinic, which was more common in Europe (51% vs 39%, p=0.007).

- European physicians, compared to non-European counterparts, prioritized **current disease activity** (80% vs. 85%) **and organ involvement** (77% vs. 86%) followed by **comorbidities** (40%) for Europeans and the **course of the disease** (34%) for non-European as top influencers for GC dosing.

- European physicians emphasized **infection (38%), osteoporosis (21%), and cushingoid features** (12%), while non-European physicians were concerned about **infection (34%), cushingoid features (20%), and avascular necrosis (16%)**. A weight-based regimen was used less frequently by European physicians (48% vs 70%, p<0.001).

- **SE and LE practitioners** prefer a **weight-based regimen for glucocorticoid prescribing**, with common doses in mild and moderate flares.
- In **severe flares**, SE physicians favor **pulse therapy more often** (79% vs 65%, p=0.01). SE physicians prescribe **higher pulse doses of >500 mg/day** (41% vs 29%, p=0.02), and for a **longer duration of >3 days** (24% vs 5%, p<0.001).
- Both European and non-European physicians preferred **pulse glucocorticoids (GC),** with common doses of **500 mg/day for Europeans (45%) and 1000 mg/day for non-Europeans (37%).** The most common dose was 0.10 mg/kg/day or 5-10 mg/day in mild flares, and 0.25-0.3 mg/kg/day or 15-20 mg/day in moderate flares. Regarding tapering steroids, LE physicians more frequently target 0 mg/day.
- Approximately **51% of European and 48% of non-European physicians** agreed that the most acceptable target dose for tapering steroids was <5 mg/day (p=0.01). Both groups concurred that **disease activity, organ involvement, and time since the latest flare were the most influential factors for withdrawing GCs.**

Conclusion

- The **geographical location** and **experience of the physician** influences their prescribing and withdrawal of GC therapy, specifically selection of GC dosing, safety concerns and tapering strategies. These differences highlight the need for a consensus on evidence-based care practices with wide-reaching dissemination and implementation strategies.

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