Polypharmacy prevalence and associated factors in patients with systemic lupus erythematosus: A single-centre, cross-sectional study

全身性エリテマトーデス患者におけるポリファーマシーの有病率と関連因子：単施設での横断研究

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天理よろづ相談所病院に通院中の SLE 患者 261 人を対象に、ポリファーマシーと関連する因子を調査しました。5 剤以上のポリファーマシーは 70%、10 剤以上のポリファーマシーは 19%の患者にみられました。5 剤以上のポリファーマシーは、高齢、長期罹病、高疾患活動性、グルココルチコイドや免疫抑制薬の使用と関連しており、10 剤以上のポリファーマシーは、複数の病院への通院、併存疾患の多さ、生活保護の受給と関連していました。本研究により、SLE におけるポリファーマシーは、疾患の重症度や併存疾患などの医学的要因だけでなく、通院パターンや経済状況などの社会的要因の影響も受けることが明らかになりました。また、SLE に対する積極的な治療を行い疾患活動性を抑え、グルココルチコイドの中止を目指すことが、ポリファーマシーの是正に寄与する可能性があります。

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Table 2. Univariate analysis of factors associated with polypharmacy and excessive polypharmacy in patients with systemic lupus erythematosus.

	Polypharmacy			Excessive polypharmacy		
	No	Yes	*P*	No	Yes	*P*
Patients, *n*	79	182		212	49	
Age, years (median [IQR])	47 [33–55]	56 [46–69]	<.001	51 [40–65]	60 [49–72]	.001
Sex (male), *n* (%)	5 (6.3)	25 (14)	.130	20 (9.4)	10 (20)	.055
Duration of SLE, years (median [IQR])	8 [4–15]	14 [6–26]	<.001	11 [5–21]	12 [6–24]	.626
SELENA-SLEDAI (median [IQR])	2 [0–4]	4 [2–6]	.002	2 [0–5]	4 [2–6]	.123
Medication						
Glucocorticoids, *n* (%)	47 (60)	170 (93)	<.001	172 (81)	45 (92)	.111
Hydroxychloroquine, *n* (%)	36 (46)	92 (51)	.545	109 (51)	19 (39)	.151
Belimumab, *n* (%)	2 (2.5)	2 (1.1)	.751	4 (1.9)	0 (0)	.746
Immunosuppressive agents, *n* (%)	8 (10)	101 (55)	<.001	84 (40)	25 (51)	.195
History of hospitalisation in internal medicine, *n* (%)	19 (24)	95 (52)	<.001	87 (41)	27 (55)	.103
History of visits to other internal medicine clinics, *n* (%)	18 (23)	39 (21)	.936	38 (18)	19 (39)	.003
Years of clinical experience with the doctor, years (median [IQR])	17 [8–38]	28 [8–38]	.234	17 [8–38]	17 [8–38]	.866
Smoking, *n* (%)	8 (10)	20 (11)	1	21 (9.9)	7 (14)	.524
Updated Charlson comorbidity index (median [IQR])	1 [1]	2 [1–2]	<.001	1 [1–2]	2 [1–4]	<.001
Congestive heart failure, *n* (%)	2 (2.5)	17 (9.3)	.092	9 (4.2)	10 (20)	<.001
Chronic pulmonary disease, *n* (%)	5 (6.3)	23 (13)	.195	22 (10)	6 (12)	.901
Mild liver disease, *n* (%)	0 (0)	2 (1.1)	.871	2 (0.9)	0 (0)	1
Moderate or severe liver disease, *n* (%)	0 (0)	2 (1.1)	.871	0 (0)	2 (4.1)	.041
Renal disease, *n* (%)	7 (8.9)	85 (47)	<.001	62 (29)	30 (61)	<.001
Diabetes with chronic complications, *n* (%)	1 (1.3)	4 (2.2)	.989	4 (1.9)	1 (2.0)	1
Malignancy, *n* (%)	1 (1.3)	5 (2.7)	.776	5 (2.4)	1 (2.0)	1
Metastatic solid tumour, *n* (%)	1 (1.3)	0 (0)	.667	1 (0.5)	0 (0)	1
Hemiplegia or paraplegia, *n* (%)	0 (0)	1 (0.5)	1	1 (0.5)	0 (0)	1
Dementia, *n* (%)	0 (0)	6 (3.3)	.237	3 (1.4)	3 (6.1)	.146
Acquired immunodeficiency syndrome, *n* (%)	0 (0)	0 (0)	NA	0 (0)	0 (0)	NA
Presence of public assistance, *n* (%)	0 (0)	8 (4.4)	.133	2 (0.9)	6 (12)	<.001

Table 3. Multivariate analysis of factors associated with polypharmacy and excessive polypharmacy in patients with SLE.

	Polypharmacy		Excessive polypharmacy	
	OR (95% CI)	*P*	OR (95% CI)	*P*
Age	1.06 (1.03–1.09)	<.001	1.01 (0.99–1.03)	.347
Sex (male)	2.37 (0.57–9.84)	.237	1.65 (0.63–4.33)	.305
Duration of SLE	1.04 (1.00–1.08)	.038		
SELENA-SLEDAI	1.19 (1.03–1.38)	.021		
Glucocorticoids	4.91 (1.75–13.77)	.002		
Immunosuppressive agents	14.41 (5.51–37.71)	<.001		
History of hospitalisation in internal medicine	2.22 (0.93–5.30)	.072		
History of visits to other internal medicine clinics			2.95 (1.38–6.28)	.005
Updated Charlson comorbidity index	1.63 (1.00–2.66)	.051	1.83 (1.35–2.48)	<.001
Presence of public assistance			18.39 (3.30–102.65)	<.001

Abbreviations: OR, odds ratio; CI, confidence interval.

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