Transcript Details
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What Are the Latest Advances in Lupus Care?

Announcer:
You're listening to Conference Coverage on ReachMD, captured on location at the Congress of Clinical Rheumatology's Annual Meeting in Destin, Florida. Your host is Dr. Madelaine Feldman, Clinical Associate Professor of Medicine at Tulane University Medical School and Vice President of the Coalition of State Rheumatology Organizations.

Dr. Feldman:
This is Dr. Madelaine Feldman. I'm coming to you from Congress of Clinical Rheumatology. I'm here with Dr. Jerry Pounds, who has just left Dr. Michelle Petri's lecture on Advances and Challenges in Nonrenal Lupus.

Dr. Pounds, what were some of the highlights for you in Dr. Petri's lecture?

Dr. Pounds:
Yes, I think first off, this was very exciting for me, because I've obviously known of Dr. Petri for a number of years and think of her as the guru in lupus and have never actually heard one of her lectures live, so I was very thrilled to get to be there and to hear her pearls. And one of the first things she mentioned was the effects of prednisone and how it is an independent risk factor for cardiovascular events in the way of increasing factor VIII, which is also seen in COPD patients, so she made a good point in terms of the P of prednisone stands for poison and try and limit that below 6 mg a day.

Dr. Feldman:
Did Dr. Petri specifically talk about any dosing or what type of vitamin D should be used?

Dr. Pounds:
Yes, so I think she defaults to giving 50,000 units of vitamin D3 once a week. If a patient is overweight, she would suggest increasing that to twice a week. She did also mention that it does not matter whether or not that is D2 or D3.

Dr. Feldman:
Dr. Petri does state that hydroxychloroquine is essential for lupus patients, but there are some issues at times. Did she address those?

Dr. Pounds:
Yes, I think we've all had those patients who started on hydroxychloroquine and then had intolerance from a GI perspective. One thing that she mentioned was that the brand name of hydroxychloroquine is coded and that the generic is not coded, so there is an issue with swallowing the generic and it starting to dissolve on its way into the GI tract. One suggestion that she had, one pearl that I

thought was great, was actually to coat the pill with butter, which makes it less likely to dissolve in transit, and then to obviously take it with food to improve tolerance. Sometimes we still have to lower the dose, she said, so she certainly is okay with having a lower dose, which some is better than none.

Dr. Feldman:
Are there any substitutes for hydroxychloroquine?

Dr. Pounds:
Absolutely. So we can switch it to chloroquine, which does increase the risk for retinopathy, so be aware of that, and then also quinacrine, if you can find it, is also okay, but just to be aware and caution patients that they may turn bright orange in the sun.

Dr. Feldman:
Thank you, Dr. Pounds. Those were some great pearls from Dr. Michelle Petri.

Announcer:
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