Faktor Prediktor Eksaserbasi Satu Tahun Dampak Penurunan Dosis Mikofenolat pada Lupus Eritematosus Sistemik Remisi = Predictive Factors of Flare One-Year Following Mycophenolate Dose Reduction in Systemic Lupus Erythematosus in Remission

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Abstrak

Latar Belakang: Mikofenolat adalah salah satu imunosupresan yang efektif pada berbagai manifestasi LES. Penggunaan jangka panjang dihubungkan dengan teratogenisitas, risiko infeksi, dan biaya yang besar. Strategi "think-to-untreat" adalah strategi potensial untuk mengurangi beban imunosupresan jangka panjang pada pasien LES remisi, namun dihadapkan pada risiko eksaserbasi. Penelitian terkait risiko eksaserbasi dan faktor prediktornya pada penurunan dosis imunosupresan masih sangat terbatas. Tujuan: Mengetahui dampak penurunan dosis mikofenolat pada pasien LES yang telah mencapai remisi. Metode: Data diambil dari rekam medis Rumah Sakit Umum Nasional Cipto Mangunkusumo periode Januari 2021-Desember 2024. Desain penelitian kohort retrospektif. Pemilihan subjek dengan consecutive sampling. Kriteria inklusi: usia 18 tahun, diagnosis LES sesuai klasifikasi EULAR 2019, remisi sesuai kriteria DORIS 2021, mendapatkan terapi mikofenolat hingga tercapai remisi yang kemudian dosisnya diturunkan, kontrol >1 kali dalam 12 bulan pemantauan. Kriteria eksklusi: memiliki kondisi autoimun selain LES, mendapat mikofenolat untuk indikasi selain LES, dalam terapi imunosupresan lain selain mikofenolat, mengalami infeksi berat saat pengamatan, tidak memiliki data yang lengkap. Analisis kesintasan menggunakan kurva Kaplan Meier dan log-rank test. Faktor prediktor dievaluasi melalui analisis bivariat dan multivariat dengan metode regresi Cox. Hasil: Kesintasan bebas eksaserbasi 1 tahun pasca penurunan dosis mikofenolat pada LES remisi adalah 60,5%, dengan mean survival time 9,9 bulan. Berdasarkan analisis multivariat, anti-dsDNA yang tinggi saat remisi dan durasi remisi <6 bulan meningkatkan risiko ekaserbasi dengan HR 1,998 dan 1,985. Usia saat terdiagnosis, riwayat nefritis, riwayat neuropsikiatrik, kadar komplemen rendah, dan penurunan dosis steroid tidak terbukti sebagai faktor prediktor eksaserbasi. Simpulan: Hasil penelitian ini menunjukkan penurunan dosis mikofenolat dapat dilakukan pada LES remisi, namun diperlukan stratifikasi risiko. Pasien dengan kadar anti-dsDNA yang tinggi saat remisi memerlukan pemantauan lebih ketat. Durasi remisi perlu dipertimbangkan sebelum memutuskan untuk menurunkan dosis mikofenolat

.....Background: Mycophenolate is one of the effective immunosuppressants for various SLE manifestations. Long-term use is associated with teratogenicity, infection risk, and high costs. The "think-to-untreat" strategy is a potential approach to reduce the long-term immunosuppressant burden in SLE patients in remission, but faces the risk of flare. Research regarding flare risks and their predictive factors during immunosuppressant dose reduction remains very limited. Objective: To determine the impact of mycophenolate dose reduction in SLE patients who have achieved remission. Methods: Data was collected from medical records at Cipto Mangunkusumo National General Hospital from January 2021 to December 2024. This was a retrospective cohort study. Subjects were selected using consecutive sampling. Inclusion criteria: age 18 years, SLE diagnosis according to EULAR 2019 classification, remission according to DORIS 2021 criteria, received mycophenolate therapy until remission was achieved followed by dose reduction, >1 follow-up visit during 12 months of monitoring. Exclusion criteria: having autoimmune

conditions other than SLE, receiving mycophenolate for non-SLE indications, on other immunosuppressant therapy besides mycophenolate, experiencing severe infection during observation, incomplete data. Survival analysis used Kaplan Meier curves and log-rank test. Predictive factors were evaluated through bivariate and multivariate analysis using Cox regression. Results: One-year exacerbation-free survival after mycophenolate dose reduction in SLE remission was 60.5%, with a mean survival time of 9.9 months. Based on multivariate analysis, high anti-dsDNA during remission and remission duration <6 months increased exacerbation risk with HR 1,998 and 1.985. Age at diagnosis, history of nephritis, neuropsychiatric history, low complement levels, and steroid dose reduction were not proven to be predictive factors for exacerbation. Conclusion: This study shows that mycophenolate dose reduction can be performed in SLE remission, but risk stratification is needed. Patients with high anti-dsDNA levels during remission require closer monitoring. Remission duration needs to be considered before deciding to reduce mycophenolate dose.