# ORAL CORTICOSTEROIDS (OCS) USE IN PORTUGUESE SLE PATIENTS: FINAL RESULTS FROM TRANSFORM STUDY

António Marinho[1], Luís Inês[2], Mário Santos[1], Maria Cary[3], Carolina Rojais[3], Marta Clemente[3], João Brandão[3], Zilda Mendes[3], António Rodrigues[3–5], Maria João Marques[6], Adriana Nascimento[6], Sofia Santos[6], Perpétua Rocha[6], Patrícia Manteigas[6], Hugo Martinho[6], Filipa Bernardo[6]

[1] Instituto de Ciências Biomédicas Abel Salazar (ICBAS); [2] Universidade da Beira Interior; [3] Cientis, Lisbon, Portugal; [4] Life and Health Sciences Research Institute (ICVS), School of Medicine, University of Minho, Braga, Portugal; [5] ICVS/3B's – PT Government Associate Laboratory, Braga/Guimarães; [6] AstraZeneca, Portugal.

## Introduction

Systemic lupus erythematosus (SLE) is a chronic autoimmune condition affecting about 0.1% of the Portuguese population.[1] Although oral glucocorticoids (OCS) remain central to SLE management, long-term use increases the risk of adverse outcomes and irreversible organ damage. Recent EULAR (2023) and ACR (2025) guidelines advocate for limiting OCS maintenance doses to ≤5 mg/day prednisone equivalent or discontinuation where feasible. However, real-world data on OCS utilization among Portuguese SLE patients are lacking.[2,3]

## Objectives

To systematically characterize OCS use among Portuguese patients with systemic lupus erythematosus (SLE) within the community pharmacy setting, describing real-world treatment patterns and alignment with current EULAR/ACR recommendations.

## Methods

Multicentric, cross-sectional observational study conducted in Portuguese community pharmacies affiliated with the National Association of Pharmacies (ANF).

Adults with self-reported, physician-diagnosed SLE were recruited by trained pharmacists after written informed consent. Subjects were identified through a hydroxychloroquine prescription trigger, pharmacist-flagged possible SLE, or patient self-referral prompted by study advertising/communications at the pharmacy.

Primary data were collected through an electronic questionnaire designed specifically for this study, covering sociodemographic, clinical, and pharmacological variables.

Recruitment began in June of 2025 and ended in November of 2025, with a total of 339 patients enrolled out of 475 screenings.

Descriptive analyses (α = 0.05) summarized OCS treatment patterns and alignment with current EULAR/ACR recommendations.

## Results

**152** Participating Pharmacies
Nationwide (ANF affiliated)

**339** Patients Included
from 475 screened; 71.4% inclusion rate.

**90.6%** Female
(n=307)

**56.3** Mean age ± 13.9 years
Median age 57 years
**68.1%** of the recruited patients were aged **older than 50 years.**

**Mean Body Mass Index**
**26.3** kg/m²
**20.9%** were **obese** (BMI ≥ 30.0).

**Mean Age at SLE diagnosis** **39.7** years

**85.9%** (n=273) Taking **Hydroxychloroquine** for SLE Treatment

**Comorbidities or SLE manifestations**
**82.9%** had **at least one comorbidity or SLE manifestation**

**TOP 3** Most frequent
Hypertension (44.2%)
Skin disorders (38.6%)
Hypercholesterolemia (36.3%)

**Most important involvements** (% of patients)
65.3% Musculoskeletal
21.5% Haematologic/ Vasculitic
52.3% Skin
19.3% Kidney

**OCS treatment status at recruitment** (n=339)

**51.3%** on OCS
**(95% CI 46.0–56.6)**
46.0% ongoing, 2.7% starting and 2.7% uncertain with a current prescription.

**42.5%** were **not on OCS (n=144).**

**6.2%** were **unsure about OCS current use and didn't have an OCS prescription (n=21)**

Of those not on OCS or unsure without a prescription (n=165), **65.5% had been treated with OCS before.**

**OCS treatment characteristics** (n=174)

**86.7%** of patients have a recommended treatment duration of **≥3 months** for SLE.

**Dosing Type** (n=170, don't know=3, missing=1)
Fixed (76.5%) | Flexible (23.5%)

**Among fixed-dose users** (n=130*)

**24.4%** **> 5mg/day**
Prednisone equivalent
(*missing dose/day = 7)

**OCS treatment characteristics** (n=174)

**TOP 3** Most frequent INN

77.0% Prednisolone
17.2% Deflazacort

Most frequent OCS prescribers' medical specialty

54.6% Rheumatology
25.3% Internal Medicine
6.3% Family Medicine

## Conclusions

- In this nationwide, community-pharmacy snapshot of portuguese adult SLE population, **over half of included patients were using OCS (51.3%) for SLE treatment.**
- Prolonged OCS use was common, with **86.7% of OCS users reporting treatment durations of ≥3 months.** Most were on fixed-dose regimens (76.5%);
- **24.4% of fixed-dose users exceeded the 5 mg/day prednisone-equivalent maintenance target** endorsed by recent EULAR/ACR recommendations.

## Acknowledgements

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## Bibliographic references and notes

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All participants provided informed consent.