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

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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

39.7 Mean Age at SLE diagnosis

Mean Body Mass Index

26.3 kg/m²

20.9% were **obese** (BMI ≥ 30.0).

85.9% Taking **Hydroxychloroquine** (n=273) 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%)

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 OCS 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)

SLE related Healthcare Resource Utilization
In the 12 months prior to recruitment (n=339)

90.6% **at least 1 scheduled medical visit**
(**mean of 3 visits**; SD 2,2)

16.2% **at least 1 unscheduled medical visit**
(mean of 2.6 visit; SD 3.5)

24.5% **at least 1 emergency room visit**
(mean of 2 visits; SD 1.4)

Conclusions

- OCS use was reported by 51.3% of Portuguese adults with SLE included in this nationwide community pharmacy-based study.
- Prolonged OCS use was common, with 86.7% of OCS users reporting treatment for ≥3 months; 76.5% reported fixed-dose regimens.
- Among fixed-dose OCS users, 24.4% reported doses above the 5 mg/day prednisone-equivalent maintenance target recommended by recent EULAR/ACR guidance.
- SLE-related healthcare utilisation was frequent, with 90.6% reporting scheduled medical visits and 24.5% reporting emergency department visits in the previous 12 months.

Acknowledgements

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Bibliographic references and notes

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All participants provided informed consent.