

## INTISARI

### ANALISIS FAKTOR RISIKO *FLARE* PADA PENDERITA LUPUS ERITEMATOSUS SISTEMIK DI RUMAH SAKIT SARDJITO YOGYAKARTA

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**Pendahuluan:** Lupus Eritematosus Sistemik (LES) merupakan penyakit autoimun kronik yang ditandai dengan perjalanan penyakit yang fluktuatif. Flare atau kekambuhan penyakit berkontribusi besar terhadap morbiditas, mortalitas, dan kerusakan organ jangka panjang. Identifikasi faktor risiko flare sangat penting untuk mencegah luaran klinis yang buruk dan menentukan strategi terapi jangka panjang.

**Tujuan:** Mengetahui faktor-faktor risiko yang berhubungan dengan kejadian flare pada pasien LES yang dirawat di RSUP Dr. Sardjito Yogyakarta.

**Metode Penelitian:** Penelitian ini merupakan studi observasional dengan desain *case-control*. Data diambil dari rekam medis elektronik pasien LES dewasa yang dirawat pada periode 2022–2024 dan memenuhi kriteria klasifikasi ACR/EULAR 2019. Sebanyak 69 pasien LES memenuhi kriteria inklusi dan eksklusi. Analisis bivariat dilakukan menggunakan uji  $\chi^2/Fisher$  untuk data kategorik. Faktor dengan nilai  $p < 0,1$  dimasukkan dalam analisis multivariat regresi logistik, dengan tingkat signifikansi  $p < 0,05$ .

**Hasil Penelitian:** Penelitian ini melibatkan 69 pasien LES yang memenuhi kriteria penelitian. Faktor risiko yang berpengaruh signifikan dengan kejadian *flare* adalah manifestasi trombositopenia pada onset penyakit (OR = 4,812; 95% CI: 1,034–22,386;  $p = 0,045$ ), manifestasi neuropsikiatri pada onset penyakit (NPSLE) (OR = 12,996; 95% CI: 2,161–78,146;  $p = 0,005$ ), infeksi (OR = 27,493; 95% CI: 4,784–158,004;  $p < 0,001$ ), dan penghentian hidrosiklorokuin oleh pasien (OR = 41,397; 95% CI: 2,451–699,255;  $p = 0,010$ ).

**Kesimpulan:** Penghentian hidrosiklorokuin, infeksi, manifestasi NPSLE pada onset penyakit, dan manifestasi trombositopenia pada onset penyakit merupakan faktor risiko independen terjadinya *flare* pada pasien LES. Identifikasi faktor risiko ini penting untuk optimalisasi strategi pencegahan kekambuhan dan perbaikan luaran klinis jangka panjang.

**Kata kunci:** Lupus Eritematosus Sistemik, *flare*, faktor risiko, trombositopenia, infeksi, hidrosiklorokuin, NPSLE

## ABSTRACT

### RISK FACTORS ANALYSIS FOR FLARE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AT SARDJITO GENERAL HOSPITAL YOGYAKARTA

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**Introduction:** Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease characterized by a fluctuating clinical course. Disease flares significantly contribute to increased morbidity, mortality, and long-term organ damage. Identifying risk factors associated with disease flares is crucial for preventing adverse clinical outcomes and guiding long-term therapeutic strategies.

**Objective:** To identify risk factors associated with disease flare among patients with Systemic Lupus Erythematosus (SLE) treated at Dr. Sardjito General Hospital, Yogyakarta.

**Methods:** This study employed an observational case–control design. Data were obtained from the electronic medical records of adult patients with Systemic Lupus Erythematosus (SLE) who were hospitalized between 2022 and 2024 and met the 2019 ACR/EULAR classification criteria. A total of 69 patients fulfilled the inclusion and exclusion criteria. Bivariate analysis was performed using the  $\chi^2$  or Fisher's exact test for categorical variables. Variables with a p-value < 0.1 were subsequently included in a multivariate logistic regression analysis, with statistical significance set at  $p < 0.05$ .

**Results:** This study involved 69 SLE patients who met the eligibility criteria. The risk factors found to be significantly associated with disease flare included thrombocytopenia at disease onset (OR = 4.812; 95% CI: 1.034–22.386;  $p = 0.045$ ), neuropsychiatric manifestations at disease onset (NPSLE) (OR = 12.996; 95% CI: 2.161–78.146;  $p = 0.005$ ), infection (OR = 27.493; 95% CI: 4.784–158.004;  $p < 0.001$ ), and discontinuation of hydroxychloroquine by patients (OR = 41.397; 95% CI: 2.451–699.255;  $p = 0.010$ ).

**Conclusion:** Discontinuation of hydroxychloroquine, infection, neuropsychiatric manifestations (NPSLE) at disease onset, and thrombocytopenia at disease onset were identified as independent risk factors for disease flare in SLE patients. Identifying these risk factors is crucial for optimizing relapse prevention strategies and improving long-term clinical outcomes.

**Keywords:** Systemic Lupus Erythematosus, flare, risk factors, thrombocytopenia, infection, hydroxychloroquine, NPSLE