



Fotoprotección en el LES: mitos y evidencias

Dr. José Mario Sabio Sánchez

Unidad de Enfermedades Autoinmunes Sistémicas

Servicio de Medicina Interna

Hospital Universitario Virgen de las Nieves. Granada



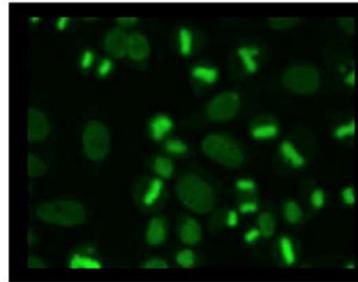
XI. Fotoprotección



GUÍAS CLÍNICAS DE ENFERMEDADES AUTOINMUNES SISTÉMICAS

SOCIEDAD ESPAÑOLA DE MEDICINA INTERNA (SEMI)

LUPUS ERITEMATOSO SISTÉMICO 2011



Línea de trabajo en Lupus Eritematoso Sistémico

Grupo de Estudio de Enfermedades Autoinmunes Sistémicas (GEAS)

Sociedad Española de Medicina Interna (SEMI)



4.5. Medidas terapéuticas generales

Aunque la afectación de cada órgano requiere un tratamiento específico, existen unas recomendaciones generales aplicables a la gran mayoría de los pacientes con LES (tabla 6)

4.5.1. Protección solar.

- Evitar la exposición directa al sol, especialmente entre las 12 y las 18 horas, y a otras fuentes de luz ultravioleta (fluorescentes y luces halógenas).
- Se recomienda el uso de cremas solares con factor de protección alto que bloqueen UVA y UVB (> 30). Aplicar frecuentemente, al menos una hora antes de cada exposición al sol; repetir cada 2-3 horas si persiste exposición, después del baño y si hay sudoración profusa. También se deben usar los días nublados.

EULAR recommendations for the management of systemic lupus erythematosus. Report of a Task Force of the EULAR Standing Committee for International Clinical Studies Including Therapeutics

Adjunct-therapy

In a double-blind, intra-individual comparative study, the use of sunscreens could prevent the development of skin lesions following photoprovocation.⁶⁰

Evaluation of the capacity of sunscreens to photoprotect lupus erythematosus patients by employing the photoprovocation test

H. Stege, M.-A. Budde, S. Grether-Beck, J. Krutmann

Clinical and Experimental Photodermatology, Department of Dermatology, Heinrich-Heine-University Düsseldorf, Germany

In a double blind, intraindividual comparative study, 11 patients with LE were photoproved according to a standard protocol. All patients developed LE-specific skin lesions upon photoprovocation with a combination of UVA plus UVB radiation. Each of the sunscreens tested prevented the development of skin lesions in this assay, but to various extents.





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CONCISE COMMUNICATIONS

DOI 10.1002/art.20426

Use of sunscreens to protect against ultraviolet-induced lupus erythematosus

Therapeutic strategies evaluated by the European Society of Cutaneous Lupus Erythematosus (EUSCLE) Core Set Questionnaire in more than 1000 patients with cutaneous lupus erythematosus

Johanna Sigges

Sunscreens were applied by 84.0% of the CLE patients and showed a high efficacy in preventing skin lesions in all disease subtypes, correlating with a lower CLASI activity score.

Furthermore, CLE patients who were photosensitive according to their medical histories showed a higher efficacy of sunscreens (64.9%) than patients who denied any effect of sun exposure on their disease (52.6%).

Evidencia en la
práctica clínica sobre
el efecto de la
fotoprotección sobre
la actividad
sistémica del LES



Triple need for photoprotection in lupus erythematosus

Patients with lupus have a triple need for photoprotection: 1) most patients are photosensitive; 2) they run the same risk as healthy individuals for accelerated aging of the skin, UV immunosuppression and skin cancer and 3) systemic immunosuppressive treatment further increases the risk of non-melanoma skin cancer



Prevalence and expression of photosensitivity in systemic lupus erythematosus

A J WYSENBECK, D A BLOCK, AND J F FRIES

From the Department of Medicine, Stanford University School of Medicine, Stanford, California, USA

Photosensitivity was reported by 73% patients with SLE

Table 3 *Effect of photosensitivity on patients' lifestyle.**
Figures show number (%) of patients

	<i>SLE†</i> <i>(n=118)</i>	<i>RA†</i> <i>(n=262)</i>
Significant change	41 (35)	14 (5)
Minor change	47 (40)	82 (31)
No change	20 (17)	80 (31)
Not sensitive to sun	10 (8)	86 (33)

* $p < 0.0001$.

†SLE=systemic lupus erythematosus; RA=rheumatoid arthritis.

Triple need for photoprotection in lupus erythematosus

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Triple need for photoprotection in lupus erythematosus

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Standardized incidence ratio (SIR) of various malignancies in patients with lupus.

Type of malignancy	SIR Tarr [17]	SIR Bernatsky [18]
All types	0.89	1.15
Breast	0.62	0.76
Ovarial	0.35	0.62
Cervix	1.74	1.26
Hematological	1.31	2.75
NHL	3.47	3.64
→ Skin	0.04	0.97
Lung	0.48	1.37
Colorectal	0.52	1.01
Gastric	0.83	1.07
Oral	0.48	Undetermined
Urinary bladder	0.54	1.23
Hepatobiliary	0.67	2.60



MDSM; 34 años

Dx LES: 2003

- Artritis

- GN tipo IV

Tratamiento

Evitar la exposición directa a la luz solar.

Hacer ejercicio

Evitar el estrés.

Prednisona 7.5 mg/24 h

Micofenolato 500: 2 comp cada 12 h

Dolquina 200: un comp cada 12 h

Rosuvastatina 10: un comp al día

Acuprel 5 mg: un comp en la cena



MDSM; 34 años; Dx LES 2010

GN tipo IV

	28/3/2014
Creatinina (mg/dl)	0.8
Anti-ADNn (UI/l)	37
C3 (mg/dl)	59
C4 (mg/dl)	12
Proteinuria (g/24 h)	4.5

**PRED, CFM, HCQ,
IECA,
Fotoprotección**



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**PRED, CFM, HCQ,
IECA,
Fotoprotección**



	28/3/2014	13/5/2014
Creatinina (mg/dl)	0.8	0.7
Anti-ADNn (UI/l)	37	9
C3 (mg/dl)	59	128
C4 (mg/dl)	12	29
Proteinuria (g/24 h)	4.5	2.5

**PRED, CFM, HCQ,
IECA,
Fotoprotección**



	28/3/2014	13/5/2014	26/7/2014
Creatinina (mg/dl)	0.8	0.7	
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Creatinina (mg/dl)	0.8	0.7	0.8
Anti-ADNn (UI/l)	37	9	11
C3 (mg/dl)	59	128	107
C4 (mg/dl)	12	29	26
Proteinuria (g/24 h)	4.5	2.5	1.5



VICENTE:
DEJA DE DISCUTIR
CON EL SISTEMA SANITARIO
QUE SE TE ENFRÍA
LA CENA

Quino ©



SEASONAL VARIATIONS IN MANIFESTATIONS AND ACTIVITY OF SYSTEMIC LUPUS ERYTHEMATOSUS

M. AMIT,^{*†} Y. MOLAD,^{†‡} S. KISS^{*} and A. J. WYSENBEEK^{*†}

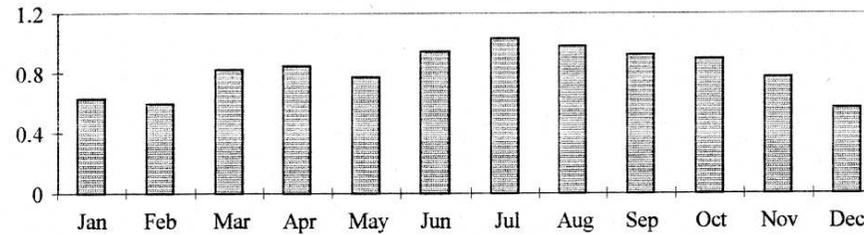
- ✓ **Israel**
- ✓ **105 LES**
- ✓ **Cuatro años de seguimiento**
- ✓ **No se tuvo en cuenta el grado de fotoprotección**

British Journal of Rheumatology 1997;**36**:449–452

SEASONAL VARIATIONS IN MANIFESTATIONS AND ACTIVITY OF SYSTEMIC LUPUS ERYTHEMATOSUS



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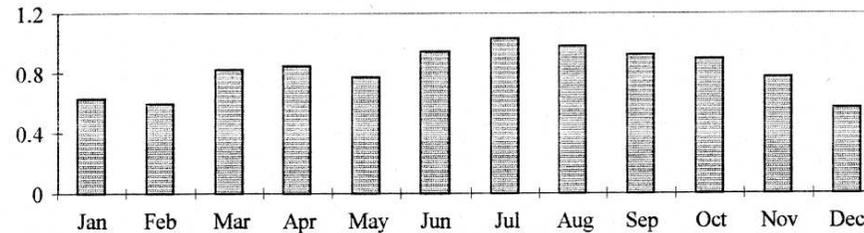
Fotosensibilidad

FIG. 1.—Mean photosensitivity scores (by history) plotted against the months during which they were recorded.

SEASONAL VARIATIONS IN MANIFESTATIONS AND ACTIVITY OF SYSTEMIC LUPUS ERYTHEMATOSUS

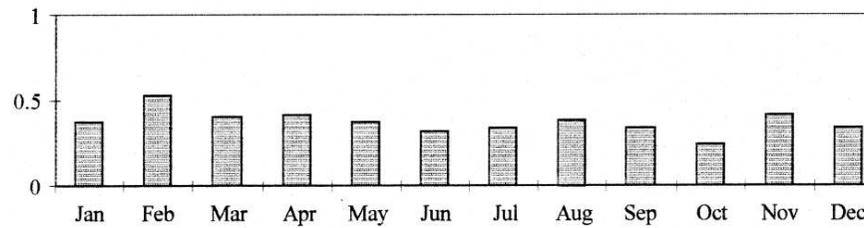


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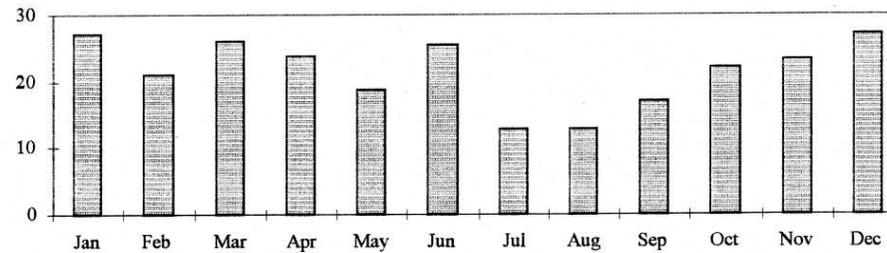
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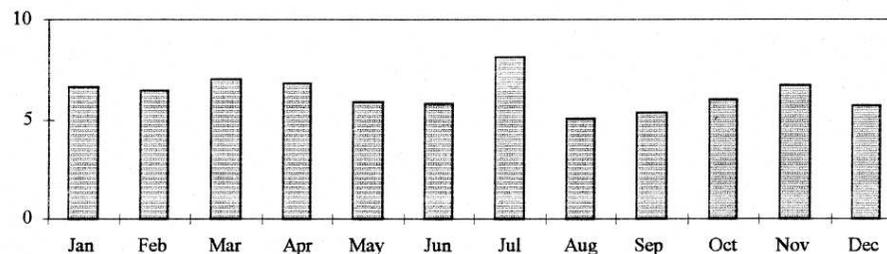
Rash malar

FIG. 2.—Mean scores for malar rash (obtained by physical examination) plotted against the months during which they were recorded.



Anti- ADNn

FIG. 3.—Mean anti-DNA antibody levels (%; Farr method; $N < 10\%$) plotted against the months during which they were obtained.



SLEDAI

FIG. 4.—Mean SLEDAI scores plotted against the months during which they were recorded.



Association of Sunlight Exposure and Photoprotection Measures with Clinical Outcome in Systemic Lupus Erythematosus.

LUIS M. VILÁ, MD; ANGEL M. MAYOR, MD; ANA H. VALENTÍN, MPH; SANDRA I. RODRÍGUEZ, MD; MARÍA L. REYES, MD; EDUARDO ACOSTA, MD; SALVADOR VILÁ, MD.

Complications	Sunscreen		Odds Ratio (95% C.I.)
	Use (%)	No use (%)	
	n=30	n=30	n=60
Malar rash	26 (86.7)	18 (60.0)	2.65 (0.62-11.3)
Renal involvement	4 (13.3)	13 (43.3)	0.22 (0.06-0.86)*
CNS involvement	3 (10.0)	6 (20.0)	0.69 (0.13-3.60)
Anemia	16 (53.3)	23 (76.7)	0.39 (0.12-1.26)
Leukopenia	7 (23.3)	8 (28.6)	0.90 (0.26-3.10)
Thrombocytopenia	4 (13.3)	12 (40.0)	0.22 (0.06-0.85)*
Exacerbations	25 (83.3)	21 (70.0)	1.58 (0.42-5.98)
Hospitalizations	8 (26.7)	23 (76.7)	0.10 (0.03-0.35)*

Pharmacological treatments	Sunscreen		Odds Ratio (95 % C.I.)
	Use (%)	No use (%)	
	n=30	n=30	n=60
Corticosteroid high-dose	11 (36.7)	20 (66.7)	1.18 (0.35-3.92)
Corticosteroid medium-dose	21 (70.0)	25 (83.3)	0.50 (0.14-1.81)
Corticosteroid low-dose	24 (80.0)	25 (83.3)	0.88 (0.22-3.59)
Hydroxychloroquine	22 (73.3)	12 (40.0)	3.68 (1.20-11.3)*
Azathioprine	6 (20.0)	4 (13.3)	1.61 (0.38-6.88)
Cyclophosphamide IV	2 (6.7)	9 (30.0)	0.18 (0.03-0.99)*
Methotrexate	2 (6.7)	1 (3.3)	1.58 (0.12-20.0)
Methylprednisolone pulse	6 (20.0)	11 (36.7)	0.39 (0.11-1.38)



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The odds ratio was derived from logistic regression models, controlled by length of direct sunlight exposure and the presence of photosensitivity.

C.I. denotes the confidence interval

*Statistical significance ($P < 0.05$ and C.I. $\neq 1$)

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Situación socioeconómica

CONCISE REPORT

Seasonal variation of disease activity of systemic lupus erythematosus in Finland: a 1 year follow up study

T Hasan, M Pertovaara, U Yli-Kerttula, T Luukkaala, M Korpela

30 women and 3 men

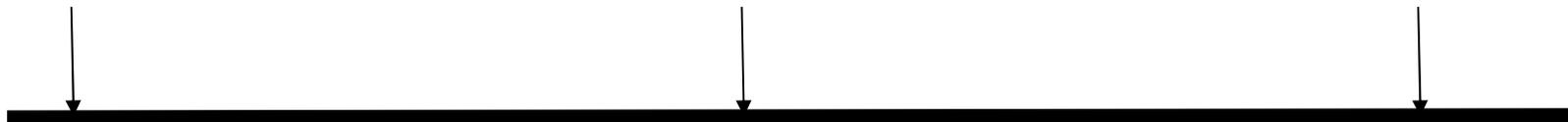
Blood cell counts, erythrocyte sedimentation rate (ESR), serum creatinine, creatinine clearance, 24 hour urinary protein excretion, urine analysis, creatine kinase, indirect Coombs test, components of complement (C3, C4, and CH₅₀), and antibodies to double stranded DNA antigens (anti-dsDNA) were examined on each visit. On the first visit, antinuclear antibodies, antibodies against extractable nuclear antigens, anticardiolipin antibodies, anti- β_2 -glycoprotein antibodies, electrocardiography, and a chest x ray examination were also carried out.

ECLAM

January-February,

May-early June

August-early September



CONCISE REPORT

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ECLAM	
INVIERNO 1.5 (0 – 4)	PRIMAVERA 2.0 (0 – 6.5), $p = 0.006$
	VERANO 2.0 (0 – 6.5), $p = 0.051$

CONCISE REPORT

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	MUCOCUTÁNEO	≠ MUCOCUTÁNEO
PRIMAVERA	6%	86%
VERANO	4%	73%

CONCISE REPORT

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	MUCOCUTÁNEO	≠ MUCOCUTÁNEO
PRIMAVERA	6%	86%
VERANO	4%	73%

- No diferencias según uso de FP (20% usaron CPS (27%, $F < 15$))
- No diferencias según actividad aire libre durante el verano

CONCISE REPORT

Seasonal variation of disease activity of systemic lupus erythematosus in Finland: a 1 year follow up study

T Hasan, M Pertovaara, U Yli-Kerttula, T Luukkaala, M Korpela

The main observation of our study was the aggravation of the disease activity in patients with SLE during the sunny season. It is noteworthy that the activation of SLE was mostly due to non-cutaneous reasons and was measurable. However, seasonal worsening of the disease was not pronounced in any of the patients.

Año	País	Descripción	Resultados
1997	Israel	42 LES. Autocuestionarios. No referencia a la fotoprotección	En verano: ↑ erupciones cutáneas En invierno: ↑ artralgias, cansancio, debilidad, ingresos hospitalarios debidos al LES, aumento medicación, bajas laborales
1999	Noruega (Ártico)	21 LES. 1 año. Invierno: 5.6 h de luz solar Verano: 24 h de luz solar	En verano: ↑ erupciones cutáneas fotosensibles No diferencias en SLEDAI y valoración global del médico a lo largo del año respecto al mes anterior.





PVP 19.95 €







REVIEW ARTICLE

MEDICAL PROGRESS

Vitamin D Deficiency

Michael F. Holick, M.D., Ph.D.

Cause

Reduced skin synthesis

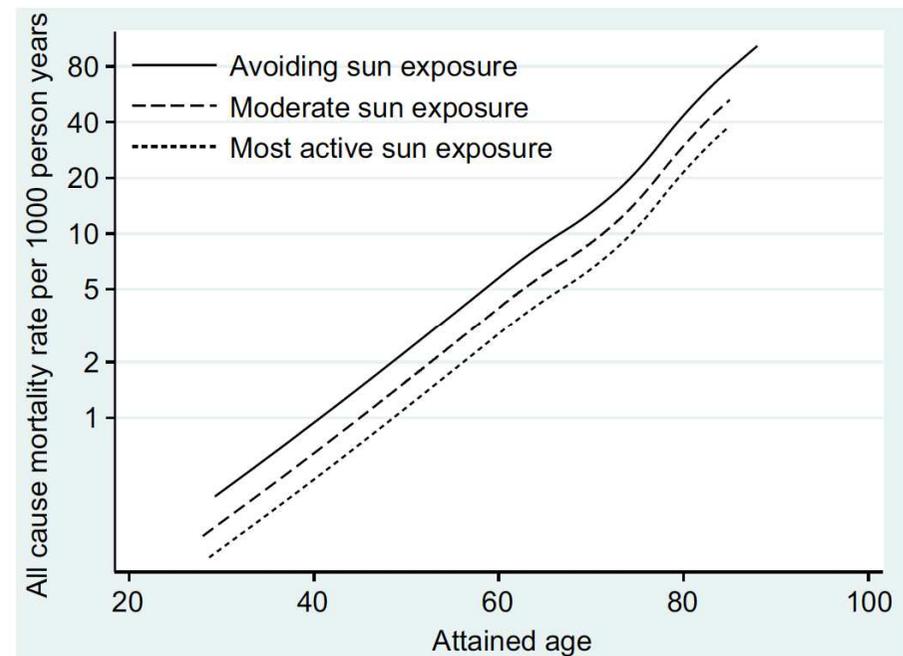
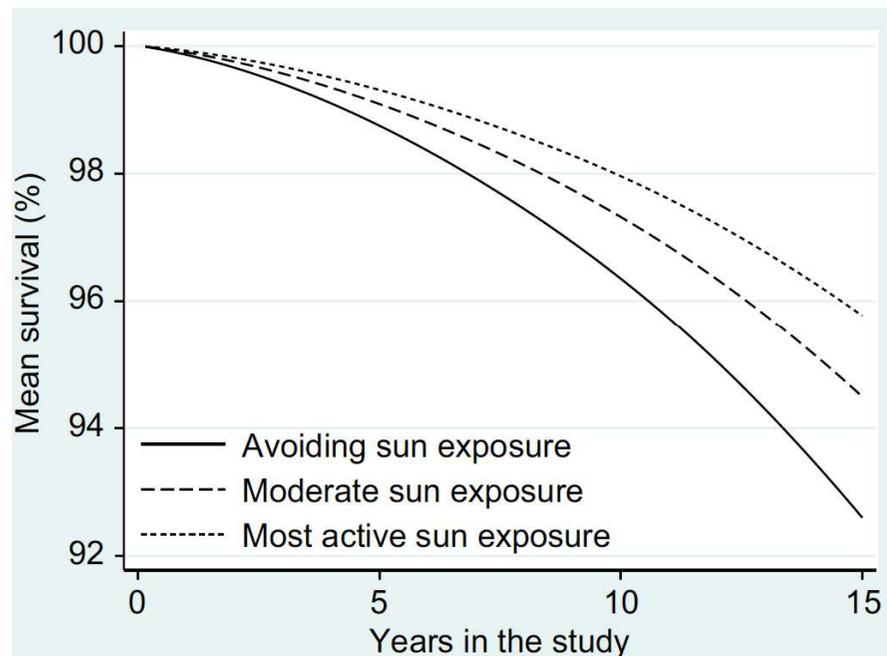
Sunscreen use — absorption of UVB radiation by sunscreen^{1-3,7,85}

Effect

Reduces vitamin D₃ synthesis — SPF 8 by 92.5%, SPF 15 by 99%

Avoidance of sun exposure is a risk factor for all-cause mortality: results from the Melanoma in Southern Sweden cohort

■ P. G. Lindqvist¹, E. Epstein², M. Landin-Olsson³, C. Ingvar⁴, K. Nielsen⁵, M. Stenbeck⁶ & H. Olsson⁷





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The mortality rate amongst avoiders of sun exposure was approximately twofold higher compared with the highest sun exposure group, resulting in excess mortality with a population attributable risk of 3%.

Conclusion. The results of this study provide observational evidence that avoiding sun exposure is a risk factor for all-cause mortality. Following sun exposure advice that is very restrictive in countries with low solar intensity might in fact be harmful to women's health.

XI. Fotoprotección

Pocos estudios

Baja calidad de evidencia

¿Se debería recomendar la
fotoprotección (evitar el sol y
uso de cremas solares) a
TODOS los pacientes con LES?

¿Se debería recomendar la
fotoprotección (uso de gafas de sol y
cremas solares) a
TODOS los pacientes con LES?

¿Se debería recomendar la
fotoprotección **AL MENOS** a
pacientes con fotosensibilidad y
lesiones de lupus cutáneo
activo o recurrente ?

¿Se debería recomendar la
fotoprotección a
paciente con inmunosupresión?
lesión cutánea?
act

SÍ

MENOS a
sensibilidad y
s cutáneo
rente ?

¿Se debería recomendar la fotoprotección **SÓLO** a aquellos pacientes que durante su seguimiento se haya observado un empeoramiento de su enfermedad tras su exposición al sol ?

¿Se debería recomendar la fotoprotección a pacientes sin fotosensibilidad que llevan años con LES inactivo?

¿Necesitan todos los pacientes
lúpicos la misma intensidad de
fotoprotección?

¿Sólo evitar el sol, sólo crema
solar, ambos?

¿Estas recomendaciones son válidas para todos los pacientes independientemente de la latitud en que viva?



Gracias