

## Acknowledgements

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## Increasing trend in mortality from systemic lupus erythematosus in Latin America as an expression of social disparities in health<sup>☆</sup>



### Tendencia creciente en la mortalidad por lupus eritematoso sistémico en América Latina como expresión de las desigualdades sociales en salud

Dear Editor,

Despite the fact that in the last two decades diagnostic, therapeutic and preventative strategies regarding systemic lupus erythematosus (SLE) have improved, their impact on specific mortality from this disease is as yet unknown.<sup>1,2</sup> This has led to the use of data from mortality records to undertake cost-effective research studies with a standardised method on the epidemiological behaviour of mortality by SLE at a population level and over long periods of time.<sup>1,3–5</sup> The resulting evidence of these studies has helped to enhance the understanding of this disease and its recognition as a major health problem for healthcare authorities of several governments.<sup>2,5,6</sup> However, Latin America is experiencing a very different reality in political material and health reports regarding SLE.

Recently, Scherlinger M et al. published the worldwide trends on mortality from systemic autoimmune diseases during the period from 2001 to 2014 in the journal “*Autoimmunity Reviews*”. For this they used the mortality database from the World Health Organisation.<sup>3</sup> Their main conclusion was the standardised rate of mortality by SLE in Latin America was 5 times greater than that of Europe, a phenomenon which was not observed in the other

systemic autoimmune diseases studied. Furthermore, during the 2003–2014 period, in Latin America and Asia, there was a significantly growing trend in standardised rates of mortality by SLE, whilst in Europe, North America and Oceania they demonstrated there was a decreasing trend and in Africa rates remained stable.<sup>3</sup> Posterior analysis by the same authors established an inverse correlation between countries' wealth and the standardized rate of SLE mortality.<sup>1</sup> These research studies confirmed the findings from 3 previous studies on this matter which were based on mortality records, with a similar methodology.<sup>4,7,8</sup>

Inequality dominates the American continent.<sup>9</sup> Against this backdrop, much discussion has arisen as to whether the greater severity and mortality observed in Latin American patients with SLE is a consequence of genetic factors or the expression of the influence on health of social determinants in which this patient group lives. The great majority of studies conclude that the main cause of these adverse findings are from the inequalities that affect minority groups where individual factors combine (poverty, malnutrition, lack of treatment compliance, adverse perception and non-adaptive behaviour related to the disease); factors affecting the health system (lack of access to specialised services, geographical isolation) and those caused by society (lack of social support, inadequate public policies and low gross domestic product).<sup>2,10,11</sup>

It is important to underline that the research studies mentioned share the inherent limitations of the mortality statistics of each country and do not offer information on the causes of death, disease activity or accumulated organ damage. Despite these methodological limitations, their findings are relevant because they identify the tip of the iceberg of this health problem in the region, and urge the Latin American scientific community to recognise and prioritise it.

Low regional evidence on the extension of the problem, its associated factors and the possible effective interventions to address it, are barriers which impede the right decisions being taken and

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increase the divide between healthcare results for Latin American patients with SLE and the rest of the world.

Over more than a decade has passed since the report by the Commission on Social Determinants of health from the World Health Organisation: *Closing the gap in a generation*. Research and action on individual and contextual determinants which mould health inequalities has been consolidated.<sup>9,12</sup> This argument increasingly dictates that only an ecological approach from the perspective of social epidemiology will lead to the disentanglement of the causes of the causes of this epidemiological trend in the region and will open the doors to multi-level strategies which lead to its control.

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