We identified 38,669 Medicare beneficiaries with SLE during 2011-2015. Mean age was 63.6 (14.8) years, 87.5% were female, 72.5% were white, and 20.4% were black (Table 1). The mean (median) follow-up was 2.86 (2.93) years and the maximum was 5 years after the SLE index date.

Unadjusted results overall and by sex:

- Overall all-cause mortality was 8.2 per 100 patient-years (7.6%) in the first year and 6.4 (8.3%) in 5 years.
- In the first year, the overall all-cause hospitalization rate was 48.8 per 100 patient-years; rates were 1.8 due to MI and 3.9 due to stroke.
- Incidence of CKD and ESRD was 11.9 and 0.8 per 100 patient-years in one year. Within 5 years, 1.7% of SLE patients developed ESRD and 2.7% developed shingel.
- Compared with women with SLE in 5-year follow-up, men were more likely to die (25.7% vs. 17.3%) for MI (5.4% vs. 3.7%) or stroke (9.0% vs. 7.5%). and develop CKD (26.0% vs. 20.2%) (ESRD) (23.0% vs. 20.2%).
- Annual healthcare utilization (number of visits per year) was increased from pre- to post-SLE: e.g., outpatient, 8.3 vs. 9.3; physician, 30.1 vs. 33.0.

Conclusions

- Compared with general Medicare beneficiaries, those with SLE experienced higher mortality and SLE-related complications, including MI, stroke, renal disease, and shingles. For example, 1-year mortality was 8.2 vs. 4.5 for SLE and general Medicare patients and the first MI rate in 1 year was 1.8 vs. 0.6 The incidence of ESRD in the SLE cohort 1 year was 0.75%, but 0.04% in the general population in 2015.
- Effective SLE treatment and prevention of SLE-related complications is needed in the aging Medicare population.
- Results are limited to the Medicare population and may not be generalizable to the US population.