

Table VII. European Consensus Lupus Activity Measurement (ECLAM).

1. Generalised manifestations	Any of the following:	0.5
Fever	Documented basal morning temperature of 37.5°C not due to an infective process.	
Fatigue	Asubjective feeling of extraordinary tiredness.	
2. Articular manifestations	Any of the following:	1
Arthritis	Non-erosive arthritis involving at least 2 peripheral joints (wrist, metacarpophalangeal or proximal, interphalangeal joints).	
Evolving arthralgia	New onset or worsening of specific localised pain without objective symptoms in at least two peripheral joints.	
3a. Active muco-cutaneous manifestations	Any of the following:	0.5
Malar rash	Fixed erythema, flat or raised over the malar eminences, and tending to spare the naso-labial folds.	
Generalised rash	Maculo-papular rash not induced by drugs, that may be located anywhere on the body, and that is not strictly dependent on sun exposure.	
Discoid rash	Erythematous, raised patches with adherent keratotic scaling and follicular plugging.	
Skin vasculitis	Including digital ulcers, purpura, urticaria, bullous lesions.	
Oral ulcers	Oral or naso-pharyngeal ulcers, usually painless, observed by a physician.	
3b. Evolving mucocutaneous manifestations	If any of the above mucocutaneous manifestations are new or have worsened since the last observation, add 1 point.	1
4. Myositis*	Confirmed by raised muscle enzymes and/or EMG examination and/or histology.	2
5. Pericarditis	Documented by ECC or rub or evidence of pericardial effusion on ultrasound	1
6. Intestinal manifestations	Any of the following:	2
Intestinal vasculitis	Evidence of acute intestinal vasculitis.	
Sterile peritonitis	Evidence of abdominal effusion in the absence of infective processes.	
7. Pulmonary manifestations	Any of the following:	1
Pleurisy	Clinical or radiological evidence of pleural effusion in the absence of infective processes.	
Pneumonitis	Single or multiple lung opacities on chest X-ray thought to reflect active disease not due to an infective process.	
Ingravescent dyspnoea	Due to an evolving interstitial involvement.	
8. Evolving neuropsychiatric manifest.*	New appearance or worsening of any of the following:	2
Headache/migraine	Recently developed, persistent or recurrent. Poorly responsive to the most commonly used drugs, but partially or totally responsive to corticosteroids.	
Seizures	Grand mal or petit mal seizures, Jacksonian fits, temporal lobe seizures, or choreic syndrome, in the absence of offending drugs or known metabolic derangements (e.g. uremia, ketoacidosis or electrolyte imbalance).	
Stroke	Cerebral infarction or haemorrhage, instrumentally confirmed	
Organic brain disease	Impairment of memory, orientation, perception, and ability to calculate.	
Psychosis	Dissociative features in the absence of offending drugs or known metabolic derangements, e.g. uremia, ketoacidosis or electrolyte imbalance.	
9a. Renal manifestations**	Any of the following:	0.5
Proteinuria	At least 500 mg/day.	
Urinary casts	Red cells, haemoglobin, granular, tubular or mixed casts.	
Haematuria	Microscopic or macroscopic.	
Raised serum creatinine or reduced creatinine clearance		
9b. Evolving renal manifestations	If any of the above renal manifestations are new or have worsened since the last two observations, add 2 points.	
10. Haematologic features	Any of the following:	1
Non-haemolytic anaemia	ACoombs-negative normocytic hypochromic or normochromic anaemia without reticulocytosis.	
Haemolytic anaemia*	ACoombs-positive haemolytic anaemia, with reticulocytosis and elevated LDH, in the absence of offending drugs.	
Leukopenia (or lymphopenia)	Less than 3,500/mm ³ WBC (or 1,500/mm ³ lymphocytes) in the absence of offending drugs.	
Thrombocytopenia	Less than 100,000/mm ³ in the absence of offending drugs.	
11. Erythrocyte sedimentation rate		1
Raised ESR	> 25 mm/h by Westergren or comparable methods, not due to other concomitant pathological process	
12a. Hypocomplementaemia	Reduced plasma level of any of the following:	1
C3	By radial immunodiffusion or laser nephelometer.	
CH50	By standardised haemolytic methods.	
12b. Evolving hypocomplementaemia	Significantly reduced level of any of the items mentioned above (plus C4) with respect to the last observation.	1

FINALSCORE

* If this system (or manifestation) is the only involvement present from among items 1 - 10, add 2 more points. + Excluding patients with end-stage chronic renal disease. # If the final total score is not an integer number, round off to the lower integer for values < 6 and to the higher integer for values > 6. If the final total score is > 10, round off to 10. Adapted from reference 46.