



Patient Information

The Low-Down on Lupus

A healthy immune system works to prevent illness by attacking bacteria, viruses, and other foreign substances that enter the body. But when someone has an *autoimmune* (awe-toe-em-**yoön**) disease, the immune system has trouble telling the difference between harmful invaders and the body's own cells. As a result, it may attack healthy body tissue, which can cause inflammation (redness and swelling) and, eventually, tissue or organ damage.

Lupus (**loo**-pus) is an autoimmune disease that, in its most common form, affects multiple parts of the body, including the skin, joints, kidneys, lungs, heart, blood vessels, blood cells, and brain. This form of lupus is called *systemic* (sis-**tem**-ick) lupus *erythematosus* (err-uh-thee-muh-**toe**-sus), or SLE. There are a few other types of lupus: one that affects only the skin, one that is a reaction to medication, and one that occurs occasionally in newborn babies of mothers with lupus. But SLE is the disease most people mean when they say "lupus."

The effects of SLE can be mild or severe, depending on the individual. While we don't yet have a cure for SLE, medical advances over the past 20 years have given us many options for controlling symptoms and preventing complications. Today, most people with SLE are able to lead active and healthy lives.

How do I know if I'm at risk?

SLE occurs eight to 10 times more often in women than in men, and it is diagnosed most commonly between the

ages of 10 and 50. It also seems to affect certain racial or ethnic groups—African Americans, Asians, Hispanics, and Native Americans—more than others. Finally, your risk of developing SLE is slightly higher if you have a family member with the disease.

What are the warning signs?

SLE symptoms occur in episodes (called "flares"), with periods of no symptoms (called "remission") in between. The combination of symptoms involved in these flares differs from one person with SLE to another—and can even vary from one flare to another in the same person.

Skin problems (such as rashes and sensitivity to sunlight) and arthritis (pain, stiffness, or swelling of the joints) are two of the most common SLE symptoms. The typical SLE rash, the *malar* (**may**-luhr) rash, appears in a butterfly shape across the cheeks and the bridge of the nose.

In some people, SLE causes kidney problems, which can be serious. If your kidneys are affected, there may be no warning signs, or you may have swelling in your ankles or legs, frothy or discolored urine, or high blood pressure. If SLE affects your heart or lungs, you may experience chest pain or difficulty breathing. Occasionally, SLE affects the brain, causing headaches, dizziness, memory or vision problems, personality changes, seizures, or even coma. Other symptoms of SLE include muscle pain, fatigue, unexplained fever, mouth or nose sores, sensitivity to cold, hair loss, swollen glands, and nausea or vomiting.

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What tests do I need?

Because the signs and symptoms of SLE are so variable, the disease can be hard to recognize, and it may take a while for your doctor to confirm the diagnosis. A number of tests can give your doctor important clues, including blood tests, urine analysis, chest x-rays, and, in some cases, kidney or skin biopsies (in which tissue samples are removed with a needle and examined under a microscope).

How can I avoid the problem?

Since the cause of SLE remains unknown, there's no clear way to avoid the disease at present. If you have SLE, however, you can work with your doctor to prevent or reduce symptom flares. For example, many people learn to recognize warning signs of an oncoming flare and are able to take steps to ward it off. Getting regular checkups also is important to minimize flares and to catch and treat serious problems early on.

Although most pregnant women with SLE deliver healthy, full-term babies, they do have a higher risk of miscarriage, premature birth, and other complications. Therefore, it's a good idea for women with SLE to consult a doctor before becoming pregnant.

How is it treated?

SLE treatment depends on an individual's symptoms, overall health, and lifestyle. Even so, such measures as protecting against sun exposure, eating a healthy diet, and getting plenty of rest can benefit everyone with the disease.

For most people with SLE, treatment involves a combination of medications. You may need to try a number of different medications before your doctor finds the

right combination, and changes in your symptoms over time may necessitate changes in your treatment.

Corticosteroids (kort-ih-koh-**stih**-oyds) are very effective at reducing inflammation and can help relieve joint and muscle pain. Because long-term use of these drugs can have serious effects, such as thinning of the bones and an increased risk of diabetes and infections, doctors usually keep corticosteroid doses as low as possible. *Nonsteroidal anti-inflammatory* (non-**stih**-royd-al an-tie-in-**flam**-uh-tor-ee) drugs, or NSAIDs, also can reduce inflammation and pain. Although some NSAIDs are available without a prescription, they should be used only under a doctor's supervision because of the risk of stomach problems and other side effects.

Immunosuppressive (im-yew-no-suh-**press**-iv) drugs can treat more severe symptoms of SLE, such as kidney problems, by restraining the immune system. In so doing, however, they leave you more vulnerable to cancer and infection. Several drugs that were developed to treat malaria also can be used for joint pain, skin rashes, and fatigue caused by SLE.

More information on SLE and links to other resources are available on the lupus page of the National Institute of Arthritis and Musculoskeletal Diseases web site (http://www.niams.nih.gov/hi/topics/lupus/slehandout/#Lupus_6). ●

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