

Lupus

America's Least Known Major Disease

FACTS YOU SHOULD KNOW

Reviewed by

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OVERVIEW

Lupus is a chronic autoimmune disease in which the body's immune system, instead of serving its normal protective function, forms antibodies that attack healthy tissues and organs causing inflammation. There are several types of lupus. Discoid lupus affects the skin, causing a rash and lesions, usually across the face and upper part of the body. Systemic lupus erythematosus, usually more severe than discoid, can attack any body organ or system, such as joints, kidneys, brain, heart and lungs. If not controlled, systemic lupus can be life threatening. Another form of this disease is drug-induced lupus, caused by reaction to medication. When medication is discontinued, the lupus symptoms usually disappear.

There is no cure for lupus. Medical treatment can usually control the disease. Symptoms may vary from one individual to another and treatment approaches are based on specific disease manifestations within each person. Because the characteristics and course of lupus may differ among people, it is important to emphasize that a thorough medical evaluation and ongoing medical supervision (preferably by a rheumatologist or immunologist) are essential to ensure proper diagnosis and treatment.

WHAT IS LUPUS?

Lupus Erythematosus is a chronic disorder of the immune system that causes inflammation of various parts of the body. For most people, lupus is mild, affecting only a few body organs; for others, it may cause serious and even life threatening problems. The body's immune system normally makes proteins called antibodies to protect the body against viruses, bacteria and other foreign materials. These foreign materials are called antigens. In an immune disorder such as lupus, the immune system loses the ability to tell the difference between foreign substances (antigens) and its own cells and tissues. The immune system then makes antibodies directed against "self". These antibodies called autoantibodies, react with the "self" antigen to form immune complexes. The immune complexes build up in the tissues and can cause inflammation, injury to tissues and pain.

DIFFERENT TYPES OF LUPUS

Discoid Lupus (also cutaneous lupus) is confined to the skin. It is characterized by persistent flushing of the cheeks or disk-like lesions (i.e. rash) that appear on the face, neck, scalp and other areas exposed to ultraviolet light (e.g. sunlight, fluorescent light). The rash is usually raised, scaly red, but not itchy. These lesions, if not adequately treated, may develop into permanent scars. If they involve the scalp, they can result in bald spots.

Systemic Lupus Erythematosus (SLE) is usually more severe than discoid lupus and can affect almost any organ in the body. In some individuals, this may mean skin and joint involvement, while in others the joints and lungs, kidneys and blood may be affected. The disease is characterized by periods in which few if any symptoms are evident (remission) and other periods in which it becomes active again (flare).

Drug-Induced Lupus is a result of certain prescribed drugs. These medications can create a lupus-like syndrome which is similar to SLE, but very rarely affects either the kidneys or the nervous system. The most commonly implicated drugs, are hydralazine (used to treat hypertension) and procainamide (used to treat irregular heart rhythms). Drug-induced lupus is more common in men because they are treated with these drugs more often than women. However, only about four percent of the individuals who take these drugs will develop the antibodies of lupus and an even smaller percentage will actually develop drug-induced lupus. When the medication is stopped, lupus symptoms usually fade.

WHO GETS LUPUS?

There are approximately one and a half to two million people in the United States who suffer from systemic lupus. More people have lupus than cerebral palsy, multiple sclerosis, sickle-cell anemia and cystic fibrosis combined. The frequency of discoid (skin only) and drug-induced lupus is unknown. Young women are most frequently affected, outnumbering male patients ten to one. Lupus is more prevalent in African Americans, Latinos and Native Americans. The onset of lupus occurs most often in persons 20-40 years of age, but can occur at any time.



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SYMPTOMS OF LUPUS

Lupus presents itself in various ways. The onset is usually gradual, with the development of vague feelings of disease until some specific symptoms develop. The following symptoms and signs are commonly found in lupus patients. Few patients experience all the symptoms and many experience less than half. These symptoms are similar to those of any acute or chronic illness and may simply disappear.

- Achy joints
- Fever more than 100° F
- Arthritis (swollen joints)
- Prolonged or extreme fatigue
- Skin rashes
- Anemia
- Kidney involvement
- Pain in the chest on deep breathing (pleurisy)
- Butterfly-shaped rash across the cheeks and nose
- Sun or light sensitivity (photosensitivity)
- Hair loss
- Abnormal blood clotting problems
- Raynaud's phenomenon (fingers turning white and/or blue in the cold)
- Seizures
- Mouth or nose ulcers

DIAGNOSING LUPUS

Lupus is usually easy to diagnose when the individual has many of the more characteristic symptoms and signs, but is made more difficult if none or only a few are present. Laboratory tests are usually conducted to help confirm or reject the diagnosis. These tests may include a blood count, looking for low numbers of white blood cells, red blood cells, and/or platelets. The urine is examined for protein and red/white blood cells. Blood tests may be done to measure kidney function. More specific laboratory tests look for antibodies, in particular, antibodies to the nuclei of cells (the ANA, or antinuclear antibody test).

WHAT CAUSES A LUPUS EPISODE

Lupus is a disease characterized by periods of remission (few if any symptoms and signs of inflammation) and periods of activity (causing inflammation). What triggers these flares? It varies from patient to patient. Sunlight and other sources of ultraviolet light can cause a rash and can trigger a systemic flare. An infection, whether viral, bacterial or other may cause a flare. Bodily injury or surgery may be the cause. Stress, overexertion, exhaustion, nervous tension and emotional upsets can also trigger a flare. In many instances, the triggering factor(s) of a flare are a mystery. Some medications have been implicated in lupus flares, but it may be difficult to tell whether the disease or illness for which the drug is prescribed or the drug itself caused the flare.

TREATMENT AND OUTLOOK

Lupus is not considered to be a fatal disease (life threatening) unless there is major organ involvement. In recent years physicians have become much better at the diagnosis and treatment of lupus than ever before.

Most people who are afflicted with lupus can receive effective treatment that will assist them in living a normal life. Because symptoms and disease course can vary so widely in lupus, "tailor-made" treatment programs are essential for each person. Nonsteroidal anti-inflammatory drugs, anti-malarial agents, topical corticosteroids (applied to the skin), systemic corticosteroids (taken in pill or by injection) and various immunosuppressive agents all have their appropriate place in therapy. Once a person has been diagnosed and is receiving treatment, it is important to continue to see his or her physician on a regular basis to ensure proper monitoring of the disease.

As current research efforts unfold, there is continued hope for new treatments; improvements in quality of life; and ultimately a way to prevent or cure the disease. The research efforts of today may yield the answers of tomorrow.