



Lupus

Fast Facts

- Lupus occurs ten times more often in women than in men.
 - Treatment depends on the organs involved .
 - Involvement of the kidneys or/and the brain is the most serious manifestation of lupus.
 - People can live well with lupus if they actively work toward good health.
 - Sun exposure can lead to lupus flares.
 - Carefully plan your pregnancies; lupus can flare during pregnancy and can affect its outcome.
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Systemic lupus erythematosus, referred to as SLE or lupus, is a chronic (long-term) disease that causes systemic in

In addition to affecting the skin and joints, it can affect other organs in the body such as the kidneys, the tissue lining fatigue, weight loss, and fever.

Lupus flares vary from mild to serious. Most patients have times when the disease is active, followed by times when reason for hope. Improvements in treatment have greatly improved these patients' quality of life and increased their

+ What causes lupus?

When healthy, our immune system protects the body from foreign germs and cancers. With lupus, the immune called autoimmunity or “loss of self-tolerance”.

In lupus as the attack goes on, all the branches of the immune system join the fight. This leads to significant a drives its diverse presentation. We know that multiple factors are required, including: the “right” genetic make lupus may also have an impaired process for clearing old and damaged cells from the body, which in turn prov immune response.

Most often, lupus starts in young females in their fertility age. The disease is more common in some ethnic gr

+ How is lupus diagnosed?

Lupus can be hard to detect because it is a complex disease that has many symptoms, and they can come on and off. For people with lupus, rheumatologists can best determine whether a patient has lupus and advise them about treatment options.

People with lupus often have symptoms that are not specific to lupus. These include fever, fatigue, weight loss, heartburn, stomach pain, and poor circulation to the fingers and toes. Pregnant women can have miscarriages.

The American College of Rheumatology has a list of symptoms and other measures that doctors can use as a guide to diagnose lupus.

- Rashes:
 - butterfly-shaped rash over the cheeks - referred to as malar rash
 - red rash with raised round or oval patches - known as discoid rash
 - rash on skin exposed to the sun
- Mouth sores: sores in the mouth or nose lasting from a few days to more than a month
- Arthritis: tenderness and swelling lasting for a few weeks in two or more joints
- Lung or heart inflammation: swelling of the tissue lining the lungs (referred to as pleurisy or pleuritis) or the heart
- Kidney problem: blood or protein in the urine, or tests that suggest poor kidney function
- Neurologic problem: seizures, strokes, or psychosis (a mental health problem)
- Abnormal blood tests such as:
 - low blood cell counts: anemia, low white blood cells, or low platelets
 - positive antinuclear antibodies (ANA) result: antibodies that can cause the body to begin attacking itself
 - certain abnormal antibodies: anti-double-strand DNA (called anti-dsDNA), anti-Smith (referred to as anti-Sm)

If your doctor suspects you have lupus based on your symptoms, a series of blood tests will be done in order to confirm the diagnosis. If ANA is negative, you don't have lupus. However, if ANA is positive, you might have lupus and will need more tests, such as anti-dsDNA and anti-Sm, which are specific to the diagnosis of lupus.

The presence of antiphospholipid antibodies signals a raised risk for certain complications such as miscarriages. Doctors may test for these antibodies (a part of the immune system) in the blood, to help detect the disease and follow its progress.

+ How is lupus treated?

Lupus is a chronic disease. The treatment objective is to induce remission. Treatment depends on the type of symptoms you have.

Common treatment options include:

- Nonsteroidal anti-inflammatory drugs (NSAIDs): NSAIDs decrease joint swelling, joint pain, fever, and inflammation.

names Motrin, Advil) and naproxen (Naprosyn, Aleve). Some of these NSAIDs can cause serious side effect before taking any medications that are over the counter (without a prescription) for your lupus.

- Antimalarial drugs: Hydroxychloroquine (Plaquenil), recommended in every patient with lupus. Hydroxychloroquine was used during World War 2, to be effective for lupus related arthritis, fatigue, rashes, and mouth sores.
- Corticosteroids and immune suppressants: Patients with serious or life-threatening problems such as kidney symptoms need more “aggressive” (stronger) treatment. This may include high-dose corticosteroids such as prednisone. Immune suppressants include azathioprine (Imuran), cyclophosphamide (Cytoxan), and cyclosporin. Cyclosporin is used to treat severe kidney disease in lupus – referred to as lupus nephritis.
- Biologics: In 2011, the FDA approved a biologic, belimumab (Benlysta), for the treatment of active SLE in adults. It is the first new drug approved for lupus since 1955.
- Combination treatment: Health care providers may combine a few medications to control lupus and prevent relapses. Suppressing medications may cause side effects and require close monitoring. Side effects of these drugs include diarrhea, high blood pressure, and osteoporosis (weak bones). Rheumatologists may lower the dose of a drug to prevent a relapse. As a result, it is important to receive careful and frequent health exams and lab tests to track your disease.

+ Broader health impact of lupus

Lupus disease, especially when active, could lead to accelerated atherosclerosis (clogging of the arteries) which can lead to heart failure, and strokes. Thus, it is vital that patients with lupus, in addition to controlling their disease, exercise and maintain a healthy weight, low blood pressure, and high cholesterol.

Renal inflammation is one of the common and most serious manifestations of lupus. It could go undetected and lead to kidney failure. Outcomes by seeking treatment at the first signs of kidney disease. These signs include:

- High blood pressure
- Swollen feet and hands
- Puffiness around your eyes
- Changes in urination (blood or foam in the urine, going to the bathroom more often at night, or pain or trouble urinating)

+ Living with lupus

Most people with lupus can live normal lives. Treatment of lupus has improved, and people with the disease are living longer. Living with lupus:

- Form a support system. A good doctor-patient relationship and support from family and friends can help you manage your disease.
- Get involved in your care. Learn as much as you can about lupus, your medications, and what kind of prognosis you have. Your rheumatologist often to prevent serious problems. This lets your doctor keep track of your disease and you may need to have your primary care doctor manage your lupus with the help of a rheumatologist.

- Stay active. Exercise helps keep joints flexible and may prevent heart disease and strokes. This does not mean you should rest.
- Avoid excess sun exposure. Sunlight can cause a lupus rash to flare and may even trigger a serious flare of lupus. Wear protective clothing (long sleeves, a big-brimmed hat) and use lots of sunscreen.

If you are a young woman with lupus and wish to have a baby, carefully plan your pregnancy. With your doctor's guidance, avoid medications that can harm your baby. These include cyclophosphamide, cyclosporine, and methotrexate. If your disease is very active, use birth control. For more information, see Pregnancy and Rheumatic Disease.

Rheumatologists have long been concerned that the female hormone estrogen or treatment with estrogen may trigger some mild or moderate flares of lupus, but does not cause symptoms to get much worse. Yet, estrogen therapy and blood tests show antiphospholipid antibodies (meaning you already have a high risk of blood clots).

Updated March 2017 by Ziv Paz, MD and reviewed by the American College of Rheumatology Committee on Communications and Marketing

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