



Education

Systemic Lupus Erythematosus

What is systemic lupus erythematosus (SLE)?

Systemic lupus erythematosus (SLE) is an autoimmune disease. This means that your body's defenses against infection are attacking your own tissue. This causes inflammation. Areas of the skin or joints become painful, red, and swollen. Other parts of the body can also become inflamed and injured, including the muscles, kidneys, nervous system, blood, lungs, and heart.

SLE, also called lupus, is a serious, chronic disease, which means it never goes away completely. For most people lupus is mild and the symptoms can be controlled. However, if lupus is severe, it can be fatal.

Lupus affects mostly young women. In the US it is more common among African-American, Hispanic, Asian, and Native American women than Caucasians. West Indian women and Chinese women also have higher rates of lupus.

Discoid lupus (also called cutaneous lupus) is a form of lupus that affects the skin only. It is milder and more common than SLE.

How does it occur?

The exact cause of lupus is not known. There may be an inherited tendency to develop the disease. Like other autoimmune diseases, attacks of lupus seem to be triggered by particular events, such as having a viral infection or being exposed to too much sunlight.

Certain drugs may cause some people to have a lupuslike syndrome called drug-induced lupus. Examples of such drugs are hydralazine (used to treat high blood pressure) and procainamide (used to treat abnormal heart rhythms).

What are the symptoms?

Lupus can take many forms and does not affect everyone in the same way. Some of the more common symptoms are:

- painful and swollen joints
- rash
- unexplained fever
- fatigue and weakness
- hair loss
- sensitivity to sunlight (you sunburn more easily and your other symptoms worsen with sun exposure).

You may have symptom-free periods called remissions. Times when symptoms become more severe are called flare-ups.

How is it diagnosed?

The symptoms of lupus are similar to those of several other inflammatory conditions. It can be hard to diagnose. Your health care provider will take a medical history and examine you.

Your provider may order blood tests to check for the presence of lupus antibody. The most common antibody tests are:

- ANA (antinuclear antibody)
- anti-DNA antibody, or anti-native DNA antibody.

ANA is present (positive) in over 90% of the cases of lupus. However, other diseases can also cause a positive ANA test. Anti-DNA is present over 50% of the time in SLE, but often it is not present even though you have SLE. These test results may change over time. They may go from negative to positive and the amount of antibody in the blood may increase.

Your urine may be tested to check for kidney problems.

If you have a rash, your provider may do a skin biopsy. The biopsy is done by removing a small sample of skin after the area has been numbed. The piece of skin is checked under a microscope for signs of lupus.

How is it treated?

Doctors have not yet found a cure, but there are treatments for your symptoms. Medicines can ease your discomfort.

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen, may be prescribed for joint pain and inflammation.
- Antimalarial drugs (such as hydroxychloroquine, or Plaquenil) may be used to treat symptoms of the skin or joints. (If you take Plaquenil, follow your health care provider's advice on getting your eyes checked by an eye doctor.)
- Severe symptoms are treated with steroid drugs such as cortisone and prednisone or chemotherapy drugs such as methotrexate, cyclophosphamide, and azathioprine.

You may tire easily because of the lupus, but usually you will not have to give up your normal activities. Make sure you get enough rest when your disease is active and try to avoid stress. During remissions, increase your physical activity to keep your muscles strong and flexible.

Exposure to the sun can worsen skin rashes and other problems of lupus. Try to avoid outdoor activities during peak sunlight hours (usually 10 AM to 4 PM). When you are exposed to sunlight, wear a hat to shield your face. Wear clothing that covers your arms, legs, and chest. Always use sunscreen on your skin.

How long will the effects last?

You may have times when you do not have symptoms, but lupus is a lifelong disease and it can be hard to predict its course. Early detection, prompt and ongoing treatment, and continued monitoring can help prevent serious damage to your organs and improve your chances of a normal life span.

How can I help take care of myself?

- Follow your health care provider's plan for treatment.
- Avoid things that seem to trigger your lupus.
- Discuss all medicines you are taking with your health care provider, including birth control pills or other medicines containing estrogen.
- Maintain a healthy weight.
- Stay physically active, according to your health care provider's recommendations.
- Get plenty of rest.
- Learn ways to cope with stress, especially if stress triggers your symptoms.
- Get treatment for any other illnesses you have.
- See your health care provider promptly if you have new symptoms.

For more information, contact:

Lupus Foundation of America
 Phone: (800) 558-0121 (English), (800) 558-0231 (Spanish)
 Web site: <http://www.lupus.org>.

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