



SYSTEMIC LUPUS ERYTHEMATOSUS

What is Systemic Lupus Erythematosus?

Systemic Lupus Erythematosus (SLE) is also called Lupus. It is an autoimmune disorder in which your body's own immune system incorrectly attacks your own organs and tissues. This may lead to inflammation and damage of the many different parts of your body such as the skin, joints, heart, lungs, kidneys, blood vessels and brain. The kidney is often the organ most commonly involved. Lupus is characterised by episodes of wellness (remission) and periods of illness (flare ups). The symptoms of Lupus may be mild or more serious.

What causes it?

Lupus is a complex disease and the cause is unknown. It has been associated with genetic, environmental and possibly infectious causes. More women than men get Lupus.

What are the symptoms?

Lupus can affect any organ of the body and it can cause a wide range of symptoms.

The most common symptoms are:

- Continuous fatigue
- Fever
- Joint pain, swelling or stiffness
- Muscle pain
- Hair loss

- Rash, typically in a butterfly distribution on the face, across the cheeks and under the eyes.
- Painless ulcers in the mouth or nose
- Poor circulation in the fingers or toes
- Photosensitivity- a rash may develop on skin exposed to sun.
- Kidneys- inflammation of the kidneys can impair their ability to get rid of waste products.
- Anaemia, leukopenia (decreased number of white blood cells) or thrombocytopenia (a decrease in the number of blood platelets in the blood which assists in clotting of blood).
- Heart- inflammation can occur in the heart itself or the membrane surrounding the heart, causing some chest pains or damage to the heart valves.

In some people Lupus symptoms can worsen for a few weeks or for longer then may settle down. In other people, the symptoms do not change and remain constant.

How is it diagnosed?

Your doctor may diagnose Lupus after a complete medical history and physical examination and certain blood tests. The tests that will be done include the following:

- Full blood count
- ESR (Erythrocyte sedimentation rate)- a test to measure inflammation
- Urine analysis
- Antinuclear antibody test (ANA). In lupus the immune system develops antibodies against the body's healthy cells and tissues. These antibodies, called auto antibodies, contribute to the inflammation of the various parts of the body. The most common type of antibody that develops in Lupus is called antinuclear autoantibody (ANA).
- Anticardiolipin antibody test.

Sometimes X-rays or scans may be performed to check for heart, kidney or lung involvement.

Lupus is better managed if diagnosed and treated early. As Lupus symptoms can be similar to many other condition it can take some time to diagnose Lupus.

How can Systemic Lupus Erythematosus affect my health?

Lupus causes damage to many different parts of the body, including:

- Blood clots in the legs (deep vein thrombosis) or lungs (pulmonary embolism)
- Destruction of red blood cells (hemolytic anemia) or anemia of chronic disease
- Fluid around the heart (pericarditis), endocarditis, or inflammation of the heart (myocarditis)
- Fluid around the lungs (pleural effusions), damage to the lung tissue (interstitial lung disease)
- Pregnancy complications, including miscarriage and flare-up of Lupus during pregnancy
- Stroke
- Severely low blood platelets (thrombocytopenia)
- Vasculitis, which may damage arteries anywhere in the body.

Some people with Lupus have deposits of antibodies in the cells of the kidneys. This leads to a condition called Lupus Nephritis. Patients with this condition may eventually develop kidney failure and may need dialysis or a kidney transplant. Lupus symptoms can range from mild to severe.

Severity	How it can affect you
Mild	Joint pain, stiffness and skin rashes, tiredness
Moderate	Inflammation of the various parts of your body including joints, skin, heart, lungs and kidneys
Severe	Inflammation causing damage to the various parts of your body including joints, heart, lungs and kidneys. This may be life threatening

There may be periods of time when SLE flare-ups and then settles down. During the periods of flare-up, treatment may need to be adjusted to manage the effect of the flare-up.

Treatment

Diagnosing and treating Lupus often requires a team approach between the patient and several types of healthcare professionals. A person with Lupus can be treated by her own family doctor or she may visit a rheumatologist, nephrologist, endocrinologist or dermatologist. The doctor will develop a treatment plan specifically tailored towards each person's specific symptoms and needs and it will need to be amended over time.

Medication to manage Lupus includes the following:

- NSAIDS (non-steroidal anti-inflammatory agents) for people with joint pain or fever.
- Antimalarials such as Chloroquine or hydroxychloroquine- used to treat fatigue, joint pain, skin rashes and inflammation of the lung.
- Corticosteroids are the mainstay in the treatment of Lupus. They work by reducing inflammation. Corticosteroid creams applied to the skin help to manage the skin rash associated with SLE.

- Immunosuppressives – for some patients whose kidneys or central nervous system are affected by Lupus, an immunosuppressive agent may be used. Examples include Azathioprine or Cyclophosphamide.
- Methotrexate may also be used to control the disease.
- Some newer medicines that work on the immune system to reduce the number of antibodies in the blood are being used in severe patients.

Your role in managing this condition

Despite the symptoms of Lupus and potential side effects of treatment, you may still maintain a high quality of life. The key to managing Lupus is to understand the disease and its impact on your life.

- You need to recognize the warning signs of a flare up and try to manage the flare up as best you can. Many people with Lupus experience the following symptoms before a flare up: increased fatigue, pain, rash, fever, headache or dizziness.
- Get lots of rest and try to manage stress- Learn techniques to manage stress such as relaxation techniques, exercise and rest.
- Pregnancy and Lupus- although pregnancy in women with Lupus is considered high risk, most women with Lupus carry their babies safely to the end of their pregnancy. Women with Lupus generally have a high miscarriage rate compared to the general population. It is important to plan a pregnancy and adjust the medication for Lupus at least 6 months before becoming pregnant.
- Take your medication regularly as prescribed by your doctor.
- Maintain a nutritious diet.
- Try to stay active when you have a flare-up. Try walking or swimming.
- Wear a hat and use a good sunscreen to protect your skin while you are outdoors.
- If you smoke, try to stop smoking.
- Maintain good communication channels with your doctor regarding your needs and concerns about Lupus.

Disclaimer

The reader should always consult a doctor if they believe they may be suffering from this medical condition. The information contained herein is intended to assist understanding and should not take the place of your doctor's advice or instructions. Whilst every effort has been made to ensure the accuracy of the information contained herein, Universal Care does not accept responsibility for any errors or omissions or their consequences, and shall not be liable for any damages suffered arising out of the use of this information.

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