Lupus

Systemic lupus is a chronic and presently incurable illness of the immune system, a condition in which the body's defence mechanism begins to attack itself through an excess of antibodies in the blood stream causing inflammation and damage in the joints, muscles and other organs.

The name systemic lupus implies that almost any organ or system within the body might be affected and l**upus is perhaps the classical multi-symptom illness,** deserving of far greater priority and investigation by the medical community.

Discoid lupus is a condition of the skin alone, and in a very few patients can develop into systemic lupus.

Lupus may be triggered by various means and can present in a bewildering number of ways, even to the extent of mimicking other diseases such as rheumatoid arthritis or multiple sclerosis.

The causes of lupus are not positively known though research has provided evidence implicating heredity, hormones and infections including viruses.

90% of cases are female mainly between the ages of 15 and 55.

With its many symptoms, lupus can often be overlooked by a GP or consultant which may delay final diagnosis and a vital start to necessary treatment which can contain the disease and hopefully limit potential damage to the kidneys, heart, lungs or brain. Those diagnosed usually remain in medical care and receive ongoing treatment. Many symptoms will have less impact but there may be side effects.

Lupus can adversely affect the lives of sufferers and their families, and influence relationships with friends and business colleagues.

The Symptoms

Although there are many possible manifestations of lupus, those listed below are some of the more common. Lupus is a disease which can present many different facets, rarely do two people have exactly the same symptoms, and these can vary from just one to many.

- Joint/muscle aches and pains
- Permanent rash over cheeks
- Extreme fatigue and weakness
- Increased risk of miscarriage
- Rashes from sunlight/UV light
- Flu-like symptoms and/or night sweats
- Weight gain or loss
- Inflammation of the tissues covering internal organs with associated chest and/or abdominal pain
- Seizures, mental illness or other cerebral problems
- Headaches, migraine
- Kidney problems
- Oral/nasal ulcers
- Hair loss
- Depression
- Haematological disorders including anaemia
- Swollen glands
- Poor blood circulation causing the tips of fingers and toes to turn white then blue on exposure to cold (Raynauds)
- A person with lupus may have four or five symptoms, where some of these might recede and/or others develop.

The two major symptoms of lupus appear to be:

- Joint/muscle aches and pains
- Extreme fatigue and weakness

The triggers

Lupus can be triggered:

- At puberty
- During the menopause
- After childbirth
- After viral infection
- Through sunlight
- As a result of trauma
- After a prolonged course of some medications

One or more triggers can set off the illness in people who may have susceptibility to lupus.

Lupus

Lupus is often triggered in people where there is family history of lupus and/or other immune system illnesses such as arthritis, MS and rheumatism.

Lupus worldwide is more prevalent than leukaemia, muscular dystrophy and multiple sclerosis.

Afro-Caribbeans, Asians and Far Eastern races are more prone to having lupus.

Differing environmental factors may also contribute to the initiation of the illness in some patients.

Lupus is neither infectious nor contagious.

Some pointers

Study of many thousands of lupus patients across the world has led to the recognition of the following as possible early pointers of lupus. Only one or two of the pointers may be in evidence.

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- Rashes, facial or elsewhere
- Teenage growing pains
- Teenage migraine
- Teenage glandular fever
- Agoraphobia/claustrophobia
- Severe reaction to insect bites
- Finger flexing difficulty
- Recurrent miscarriages
- Menstrual cycle problems
- Family history of immune system illness
- Dry eyes/mouth
- Low lymph count
- Normal CRP and raised ESR
- Borderline C4 complement levels
- Dry Shirmers test (eyes)
- eg Septrin or sulphonamide allergy

The list is not exhaustive and, whilst the GP or specialist should be mindful of the above possibilities, he or she will be guided by the diagnostic criteria.

Treatments

There is at present no cure for lupus but careful monitoring of the disease and a treatment programme with medication adjusted as appropriate enables the condition to be controlled, most patients being able to live a normal life span. Doctors will usually only keep the patient on high impact medication for as short a period as possible.

Non-steroidals, Aspirin, etc – anti-inflammatory drugs (NSAIDS), used for patients who suffer mainly from joint/muscle pain. Aspirin, heparin or warfarin may be prescribed in the case of patients needing anticoagulation treatment.

Anti-Malarials are of help in patients with skin and joint involvement and of some assistance with fatigue. The drugs may be sufficient for patients with moderately active lupus to avoid using steroids. Hydroxychloroquine (Plaquenil) has anti-inflammatory properties, some sun- protective features and gives some protection against clotting – mepacrine is also used.

Steroids such as prednisolone have been vital in the improvement in lupus care and in some cases are lifesaving. They have a profound effect on inflammation and suppress active disease. The dosage depends on the severity of the symptoms. Once the disease is under control the dosage might be reduced gradually and/or it might be possible for the patient to transfer to other medication. The side-effects of steroids are well-known and include possible weight gain, muscle weakness, and over time the possibility of osteoporosis.

Immunosuppressants – these drugs are widely used in more severe disease. The most commonly used are Azathioprine, Methotrexate and Cyclo- phosphamide. Azathioprine is a milder drug and used for mild to moderate kidney disease, or where its difficult to reduce steroid dosage. Cyclophos- phamide, usually given by pulse, is widely used for kidney disease and is very effective. Regular blood testing is required initially 2-3 weekly, subsequently 4-6 weekly whilst on such medication.

Other drugs are less frequently used in lupus and include intravenous Immunoglobulin (often used when the platelets are low) and Cyclosporin A, the

drug widely used in transplantation medicine to suppress rejection. For very severe skin disease in patients where pregnancy is not a consideration, Thalidomide has proved an extremely powerful medication.

Non-lupus drugs – various medications have helped improve the prognosis in lupus. These include a variety of improved blood pressure tablets and diuretics, anti-coagulants (Aspirin or Warfarin) in those patients with a clotting tendency, anti-epileptic and anti-depressive medication. Skin creams include corticosteroids and newer, vastly improved sun-protection creams.

There are now, in addition to standard calcium and vitamin D preparations, modern effective drugs for the prevention and treatment of osteoporosis.

All information on this factsheet has been taken from www.lupusuk.org.uk/what-is-lupus

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