



PATIENT FACT SHEET

Lupus



CONDITION DESCRIPTION

Lupus, also known as systemic lupus erythematosus (SLE) is a chronic, autoimmune disease that causes systemic inflammation. The skin, joints, kidneys, brain, lungs or heart may be affected. Lupus is ten times more frequent in women than men, and is more common among African Americans and Asians.

In lupus, the body's immune system attacks its own tissues by mistake, causing inflammation. Lupus

flares range from mild to serious. Sun exposure may trigger flares. Often, lupus starts in young females of childbearing age. Lupus may flare during pregnancy, so careful management is required.

Genetics, environmental exposures and organ characteristics may increase lupus risk. People with lupus may also fail to clear old, damaged cells from their body, affecting their immune response.



SIGNS/ SYMPTOMS

Lupus symptoms include a butterfly-shaped rash across the cheeks, red rash with raised or oval patches, mouth sores and arthritis. People may have nonspecific symptoms like fatigue, fever, weight loss, blood clots, spotty hair loss, heartburn, stomach pain, or poor circulation to hands and feet. Miscarriages are possible.

Lupus may cause heart or lung inflammation, kidney problems, and neurological problems, like stroke or seizure. Patients may have abnormal blood test results, such as

low blood cell counts, and testing positive for antinuclear antibodies (ANA) and other abnormal antibodies.

Lupus diagnosis is based on symptoms and blood tests, especially ANA. ANA-positive patients will take more lupus-specific tests, such as anti-dsDNA and anti-Sm. Testing for antiphospholipid antibodies help identify patients at risk for miscarriage or blood clots. Complement blood testing helps doctors detect and track lupus.



COMMON TREATMENTS

Lupus treatment aims to put the chronic disease into remission. Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn), ease joint pain and swelling, fever and organ inflammation.

Most lupus patients take hydroxychloroquine (Plaquenil), an antimalarial drug, to treat arthritis, fatigue, rashes and mouth sores. Corticosteroids such as prednisone (Deltasone) and immunosuppressant drugs such as azathioprine (Imuran), cyclophosphamide (Cytoxan) and cyclosporine (Neoral, Sandimmune), are more

aggressive treatments for severe organ inflammation. Mycophenolate mofetil is used to treat lupus nephritis, a severe kidney disease. Belimumab (Benlysta) is a newer biologic approved to treat lupus.

Combination treatment may help control lupus and prevent tissue damage. Possible treatment side effects include nausea, hair loss, increased infection risk, diarrhea, high blood pressure and osteoporosis. Frequent check-ups help track symptoms and guide treatment adjustments.



CARE/ MANAGEMENT TIPS

People with lupus may lead normal, active lives. Avoid sun exposure to the skin. Take all lupus medications as prescribed by a rheumatologist. Do light, regular activity to keep joints flexible and prevent heart disease.

Lupus patients benefit from strong support from family and friends, and good patient-doctor relationships to manage their disease. Women with lupus who want to get pregnant should plan carefully with their

doctors, and try to conceive at times of low disease activity. Women should use birth control while taking medications that could harm a fetus.

Estrogen therapy may trigger mild or moderate lupus flares, and raise the risk of blood clots. Lupus patients who test positive for antiphospholipid antibodies should not take estrogen, as they are already at higher risk for blood clots.