ADVANCES IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

An Improved Outcome and Outlook for Patients with SLE

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With early diagnosis and treatment, as well as lifestyle changes, the outcome for patients with systemic lupus has improved considerably over the last few years.

Understanding SLE

Systemic lupus erythematosus is a chronic autoimmune disease that affects multiple organs, including the joints, skin, lungs, kidneys, heart, blood vessels, and brain. Although SLE is often referred to simply as lupus, there are 4 different lupus disorders, with systemic lupus erythematosus considered the most serious.

The disease course in SLE is variable, ranging from a mild course with frequent periods of remission alternating with periods of symptoms to a severe, potentially fatal condition affecting the heart, kidneys, or lungs. The prognosis or outcome of patients with SLE has improved considerably over the last few years due to improvements in diagnostic tests and treatments and a better understanding of the autoimmune nature of lupus.

Who is Affected?

Systemic lupus erythematous can affect people of all ages although the first signs of disease usually occur in people between the ages of 15 and 45 years. Women are affected with about 9 times more often than men. Lupus is also 3-4 times more common in African American women than in Caucasian women, and it is also more common in women of Hispanic, Japanese, Chinese, and Native American descent. SLE can also first emerge during pregnancy or around the time of childbirth.

Like most autoimmune diseases, SLE is seen more often in people with a family history of autoimmune disorders, including type 1 diabetes, rheumatoid arthritis, and autoimmune thyroid disease. However, the risk that a child, brother or sister of a patient with SLE is still quite low.

Signs and Symptoms

SLE can cause a number of different symptoms depending on the organs that are affected. The most common symptoms include extreme fatigue, arthritis, fever in the absence of infection, skin rashes and kidney problems (lupus nephritis). About 30 percent of people with SLE also have blood cloting abnormalities such as antiphospholipid syndrome.
A characteristic symptom of SLE is the butterfly or malar rash that occurs as a reddening over the cheeks and bridge of the nose, sparing the nasolabial folds at the sides of the mouth. The rash may also appear on the chin and forehead. Other symptoms seen in lupus include: joint pain, muscle pain, sensitivity to sunlight (photosensitivity), edema in legs, ankles and around the eyes, mouth ulcers, vaginal ulcers, hair loss, depression, dizziness, neurological symptoms, swollen glands, Raynaud’s phenomenon, and chest pain upon deep breathing. Atherosclerosis, seizures, stroke, vision problems, pulmonary hypertension, systolic murmurs, pericarditis, renal failure, hemolytic anemia, vasculitis, glomerulonephritis, infections, and pleuritis are among the possible complications.

**Diagnosing SLE**

Lupus is diagnosed based on a combination of clinical signs such as rash and arthritis and specific blood test abnormalities, including the presence of certain autoantibodies. The most common autoantibody seen in lupus is the antinuclear antibody (ANA). The type of ANA pattern seen on the test result helps determine if SLE or a related connective tissue disease is present. Current diagnostic criteria for SLE include 4 of the following symptoms to be present at any time during a patient's history:

* Malar rash
* Discoid rash
* Photosensitivity
* Oral ulcers
* Arthritis
* Renal disorder
* Neurologic disorder
* Hematologic disorder
* Immunologic disorder
* Antinuclear antibody

**Estrogen Influences**

For instance, although estrogens were thought to be a significant trigger for SLE, the use of oral contraceptives in lupus is now permitted and the outcomes in pregnancy are considered more favorable. Pharmaceutical advances have eliminated the need for the high doses of corticosteroids once used in patients with lupus. Many of the serious complications that commonly affected patients with SLE in the past were related to the long-term use of corticosteroids.

**Dietary Influences**

The benefits of a low glycemic index or anti-inflammatory diet on lupus have now been proven, and incorporating, stress reduction techniques and dietary lifestyle changes into healing programs for lupus is now considered routine. Studies by the National Institutes of Health on the use of complementary and alternative medicine for lupus have shown the
benefits of an integrative healing approach. Today, it is common to see patients with SLE achieve long and even permanent periods of remission.

**Treatment**

There is no cure available for systemic lupus at this time. However, an effective arsenal of drugs is available to relieve symptoms and reduce inflammation. Newer corticosteroid-sparing agents used together with corticosteroids or in place of corticosteroids have eliminated the hazardous side effects related to high dose corticosteroid therapy. Medications commonly used for patients with SLE include non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, buffered aspirin, antimalarials such as Plaquenil, corticosteroids, immunosuppressives such as CellCept and Cytoxan, methotrexate and related compounds. In addition, with the advent of integrative medicine, dietary and lifestyle changes and alternative and complementary therapies are now a common part of therapy.

Resources:


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