

# Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

## Lupus

**Lupus remains one of the large number of mystery illnesses which results in damage to body tissues and which may be mild or, in some cases, life threatening. It can affect many of the body systems and presents differently in different people. Ninety percent of sufferers are women of child bearing age and affects about one woman in every 5,000. It is 5-10 times more common in white women than in black or oriental**

Lupus is an *autoimmune* condition.

An autoimmune disease is one which arises from an inappropriate immune response from the body against its own body tissues. In simple terms the immune system, designed to fight off infections and other 'foreign' attacks, mistakes normal body tissues as 'foreign' and attacks and destroys them. The reason for the immune system to act in this way is not clearly understood but both genetic and environmental factors have been implicated.

The principal types of lupus are:

1. Systemic lupus erythematosus
2. Discoid lupus erythematosus
3. Drug-induced lupus

The name of the disease is derived from the Latin word '*lupus*' meaning a wolf. The name was coined because of the severe facial rash, *lupus vulgaris*, now rarely seen and which was said to look like a wolf's bite.

**Systemic lupus erythematosus** (SLE) is the form of the disease that can attack a variety of body tissues; joints, skin, kidneys, blood cells, heart and lungs, but which usually presents with one of the three primary symptoms of fatigue, joint pain or rashes.

The fatigue associated with the disorder is often extreme and may have a profound effect on day-to-day living. Commonly it is accompanied by joint pains which, unlike other arthritides, move from joint to joint, often in a short space of time. The joints are usually not permanently damaged and do not develop the deformities often seen with rheumatoid or osteoarthritis. Patients with SLE also commonly develop rashes which are usually seen on the face and the lower arms and hands. The classical appearance of the rash is the so-called 'butterfly rash' which forms across the bridge of the nose with the 'wings' over the cheeks. The rash is *photosensitive* which means that it is aggravated by exposure to sunlight.

Patients may have mild or severe forms of one or more of the symptoms outlined above and may have one, several or, in severe cases, all of the symptoms described below.

Such symptoms include a low-grade, persistent temperature, bowel disturbances and oral ulcers, enlarged painless lymph gland enlargement, heart symptoms including inflammation of the heart muscle (myocarditis) or heart covering (pericarditis), inflammation and fibrosis in the lung, anaemia, depression, headaches, migraine, high blood pressure and memory loss. In the most severe cases death may occur as a result of kidney failure, heart failure or respiratory failure.

For information, advice or assistance contact:

LUPUS UK  
St James House, Eastern Road,  
Romford, Essex, RM1 3NH  
Telephone – 01708 731251  
E-mail [headoffice@lupusuk.org.uk](mailto:headoffice@lupusuk.org.uk)

LUPUS UK is a national charity helping thousands of people through its regional structure.

Two less severe forms also exist:

**Discoid Lupus Erythematosus** is a mild form of the disease which predominantly affects the skin and produces circular (discoid) red marks which may scar, associated with patchy permanent hair loss.

**Drug-induced Lupus** is associated with the development of (usually mild) symptoms of lupus associated with particular medications. In general the symptoms are reversed by withdrawal of the medication.

A number of genetic factors have been identified which may make patients more vulnerable to SLE and, in addition, environmental factors such as exposure to

sunlight, particular medications and hormone changes (particularly during puberty and pregnancy), appear to exert a significant influence.

SLE may be a difficult disorder to diagnose because the symptoms may appear vague and non-specific, particularly in the early stages of the disease. Furthermore the pattern of

symptoms is very variable and there is no typical initial presentation. The provisional diagnosis is reached by recognising clinical signs and some blood tests, which assess aspects of the immune system, may be helpful in confirming the diagnosis.

There is no cure for SLE. Treatment is directed to symptom relief and to

prevent progression of the disease. Simple measures involve avoidance of sunlight, which aggravates any skin changes, and the use of non-steroidal anti-inflammatory drugs such as ibuprofen to relieve pain and inflammation. *Hydroxychloroquine*, a treatment which has long been used for the treatment of malaria, is used long-term to help control skin changes and joint and muscle pain. Side effects are rare but, on occasion, the drug may cause significant visual deterioration.

*Steroids* may be used to control the symptoms associated with inflammation and large doses are used to achieve rapid effect. The drugs are used with care because of the side effects of longer-term steroid use.

*Immunosuppressant drugs* act to suppress the immune system to minimise the damage which SLE can induce. Commonly the drug of choice is azathioprine although others such as ciclosporin, cyclophosphamide and methotrexate are used. Such drugs cause a variety of side effects, most commonly bowel disturbances, headache, dizziness and weight gain. Such drugs should not be used in pregnancy or in women anticipating a pregnancy.

*Rituximab* is a new drug which is being used in a number of diseases believed to have an auto-immune basis. It is administered in a hospital setting and is not approved for prescription in primary care. The drug has a range of side effects but may be a choice in particular circumstances where the disease is active or resistant to other treatments.

The result of the introduction of more modern treatment is that patients with SLE can have a normal or nearly normal life expectancy.

[paullambden@compuserve.com](mailto:paullambden@compuserve.com)