

**S**ystemic Lupus Erythematosus, commonly known as Lupus, is a disorder of the immune system. Our immune system primarily serves the purpose of defending our body against infections. At the same time it is busy with internal housekeeping, such as removing old dysfunctional and malignant cells. In Lupus, the immune system becomes over-reactive. It produces antibodies which damage normal healthy cells. This in turn leads to disease of the organs to which the antibodies were directed.

While Lupus patients have an over-reactive immune system, they sometimes are not as effective in coping with common infections, such as respiratory or bowel infections. This problem is further aggravated if the patients are on medications such as corticosteroids and immuno-suppressive drugs. Infections may not only become life threatening, but they can also make the Lupus become active. Identifying and treating infections early is critical to managing the disease.

Lupus has a different disease pattern in different patients according to the antibodies involved. Most patients with Lupus suffer from joint pains and skin rashes. However, many also develop fluid around the heart and lungs, and in some cases, kidney disease and dysfunction of some brain activities. The latter could lead to visual disturbances, memory loss, epileptic fits, severe headaches and psychological problems.

Lupus occurs mostly in young women, at an average age of 22 years. However, the disease can also affect males, and has been diagnosed in different age groups. People from African descent living in the Caribbean and North America have the highest prevalence of Lupus. Therefore young Caribbean women, who suffer from joint pains and/or skin rashes, should, without delay, do a blood test in order to determine if their complaints are caused by Lupus. Young people who experience excess protein in their urine should be tested as soon as possible. Delay in making the diagnosis may result in permanent severe organ disease.

The diagnosis of Lupus is suspected after someone has done a Anti-Nuclear Antibodies (ANA) blood test and the results turn out to be positive. Other tests, including Anti-DNA and Anti-Sm will confirm the diagnosis. In many patients however the diagnosis is suspected, but not confirmed. These are patients with a mild form of the disease. Repetitive analysis will usually confirm the diagnosis over a period of years.

The treatment and control of Lupus has improved over the last decade, mainly due to earlier diagnosis and increased understanding of the disease. The disease, however, still remains a threat to life, if the kidney or the brain become areas of major inflammation. Patients with renal disease should be tested to identify and quantify the extent of the inflammation and damage in these areas. A common procedure is renal biopsy.

The medical treatment of Lupus is designed to target the body systems that are inflamed. If only joints and skin are involved, the treatment could be limited to non-steroidal, anti-inflammatory drugs and chloroquine derivatives. However, if lungs, heart, kidney or brain are involved, corticosteroids would become the basis of treatment. In addition, immuno-suppressive medications, such as azathioprine and cyclophosphamide would be prescribed either orally or intravenously.

Management of one's lifestyle is however most important for Lupus patients. They should never venture in the sun unprotected as the harsh UV light may activate their disease. They should maintain a balanced heart-healthy diet. They should avoid stressful situations, as these would limit dangerously the recovering capacity of the body. Their family and friends should be understanding and supportive. Indeed Lupus patients can become very weak and fatigued overnight without any obvious reason. They are not to be blamed if certain previous commitments cannot be kept.

However, in most patients, over time the body will adapt itself to the disease or vice versa, and the dreaded Lupus flares become less frequent. It is hoped that in the future, with improved monitoring facilities, this state can be more readily achieved.

**The Lupus Foundation of Jamaica** is a voluntary patient organization and has been in operation since 1984. It aspires to improve the outcome of Systemic Lupus Erythematosus through a better awareness

and a deeper understanding of the disease. One of its major activities is patient support and counseling. The Foundation encourages research in areas of diagnosis and treatment of Lupus.

### SYMPTOMS

- Fever
- Fatigue
- Loss of appetite: weight loss
- Aches and pains
- Swollen glands
- Nausea and vomiting
- Headache
- Depression
- Easy bruising
- Hair loss
- Edema/swelling

The following symptoms are more suggestive of Lupus:

- A rash over the cheeks and bridge of the nose
- Discoid Lupus lesions
- Developing rashes after exposure to the sun or ultraviolet light
- Ulcers (not sores or blisters) inside the mouth
- Arthritis of two or more joints, i.e., the joints hurt and are swollen
- Pleurisy - pain in the chest on deep breathing, not related to position or movement
- Seizure
- Anemia
- Raynaud's - fingers turning white and/or blue in the cold
- Bald spots

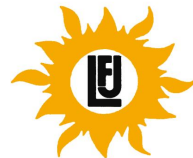
The Lupus Foundation holds its monthly support group meeting at the **LFJ Learning Centre, 7 Barbados Avenue, Kingston 5**, on the third Thursday of every other month commencing at 6:00 p.m. The **Western Support Group** meets at Unit 6, GWest Centre, Lot 6 Crane Boulevard, Fairview, Montego Bay on the last Wednesday of every other month at 6:00 pm.

Specialists are invited to explain various aspects of the disease as well as coping strategies living with a chronic illness at these monthly meetings.

The month of October internationally is recognized as Lupus Awareness month, at which time the LFJ holds its annual symposium to increase the level of awareness about the disease among members and the general public.

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# LUPUS FOUNDATION OF JAMAICA

