

kidney disease) than in people who don't have lupus. Other traditional factors linked to the development of heart attacks such as a high cholesterol can be effectively treated with drugs called statins. Similarly anti-phospholipid antibody effects can be minimised by the use of Aspirin or Warfarin.

THE LUPUS UK RANGE OF FACT SHEETS

Further fact sheets are available as follows:

- LUPUS Incidence within the Community
- LUPUS A Guide for Patients
- LUPUS The Symptoms and Diagnosis
- LUPUS and The Brain
- LUPUS and The Kidneys
- LUPUS The Joints and Muscles
- LUPUS The Skin and Hair
- LUPUS The Mouth, Nose and Eyes
- LUPUS and the Feet
- LUPUS Fatigue and Your Lifestyle
- LUPUS and Men
- LUPUS and Light Sensitivity
- LUPUS and Pregnancy
- LUPUS and Blood Disorders
- LUPUS and Medication
- LUPUS and Associated Conditions

LUPUS UK is the registered national charity caring for people with presently-incurable lupus and has some 7,000 members who are supported by over 30 regional groups.

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Please contact our National Office should you require further information about lupus. LUPUS UK will be pleased to provide a booklist and details of membership.

LUPUS UK

ST JAMES HOUSE, EASTERN ROAD
ROMFORD, ESSEX RM1 3NH
TEL: 01708 731251 FAX: 01708 731252
www.lupusuk.org.uk

LUPUS

The Heart and Lungs



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Conclusions

The heart and lungs are quite commonly affected in patients with lupus. Pleurisy and pericarditis can often be treated successfully with low to moderate doses of steroids. More emphasis is being placed on looking at the risk factors for the development of heart attacks including abnormalities in clotting factors and an abnormal cholesterol level. Stopping smoking is also a vital factor in the long-term management of these problems.

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The Heart and Lungs

Symptoms and Signs

The main symptoms and signs of heart or lung involvement are pleurisy which causes chest pain at the end of taking a deep breath in, shortness of breath, cough and ankle swelling. In addition, because the drugs used to treat patients with lupus suppress the immune system, chest infections including pneumonia, are increased in patients with lupus.

Pleurisy

Pleurisy is common in lupus – estimates vary that between 30% and 60% of patients develop this problem at some point. More severe forms of this problem cause a collection of fluid, pleural effusions, usually starting at the base of the lungs but on occasions spreading up to cover a larger proportion of the lung surface. This fluid can constrict the lungs causing shortness of breath. Pleurisy may be strongly suspected from the clinical history and

examination, and confirmed on a chest x-ray. It usually responds rapidly to a short course of steroids.

The Lungs

A number of pathological conditions can affect the structure of the lungs themselves although none are specific for lupus. Examples include a form of scarring within the lungs known as ‘interstitial fibrosis’ which causes shortness of breath and a ‘crackling sound’ when your doctor listens to your breathing with a stethoscope. Confirmation of this problem is achieved with chest x-rays and CT (or MRI) scanning. Some lupus patients are more susceptible to blood clots and this may give rise to a pulmonary embolus which can in turn cause the coughing up of blood from the lungs. A rather rare condition, known as shrinking lung disease, is thought to be due to a problem with the diaphragm muscle which is found below the lung.

The Heart – Pericarditis

The pericardium or tissue lining around the heart can also become inflamed. Classically the pain is at the centre of the chest at the front

and can even be mistaken by the patient (or the doctor) as a heart attack. Clinical examination, chest x-rays and an echocardiogram help to make the distinction. This is a less common problem than pleurisy, but also often responds to the treatment with steroids.

Heart Valve Disease

A small number of patients develop heart valve disease. There is a strong association with the presence of anti-phospholipid antibodies (discussed in another fact sheet in more detail); leaky heart valves result in shortness of breath and should be treated with the help of a cardiologist. Rarely patients require valve surgery.

Heart Attacks

Although the actual number of lupus patients suffering from heart attacks is small, there is undoubtedly an increased risk of this occurring especially in women between the ages of thirty five and forty five. The reasons are not entirely clear though some ‘traditional’ risk factors such as high blood pressure are more of a problem in lupus patients (often linked to