

LUPUS

and
Associated
Conditions



LUPUS and Associated Conditions

Lupus most often occurs alone. However, in many people, other medical conditions caused by or associated with lupus can occur. It is important that you know about these conditions and how they may make you feel so that you can tell your doctor right away. The sooner a problem is detected and evaluated, the sooner it can be treated to prevent or reduce damage to your body's organs. It is worth noting that not everybody will be affected by all or any of these conditions.

Antiphospholipid Syndrome

This is often called “sticky blood” syndrome where patients have a tendency to clots (thrombosis), in the veins and arteries. The thrombosis may present either dramatically, or over a period of time with clots in major vessels, sometimes including in the brain. It is vital that this diagnosis is made: a simple blood test for antiphospholipid antibodies is available in most major hospitals. These antiphospholipid (“sticky blood”) antibody blood tests can help doctors to advise about your risks and influence future treatments to prevent further clots. Pregnant women who have antiphospholipid antibodies may develop recurrent miscarriages; importantly these can be prevented by early diagnosis and treatment. Although this syndrome was first discovered in lupus patients it is now recognised that many, if not the majority of patients with Antiphospholipid syndrome (sometimes known as Hughes’ syndrome), have no other features of lupus nor will they develop lupus in the future.

Mixed connective tissue disease

The name “mixed” or “overlap” connective tissue disease is used for patients who have features in common with two or three diagnoses - lupus, scleroderma and myositis (muscle inflammation). The predominant features of mixed connective tissue disease or ‘overlap syndrome’ are severe Raynaud’s phenomenon (see below), joint pains and puffy, swollen “sausage” fingers with skin thickening. The presence of certain autoantibodies can help in the diagnosis.



What parts of the body does lupus usually affect?

Systemic lupus erythematosus (SLE or lupus) is one of the so-called autoimmune rheumatic disorders that are caused by a fault in the body's immune system, which normally fights infection. In this condition, antibodies are made, which instead of killing germs, attack the body itself and cause damage.

Lupus can vary from a relatively mild disease for which simple treatments are required to a much more serious condition which needs very strong medication. Most people lie somewhere between these extremes. Skin rashes, often made worse by the sun (photosensitivity) are common. Mild hair loss (which comes and goes) can be a feature of the disease. Joint pains, particularly in the hands and feet, can also be a problem as can tiredness and fatigue which can be debilitating. Sometimes the circulation into the fingers can be affected and this causes them to go white and numb in cold weather. As the fingers recover they turn blue then red; this is called Raynaud's phenomenon.

Lupus can affect many other parts of the body including the kidneys, brain, nerves and lungs although this is uncommon. However, when lupus does affect major organs, treatment requires powerful medications. Kidney problems can cause high blood pressure and fluid retention with swollen legs and if untreated, kidney failure can result.



Are people with lupus more likely to get other problems where the immune system attacks the body?

The answer to this is yes. Anyone with one condition where the immune defence mechanism attacks the body (so-called autoimmunity) is prone to other autoimmune conditions. We know this is the situation with other autoimmune diseases. For example, people with diabetes (where the body attacks its insulin making cells) are more likely than the general population to get rheumatoid arthritis or thyroid diseases.

In general, if a patient has lupus with another autoimmune disease, the lupus itself tends to be less severe. In the same way, the other autoimmune disease, which can occur without lupus, tends to be milder. Correspondingly, doctors can often use less powerful treatments in these 'overlap' or 'mixed connective tissue' disorders, unless major organs are affected.



What are the other problems that people with lupus are prone to?

One of the conditions that can occur along with lupus is Sjögren's syndrome. This can occur in about 1 in 5 patients with lupus. With this problem, the immune system attacks the glands that produce fluids to lubricate different parts of the body so dry eyes and dry mouth are common. Artificial tears or saliva gels and sprays can help with these symptoms. Using chewing gum can help to produce saliva. However, it is important that this is sugar-free as the lack of saliva increases the risk of tooth decay. Regular dental visits are essential to prevent dental decay. There is a blood test for a specific antibody that goes with Sjögren's syndrome (Ro and La antibodies). Sometimes a tiny piece of tissue can be removed from the lower lip to confirm the condition (a salivary gland biopsy).

Sjögren's syndrome can also cause dryness of the vagina. This can make sexual intercourse uncomfortable. There are lubricants available to help with this too via your doctor or nurse.

A little under 1 in 10 patients with lupus suffer with autoimmune thyroid disease. This is where the body attacks the thyroid gland that controls the body's metabolism. The thyroid gland can either become underactive or overactive. If the gland is overactive, it can cause sweating, anxiety, shaking, heart pounding and weight loss. If underactive, the skin becomes dry, weight gain is a problem and mental alertness can be affected. Sometimes the thyroid gland (which is found at the front of the neck) can become swollen. A thyroid problem is easily detected with a simple blood test. It is also quite easily treated.

Inflammatory arthritis

In lupus, joint pain is a common problem but this pain is not associated with actual damage to the joint itself. Much less often, people with lupus can develop arthritis where the joints are affected in the same way as is found in rheumatoid arthritis. Therefore lupus and rheumatoid arthritis can happen in the same person as an 'overlap' syndrome. In rheumatoid arthritis, there is swelling of the lining of the joints. This swollen lining is called the synovium. Normally the synovium or the joint lining is very thin and stops the natural fluid lubrication of the joint from leaking

out. However, when inflamed, the affected joint may become very swollen, red and angry. It can eat its way into the bones and cause damage to them. Doctors use a variety of medications to reduce the swelling of the synovium and to reduce or halt the damage that can happen. The choice of treatments for when lupus overlaps with rheumatoid arthritis are very similar to those used in rheumatoid arthritis alone.

The muscles of the body can also become inflamed in lupus. Again this can happen in patients without lupus and the treatments are very similar. The muscles can become very painful and weak, leading, for example, to difficulty in getting out of chairs or climbing stairs. There are special blood tests, scans and muscle electrical tests used to look for damage to the muscles from inflammation (myositis). Sometimes a small piece of muscle needs to be removed to be examined under the microscope (muscle biopsy).

Another problem with the immune system that can occur with lupus is thickening of the skin which causes it to become tight and hard - particularly over the fingers and face. This is called scleroderma and is very rare. People with this condition are very prone to Raynaud's which can be severe. It can also cause the thickening of other tissues, which can lead to difficulty in swallowing and diarrhoea. There are simple treatments available to help with the swallowing and diarrhoea but skin thickening is very difficult to treat and tends to be permanent. Patients with scleroderma without lupus are prone to scarring of the lung and involvement of the kidneys and the heart.

Other diseases

Other diseases occasionally wrongly diagnosed as lupus include conditions which cause blood vessel inflammation (systemic vasculitis), fibromyalgia (commonly diagnosed in early stages of some lupus patients), multiple sclerosis and rheumatoid arthritis.

The LUPUS UK Range of Factsheets

A range of factsheets are available as follows:

1. LUPUS Incidence within the Community
2. LUPUS A Guide for Patients
3. LUPUS The Symptoms and Diagnosis
4. LUPUS The Joints and Muscles
5. LUPUS The Skin and Hair
6. LUPUS Fatigue and your Lifestyle
7. LUPUS and Pregnancy
8. LUPUS and Blood Disorders
9. LUPUS and Medication
10. LUPUS and the Kidneys
11. LUPUS and Associated Conditions
12. LUPUS and the Brain
13. LUPUS The Heart and Lungs
14. LUPUS The Mouth, Nose and Eyes
15. LUPUS and Light Sensitivity
16. LUPUS and the Feet
17. LUPUS and Men
18. LUPUS and Mixed Connective Tissue Disease
19. LUPUS Bone Health and Osteoporosis

LUPUS UK is the registered national charity caring for people with lupus and has over 5,000 members who are supported by the Regional Groups.

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Please contact our National Office should you require further information about the sources used in the production of this factsheet or for further information about lupus. LUPUS UK will be pleased to provide a booklist and details of membership.

LUPUS UK is certified under the requirements of the Information Standard.



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