

Treatment Advances Help Lupus Sufferers Lead a Healthy Life

Lupus, once a killer, is now a manageable disease thanks to ongoing medical advances in its diagnosis and treatment. Early intervention is an important step in managing this serious autoimmune disorder, in which the body's immune system attacks itself, medical experts say.

"If it's caught and treated early with medications, and the patient maintains a good lifestyle," lupus can be successfully managed, says Dr. Sanjay Godhwani of the John T. Mather Memorial Hospital Division of Rheumatology.

"In the mid-1950s, if a woman was diagnosed with lupus, she had a 50 percent chance of living. Now the 10-year survival rates are close to those in the general population," says Dr. Cynthia Aranow, professor of medicine at the Lupus Center of Excellence of the Feinstein Institute for Medical Research.

Lupus currently affects 1.5 million Americans, according to The Lupus Foundation of America. Nine out of 10 cases are diagnosed in women of childbearing age, and Latina, African-American and Asian women are three to four times more likely to develop lupus than other women, Aranow says.

An unknown trigger causes a person's own immune system to attack and damage their tissues, producing widespread inflammation, according to the Centers for Disease Control and Prevention. A red, itchy and painful rash that appears over the nose and cheeks, after exposure to sunlight, is often the first sign of a lupus flare-up. Unexplained fevers, mouth sores, patchy hair loss and joint problems are also symptoms, which should be checked by a primary care physician, for referral to a rheumatologist, Godhwani says.

Pregnant Women at Risk

Dr. Prachi Anand, chief of rheumatology at Nassau University Medical Center says, "Lupus can get worse during pregnancy and can have negative affects on the baby." Anand says lupus "can flare after pregnancy as well." Pregnant women with lupus have a five percent chance of passing lupus to their unborn child, Godhwani says. "If a woman has a child with

neonatal lupus, the risk for subsequent pregnancies is increased greatly," Godhwani adds.

Diagnosing lupus is complicated, Aranow says, because symptoms vary from patient to patient. This has led to lupus being called "The Great Imitator" because it often resembles other chronic illnesses such as rheumatoid arthritis, diabetes or thyroid problems. It can affect the lungs, the heart and other organs, and about 60 percent of patients have kidney problems, Aranow says.

Treating Lupus

Although there is no known cure, within the last five years rheumatologists have been using an internationally developed, expanded set of symptoms and conditions to diagnose patients at an early stage of the disease. Antibody testing, basic blood counts, kidney function and urine tests are among the diagnostic tools. Current treatments focus on controlling symptoms and minimizing flare-ups.

"Once a diagnosis is reached, medications are available to control the disease activity and suppress the immune system from attacking itself," Godhwani says. Steroid drugs are the first line of treatment.

The drugs focus on preventing

lupus from affecting the

patient's organs. More severe lupus cases can be treated with drugs that suppress the immune system, Anand says. A newer, F.D.A.-approved drug, Belimumab, targets the abnormal cells thought to be a problem in lupus, Anand adds.

