Lupus

Lupus is a chronic condition with a wide range of clinical presentations (NHS 2023). This is an autoimmune disease of unknown origin; the exact aetiology of the disease is not understood however environmental and genetic factors interact to trigger an immune response resulting in excessive production of pathogenic autoantibodies by B cells and cytokine dysregulation (Ameer et al 2022). The four main types of lupus are neonatal and paediatric lupus erythematosus (NLE); discoid lupus erythematosus (DLE); drug-induced lupus (DIL); and systemic lupus erythematosus (SLE).

Approximately 50,000 people in the UK currently have lupus. This commonly affects women of childbearing age with a ratio of 9 women to 1 man diagnosed (Lupus UK 2024). Lupus is more prevalent in individuals of African ancestry as well as Indo-Asians and individuals from far east such as China (McCarty et al 1995).

Lupus can be difficult to diagnosis due to its multi-organ effect with no single measure which can confirm diagnosis (Morgan et al 2018). This condition is diagnosed based on clinical assessment and laboratory findings. Ordinarily rheumatology specialist support is required whereby the assessment of disease activity is measured using a validated tools such as the Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K) and the British Isles Lupus Assessment Group (BILAG) 2004 (Yusof et al 2023).

Lupus is cyclical in nature whereby the symptoms will come and go with intensity. Lupus can range from mild to severe and can even be fatal. There are lots of possible symptoms of lupus.

The main symptoms include;

* Joint and muscle pain
* Extreme and persistent tiredness
* Rashes that come on after being in the sun particularly over the nose and cheeks

Other symptoms include:

* Headaches
* Mouth ulcers
* Fevers
* Hair loss
* Weight loss
* Swollen glands in the neck, armpit or groin
* Depression
* Anxiety
* Chest or stomach pains
* Raynaud’s symptoms (changes to the colour of the fingers when cold or anxious)

NHS 2023

The treatment for lupus is based on trying to reduce symptom and achieve a state of remission rather than curative (Katarzyna et al 2023). Treatment may include;

* Non-steroidal anti-inflammatory drugs such as ibuprofen and asprin
* Anti-malarial medication such as hydroxychloroquine for fatigue, skin and joint problems
* Steroids such as prednisolone for kidney disease and rashes

Severe lupus maybe treated with immunosuppressants such as azathioprine, methotrexate and cyclophosphamide or other drugs used more rarely such as immunoglobulin cyclosporin A. For Severe skin disease in which pregnancy is not considered, thalidomide may also be utilised. LUPUS UK 2023).

Some self-help strategies aiming to reduce the risk of lupus symptoms getting worse, include;

* Using high factor (at least 50) sunscreen and sun protection methods such as wearing a hat in the sun
* Pacing activities to reduce the risk of becoming overly tired
* Undertaking daily activity
* Relaxation techniques to reduce any feelings of stress
* Consuming a balanced diet
* Engaging with health professionals

NHS 2023

Lupus is a global health concern which affects people of all nationalities, races, ethnicities, genders and ages (World Lupus Federation 2017). Lupus can affect any part of the body, ordinarily this occurs unpredictably and can have life-changing impact. Health visitors need to have good understanding of lupus so they can help to recognise the signs and symptoms to enable diagnosis and treatment as quickly as possible.

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