

Taking a Look at Systemic Lupus Erythematosus (SLE)

By HAALAH MUSA

Pharm.D. Candidate

What is systemic lupus erythematosus (SLE)?

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease, which means the body has an overactive immune system that attacks healthy cells and tissues, leading to long-term inflammation. It can be mild to severe and affects mostly women. SLE may affect various parts of the body, but it most often manifests in the skin, joints, blood and kidneys. The underlying cause of this autoimmune disease is not fully known. Inherited genes, viruses, ultraviolet light and certain medications may all play a role.

What are some symptoms of SLE?

Symptoms may differ from patient to patient and also differ in severity. Common complaints and symptoms include the following:

- Fatigue
- Facial rash ("butterfly rash")
- Joint pain and swelling (arthritis)
- Low-grade fever
- Loss of appetite
- Muscle aches
- Ulcers of the mouth and nose
- Unusual sensitivity to sunlight (photosensitivity)
- Inflammation of the lining that surrounds the lungs (pleuritis)
- Inflammation of the lining that surrounds the heart (pericarditis)
- Poor circulation to the fingers and toes with cold exposure (Raynaud's phenomenon)

How is SLE treated?

SLE treatment is tailored to the patient and their symptoms. General treatment options are:

- corticosteroid creams (e.g., hydrocortisone cream) and sunblocks (minimum SPF 15) to treat rashes.
- nonsteroidal anti-inflammatory drugs (e.g., Advil® or Aleve®) to treat fever, arthritis or headache.
- antimalarial drugs (e.g., hydroxychloroquine) for lung inflammation, mild kidney involvement and inflammation of the tissue surrounding the heart.
- cytotoxic agents (e.g., azathioprine, cyclophosphamide) for severe disease flares.



What are the warning signs of a SLE flare?

The goal of therapy is to treat the symptoms and keep the disease in remission. Once in remission, flare up of the symptoms of the disease may still occur. Learning to recognize early signs of a flare up is important. Watch for a recurrence of the symptoms that you experienced when your disease started.

Some signs of an impending flare are increased and persistent fatigue, pain and swelling in the joints, rash, fever, abdominal discomfort, headache and dizziness. Speak to your doctor or pharmacist about your symptoms.

How do you live with SLE?

Eating a healthy diet is important!

- Fish, or specifically eicosapentanoic acid in fish oil, might have modest anti-inflammatory properties.
- An amino acid, L-canavanine, is found in alfalfa sprouts and can activate the immune system and increase inflammation in lupus patients. Other foods in the legume family have only a fraction of the L-canavanine that sprouts do and are safe to eat.
- Lupus patients taking corticosteroids should limit their sugar and salt intake to prevent

adverse effects such as swelling or high blood pressure.

Avoid SLE triggers!

- UVB sun exposure (a potential flare trigger) is greatest at midday, so it is recommended to perform outdoor activities earlier in the morning or late in the afternoon or evening and wear protective clothing.
- Tobacco smoke contains an aromatic amine, hydrazine, which can cause flares of skin symptoms.
- Smoking worsens the symptoms of Raynaud's phenomenon (fingers and/or toes turn blue or white when cold).
- Abrupt discontinuation of medication can precipitate a flare.

Overall, SLE is an autoimmune disease that can affect the skin, joints, blood and kidneys. The goal of treatment is to suppress the immune system and prevent disease flare. Always speak with your doctor and pharmacist before starting or stopping any medications to prevent interactions or complications with the disease. Talk to your pharmacist if you have any questions about your symptoms or therapy.

For more information, ask your pharmacist!

This information is provided by Michigan Pharmacists Association and: