If you have been diagnosed with lupus, you will want to know as much as you can about
the disease. Lupus is a chronic, autoimmune disease that can damage any part of the
body (skin, joints, and/or organs inside the body). Normally the immune system pro-
duces proteins called antibodies that protect the body from foreign invaders, such as
bacteria and viruses. With lupus, the immune system cannot tell the difference between
these foreign invaders and the body’s healthy tissues and creates autoantibodies (“auto”
means “self”) that attack and destroy healthy tissue. These autoantibodies cause inflam-
mation, pain, and damage in various parts of the body.

Lupus is a disease of flares (the symptoms worsen and you feel ill) and remissions
(the symptoms improve and you feel better). Lupus can range from mild to life-threat-
ening and should always be treated by a doctor. With good medical care, most people
with lupus can lead a full life.

What Causes Lupus?
No one knows what causes lupus. However, scientists believe that hormones, genetics
(heredity), and environment are all involved. Hormones regulate many of the body’s
functions. In particular, the sex hormone estrogen is believed to play a role in lupus. Men
and women both produce estrogen, but estrogen production is much greater in females.
However, that does not mean that estrogen, or any other hormone for that matter, causes lupus. While no gene or group of genes has been proven to cause lupus, the disease does appear in certain families. And, although lupus can develop in people with no lupus in their family history, other autoimmune diseases may be present in some family members. Certain ethnic groups (people of African, Asian, Hispanic/Latino, Native American, or Pacific Island descent) have a greater risk of developing lupus, which may be related to genes they have in common.

Your genes may increase the chance that you will develop lupus, but scientists believe some kind of environmental trigger can set off the illness or bring on a flare, such as:

- ultraviolet rays from the sun or from fluorescent light
- sulfa drugs and some tetracycline drugs, which make a person more sensitive to the sun
- penicillin or certain other antibiotic drugs
- infection
- a cold or a viral illness
- exhaustion
- injury
- emotional stress
- anything that causes stress to the body such as surgery, an accident, pregnancy, or giving birth

**Facts About Lupus**

- Lupus is not contagious.
- Lupus is not like or related to cancer.
- Lupus is not like or related to HIV or AIDS.
- It is believed that at least 1.5 million people in the U.S. have lupus.
- More than 16,000 new cases of lupus in the U.S. are reported each year.
- Lupus strikes mostly women of childbearing age.
- Women of color are 2-3 times more likely to develop lupus.
- People of all races and ethnic groups can develop lupus.
Forms of Lupus

**Systemic lupus erythematosus** is the most common form of lupus, and is what most people mean when they refer to “lupus.” Systemic lupus can be mild or severe. Some of the more serious complications involving major organ systems are:

- Inflammation of the kidneys (lupus nephritis)
- An increase in blood pressure in the lungs (pulmonary hypertension)
- Inflammation of the heart muscle (myocarditis)
- Hardening of the arteries (coronary artery disease)
- Inflammation of the nervous system and brain
- Inflammation of the brain’s blood vessels

**Cutaneous lupus erythematosus** is limited to the skin. Although cutaneous lupus can cause many types of rashes and lesions (sores), the most common rash is raised, scaly and red, but not itchy; it is called a discoid rash because the areas of rash are shaped like disks, or circles.

Another common example of cutaneous lupus is a rash over the cheeks and across the bridge of the nose, known as the butterfly rash. Hair loss and changes in the pigment, or color, of the skin are also symptoms of cutaneous lupus.

**Drug-induced lupus** is a lupus-like disease caused by certain prescription drugs. The drugs most commonly connected with drug-induced lupus are hydralazine (used to treat high blood pressure or hypertension), procainamide (used to treat irregular heart rhythms), and isoniazid (used to treat tuberculosis). The lupus-like symptoms usually disappear within six months after these drugs are stopped.

**Neonatal lupus** is a rare condition that can affect infants of women who have lupus. At birth, the infant may have a skin rash, liver problems, or low blood cell counts, but all of these symptoms disappear completely after several months with no lasting effects. A very small percentage of infants with neonatal lupus may also have a serious heart defect; however, most infants of mothers with lupus are entirely healthy.
What Are the Symptoms of Lupus?

Because lupus can affect so many different organs, a wide range of symptoms can occur. The most common symptoms of lupus, which are the same for females and males, are:

- extreme fatigue (tiredness)
- headaches
- painful or swollen joints
- anemia (low numbers of red blood cells)
- fever
- swelling (edema) in feet, legs, hands, and/or around the eyes
- pain in chest on deep breathing (pleurisy)
- butterfly-shaped rash across cheeks and nose
- sun- or light-sensitivity (photosensitivity)
- hair loss
- blood-clotting problems
- fingers turning white and/or blue when cold (Raynaud’s phenomenon)
- ulcers in mouth or nose

What Kinds of Doctors Treat Lupus?

Most people with lupus will be treated by a rheumatologist, who is a specialist in the diseases of joints and muscles. The rashes or lesions from cutaneous lupus require treatment from a dermatologist, a specialist in diseases that affect the skin (including the scalp and the mouth).

Because lupus can cause damage to any part of the body, other specialists may be necessary, such as a nephrologist, who specializes in kidney problems; a cardiologist, who specializes in heart problems; a neurologist, who specializes in problems that affect the brain and nervous system; or a perinatologist, who specializes in high-risk pregnancies.