



香港紅十字會
HONG KONG RED CROSS

Systemic lupus erythematosus (SLE)



Community Health Education Project



Systemic lupus erythematosus (SLE) is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs. Women of childbearing ages (15 to 45 years) are at the greatest risk of developing SLE. There are over million people worldwide and ~7000 (0.1%) people in Hong Kong diagnosed with SLE. There is no cure for lupus, but medical interventions and lifestyle changes can help control it.

Genetic predisposition

- higher chance of people with a positive family history of SLE
- Race: Blacks and Asians are affected more than Whites

Hormonal factors

- ~9 women for every 1 man
- Oral contraceptive pills

Risk factor:

Environmental factors

Immune imbalances

- UV light
- Medication (rare)
- Bacterial and viral infections
- Contact with chemicals and smoke



Signs and symptoms

- Arthritis (over 85%)
- Skin rash (~80%)
 - Malar Rash: butterfly-shaped rash across cheeks and nose
 - Discoid skin rash: raised red scaly, disk-shaped sores on the face, neck, and/or chest
- Fatigue or feeling tired often
- Fever without signs of infection
- Recurrent oral ulcers
- Raynaud phenomenon (25-30%)
 - Poor blood flow that causes numbness, or blue or white fingertips when a person is cold.



Treatment

There is no cure for SLE. Treatment is aimed at stopping health problems from worsening, lowering the risk of health problems (such as harm to organs) and maintaining quality of life.

Medication	Use
Non-steroidal anti-inflammatory drugs (NSAIDs)	Used to relieve achy joints and arthritis in mild lupus when pain is limited and organs are not affected.
Corticosteroids	Used for major organ involvement. The dosage prescribed will depend on the type of organ involvement and the clinical situation.
Antimalarial drugs	Prescribed for arthritis or skin problems and help to stabilize the disease.
Immunosuppressive agents	Helped to control the overactive but misdirected immune system in lupus patients and help limit damage to major organs.
Adjunct treatment	Is the co-medication. It is determined by the comorbidities and the damage that has already occurred.

Suggestions

Get plenty of rest



Relieve stress

Use sunscreen and sun-protective clothing



Have a healthy and balanced diet

Use Safe contraceptive method

- avoid using the intra-uterine device and Oral contraceptive pills

Exercise regularly

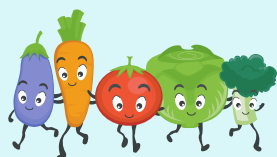
Maintain personal hygiene

Quit smoking



Attend regular follow-ups

Comply with treatment



Women with SLE should consider during family planning.....

- May get flares during pregnancy.
- lead to increased adverse pregnancy outcomes including fetal loss, pre-eclampsia, preterm birth, and small for gestational-aged infants.
- Infants with neonatal lupus can develop a serious heart defect called congenital heart block

***Please seek medical advice before family planning**



References :

Hong Kong Arthritis & Rheumatism Foundation Ltd.
Centers for Disease Control and Prevention

The above information is for reference only

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