

# Systemic Lupus Erythematosus:

The Problem:  
Lupus diagnosis may take 2-6 years and 3+ providers.

Delay may lead to organ damage and a 5 fold increased risk of death.

YOU CAN HELP

LEAP >  
Lupus Education Advancement Project



## About Lupus

- ▶ Inflammatory, multisystem, autoimmune disease of unknown etiology
- ▶ Can be mild to severe/life-threatening
- ▶ Diversity of clinical symptoms, and all organ systems are vulnerable
- ▶ Onset may be abrupt or gradual
- ▶ Characterized by periods of flare and remission (or low level activity)
- ▶ May culminate in irreversible end-organ damage

## Health Disparities and At-Risk Populations

- ▶ Women in their reproductive years
- ▶ Women are 9 times more likely to develop lupus than men
- ▶ Poverty, race, younger age associated with worse outcomes
- ▶ Minorities have the highest prevalence
  - ▷ Affects up to 1/250 African American women in US, 3 times higher risk than Caucasian women
  - ▷ 2 times more prevalent in Hispanic and Asian American women than Caucasian women
- ▶ Compared to Caucasians Minorities:
  - ▷ are more likely to develop lupus at a younger age
  - ▷ are more likely to have more severe symptoms at onset
  - ▷ have mortality rates at least 3 times as high

## SLE Diagnosis is Difficult

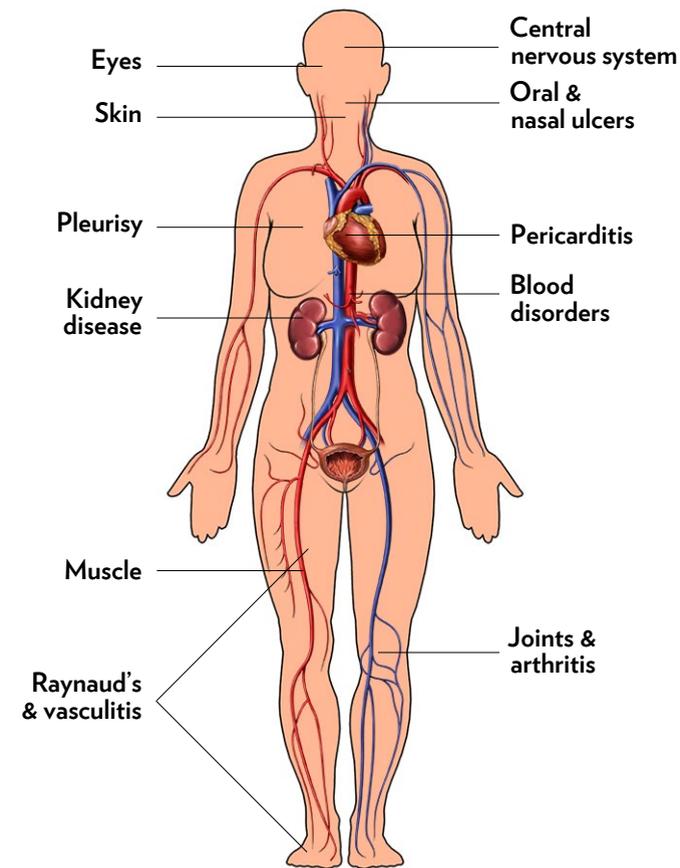
Lupus is known as the Great Masquerader. It can mimic:

- ▷ Viral syndromes
- ▷ Malignancies
- ▷ Allergic reactions
- ▷ Stress

## SLE Symptoms Might

- ▶ Vary widely
- ▶ Develop slowly or come on suddenly

## All systems can be affected



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A 46-year-old African-American woman presented to an emergency room for a rash on her face and arms, and a low-grade fever. She was discharged home with a cream.

Months later she went to another emergency room with a recurrence of the rash and abnormal kidney function and creatinine of 3. She was told to follow up with her primary care physician.

Several months later, she was admitted to a different hospital with nausea, fevers and a malar rash. Her BMP revealed hyperkalemia and creatinine of 13. She required dialysis.

A kidney biopsy subsequently revealed class VI lupus nephritis.



## Cases like this are too common.

The average time spent on lupus education in medical school is less than 45 minutes. Too often lupus goes undetected.

This guide can enable healthcare providers to better recognize the signs and symptoms of lupus in practice, so patients can get the care they need as early as possible.

Lupus Education Advancement Project

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## What to Look for



Painless oral ulcer



Synovitis



Jaccoud's arthropathy



Malar rash



Vasculitis



Alopecia



Discoid rash



Raynaud's phenomenon

## What to Listen for

Symptoms may be vague and nonspecific; listen for complaints of:

- Fatigue
- Depression
- Headache
- Achiness, weakness, or stiffness
- "Brain fog"

## When to Suspect SLE

Use criteria from **either** the American College of Rheumatology (ACR) **or** the Systemic Lupus International Collaborating Clinics (SLICC) to assess a patient with suspected lupus.

There is no gold standard test for lupus

## ACR Criteria

At least **4** criteria must be present to suspect lupus

- Malar rash
- Discoid Rash
- Photosensitivity
- Oral ulcers
- Arthritis
- Serositis
- Proteinuria
- Seizures or psychosis
- Hemolytic anemia, or cytopenias
- Antinuclear antibodies (ANA)
- Anti-dsDNA, anti-Smithab, or antiphospholipid antibodies

AT LEAST  
4 CRITERIA  
(MUST BE PRESENT  
TO SUSPECT LUPUS)

## SLICC Clinical + Immunologic Criteria

At least **4** criteria  
(must include at least 1 clinical and 1 laboratory)

### Clinical

- Acute cutaneous lupus
- Chronic cutaneous lupus
- Oral or nasal ulcers
- Non-scarring alopecia
- Arthritis
- Serositis
- Renal
- Neurologic
- Hemolytic anemia
- Leukopenia
- Thrombocytopenia ( $<100,000/\text{mm}^3$ )

AT LEAST  
4 CRITERIA  
(AT LEAST 1 CLINICAL  
AND 1 LABORATORY)

### Laboratory

- ANA above lab ref range
- Anti-dsDNA above lab ref range (or 2x ref range if tested by ELISA)
- Anti-SM presence of antibody: Sm nuclear antigen
- Antiphospholipid antibody positive
- Low complement (C3, C4, CH50)
- Direct Coombs' test (do not count in the presence of hemolytic anemia)

## ANA is Sensitive, Not Specific for SLE

- ▶ Lupus is unlikely if ANA is negative, even when clinical presentation is suggestive of lupus
- ▶ Interpret the ANA in context of clinical findings

ANA+  
≠  
SLE

## Refer to the Rheumatologist if

- ▶ Patient has  $\geq 4$  signs and symptoms including positive ANA
- ▶ Especially if the patient is female, of reproductive age, and is non-Caucasian

## Provide the Rheumatologist

- ▶ Demographic information about the patient including age, race, and sex
- ▶ Clinical exam findings
- ▶ ANA result and other lab findings
- ▶ Relevant family history

## Contact the Rheumatologist with Any Referral or Case Questions

HOLD FOR  
STICKER  
3.25" x 4"