Fast facts

Systemic lupus erythematosus (SLE or lupus) – fast facts

The exact cause of lupus is not known. Genetic, environmental and hormonal factors all contribute to the development of the disease.

As there is currently no single test that can definitely say whether a person has lupus, the disease is likely to be underdiagnosed.

Lupus can affect multiple organs and organ systems, including the heart, joints, skin, lungs, blood vessels, liver, kidneys, brain and nervous system.

There are three major types of lupus:
- Discoid (cutaneous) – is always limited to the skin (rash) and is identified by a rash that may appear on the face, neck and scalp
- Systemic – can affect the skin, joints and almost any organ or system of the body
- Drug-induced – occurs after the use of certain prescribed medicines

Lupus has many possible symptoms, and is often mistaken for other diseases.

- The most common symptoms of lupus include: joint pain, arthritis, chest pain, fatigue, fever, hair loss, mouth sores, skin rash, swollen lymph nodes and symptoms specific to other body systems (cardiovascular, renal, etc.).

The course of lupus is highly variable and is characterized by periods where the symptoms get worse (‘flares’), interspersed with periods of improvement or remission.

- Some patients experience a relatively benign disease with little medical intervention, while others can have a serious and aggressive progression that can lead to significant and potentially life-threatening damage to organs such as the kidneys, brain, heart and lungs.

The prevalence of lupus and frequency of new cases vary across the world.

- Incidence has been reported to range between 1 and 10 new cases per 100,000 person-years, while overall prevalence varies between 20 and 70 cases per 100,000 people.

- SLE is more common in women than in men. In particular, women of childbearing age (15–40 years), are 9 times more likely than men of the same age to develop the disease.

- SLE is more common in certain ethnic groups, with African-American and Hispanic people more susceptible to the disease than Caucasians.

Treatment aims to suppress the overactive immune system and diminish any inflammation, but cannot currently cure the disease.

The five main groups of systemic drugs that are typically used to control SLE are: non-steroidal anti-inflammatory drugs (NSAIDs), antimalarials, corticosteroids, immunosuppressants and cytotoxic chemotherapies.

However, long-term use of these drugs can often lead to undesirable side-effects that can affect the health and quality of life of the patient.

For more information visit www.ucb.com

References