

Lupus Treatments

There is no cure for Lupus, but by working closely with their physicians most Lupus patients can maintain a fairly normal life. There are some treatments aimed at preventing flares and minimizing disease activity while others are used to treat or relieve symptoms. Below is some of the more common treatments as well as the common side effects associated with them. We have also listed some of the medications used to treat Lupus with the brand names in parenthesis.

Rest - Proper rest is possibly the most important thing all Lupus patients need. Too much or too little can exacerbate Lupus and it's symptoms.

Sun Avoidance - It is important for Lupus patients, especially photosensitive ones, to avoid the sun when they can. Ultraviolet light can cause or worsen rashes and Lupus flares. When sun can not be avoided, Lupus patients should always wear sun block that protects against UVA & UVB rays and protective clothing. Tanning beds and unfiltered fluorescent light bulbs also emit ultraviolet light and can worsen Lupus symptoms.

Exercise - Regular exercise can prevent muscle weakness and fatigue.

Diet and Nutrition - It is important that Lupus patients maintain proper diet and nutrition to keep their bodies as healthy as possible to help fight infection as well as the Lupus itself. There are some foods that have been known to cause Lupus symptoms alfalfa sprouts are number one on the list. A low sodium diet is recommended for patients with kidney involvement.

Immunizations - It is important for Lupus patients to be immunized to prevent infections which can cause flares. Patients on immunosuppressives should not get live vaccines.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - These medications are used to treat muscle and joint pain by reducing inflammation caused by a variety of rheumatic diseases, including SLE. Examples of such drugs are acetylsalicylic acid (e.g., aspirin), ibuprofen (Motrin), naproxen (Naprosyn), Etodolac (Lodine), nabumetone (Relafen) and several others. Side effects include upset stomach, heartburn or ulcer, kidney damage, increased risk for heart attack and stroke. Patients with kidney involvement may need to avoid NSAIDs.

Antimalarials - Antimalarials like Chloroquine (Aralen) or hydroxychloroquine (Plaquenil) are often prescribed to Lupus patients, particularly ones with skin or joint symptoms. Antimalarials act as anti-inflammatories by interfering with the pH balance inside cells. It is also known that antimalarials protect against the damaging effects of ultraviolet light. These medications have the potential to put the disease into remission. Antimalarials may take several months before the full benefit is shown. It is important to get an eye exam every 6 months while taking these drugs as they can effect the vision. Other possible side effects include dizziness, skin rash, hair loss, nausea, vomiting, and diarrhea.

Corticosteroids (steroids) - The most common corticosteroid used in treating Lupus is Prednisone. Corticosteroids are hormones, produced in small quantities by our adrenal glands, that have anti-inflammatory and immunoregulatory properties. Synthetically produced corticosteroids like Prednisone are used in Lupus to reduce inflammation and suppress the immune system. Steroids do have a lot of side effects, some that are very serious. For this reason these drugs must be used in the smallest effective doses possible for the shortest possible time. Steroids can cause a rise in blood pressure and heart rate, "thinning" of the bones (osteoporosis), increased susceptibility to infection, weight gain, round or "moon" face, striae (stretch marks), acne, easy bruising, onset of Diabetes, cataracts, and stomach ulcers. Corticosteroids are also available in topical, injectable and inhaleable applications. These applications are used to treat specific symptoms such as certain rashes. They have far fewer side effects than systemic steroids.

Immunosuppressives/Cytotoxic Drugs (Chemotherapy) - Drugs that suppress the body's immune response are a common treatment for life threatening Lupus. These drugs are also known as cytotoxic drugs or chemotherapy. Cytotoxic means "toxic to cells". Cytotoxic drugs are just that, they destroy cells. The medications listed below specifically destroy immune system cells. Because they don't only destroy the "bad" cells, these medications can come with serious side effects. These medications are not for mild Lupus but can be very useful in life threatening SLE. They are also steroid sparing medications. Blood counts should be monitored while on these medications as low blood counts are a common and dangerous side effect. These medications may reduce your body's ability to fight infections so contact your doctor if you experience fever, chills, swollen glands, etc.

- **Mycophenolate Mofetil (CellCept)** - Mycophenolate Mofetil is an immunosuppressive drug that has been used in transplant patients for many years. It is now becoming more and more popular in the treatment of Lupus Nephritis. Side effects of Mycophenolate Mofetil include headache, nausea, vomiting, diarrhea, heartburn, weakness, and increased risk of developing opportunistic infections. Do not take antacids within 2 hours before or 4 hours after taking Mycophenolate Mofetil. Do not eat 2 hours prior or 1 hour after taking Mycophenolate Mofetil.
- **Azathioprine (Imuran, Azasan)** - Azathioprine is another medication used to prevent organ rejection. It is also approved to treat Rheumatoid Arthritis. Side effects of Azathioprine most often are upset stomach, vomiting, diarrhea, muscle aches and rarely include mouth sores, cough, lack of energy, loss of appetite stomach pain, yellowing of the eyes, flu-like symptoms, rash, or blurred vision. If you experience any of the rare side effects let your doctor know immediately.

- **Methotrexate (Rheumatrex, Trexall)** - This medication is a cancer treatment that is sometimes used in Lupus. It is usually taken orally, once a week, but sometimes it is given by injection. While on this medication, drink plenty of fluids to keep it moving through your system quickly. Folic Acid supplementation is often recommended while using methotrexate. This medication may make you more sensitive to the sun. Common side effects include nausea, vomiting, increased risk of opportunistic infections and loss of appetite. Check with your doctor immediately if you experience blood in urine or stool, bloody vomit, diarrhea, reddening of skin, joint pain, stomach pain, and swelling of the feet or lower legs. Pregnancy must be avoided during treatment and for one cycle after treatment. During and immediately after treatment, fertility may be impaired. Risk of long term infertility is very low even after treatment with high doses.
- **Cyclophosphamide (Cytoxan, Neosar)** - Cyclophosphamide is a drug that is mostly used to treat many different types of cancer, but is also used in Lupus. It has become the "gold standard" of treatment for severe, active, major organ involvement. Cyclophosphamide can be given orally but typically is given intravenously because the IV version is associated with fewer bladder problems and malignancies than the oral version. It is very important to drink plenty of fluids and to urinate frequently while on Cyclophosphamide to dilute the concentration of the drug in your bladder. Cyclophosphamide may cause nausea, increased risk of developing some cancers, temporary or permanent sterility, bleeding from the bladder (risk greatly reduced by drinking fluids), hair loss, increased risk for opportunistic infections.

Plasmapheresis - This procedure uses a machine called a cell separator to separate the fluid part of the blood, called plasma, from the blood cells. The blood cells are returned to the patient and the plasma, which carries the antibodies, is discarded. Risks include a drop in blood pressure, a reduced resistance to infections and allergic reactions to the replacement fluids. The procedure does not prevent the antibodies from being reproduced so they will rebuild. Immunosuppressive drugs may be used to slow the rebuilding.

Stem Cell Transplants - Stem Cells are the undifferentiated, or immature blood cells, that turn into mature cells in the bone marrow. Stem cell transplants has been used to treat some cancers for decades, but using this procedure in the treatment of Lupus is brand new and highly experimental. The concept of this procedure is to "re-teach" the immune system to recognize it's own tissues. "This therapy is analogous to rebooting a computer -- you wipe out the old information, then allow it to re-learn. The immune system that returns should function normally." -Richard Jones, M.D. Patients must have life threatening disease that has not responded to other therapies in order even be considered for this radical treatment.

Psychiatric Drugs - Psychiatric drugs, particularly anti-depressants and anti-anxiety medications are often used in Lupus patients. Depression and anxiety are VERY common in Lupus both as a symptom of the disease itself and as a side effect of dealing with chronic illness. Anti-depressants, especially amitriptyline, and trazadone are also used to treat Fibromyalgia. Fast working anti-anxiety medications such as Ativan can also be very useful in breaking the anxiety, depression, pain, sleeplessness cycle.

Narcotic Pain Relievers - Opioids such as hydrocodone (Vicodin, Loratab), oxycodone (Percocet, OxyContin), and hydromorphone (Dilaudid) are sometimes used to treat chronic pain in Lupus when NSAIDs are not sufficient. It is important to note that addiction, while a concern is actually rare among people with chronic pain, especially those without prior history of substance abuse. Pain relief is a right. There is no reason to "tough it out". Untreated pain leads to stress and only makes Lupus worse.

Gabapentin (Neurontin) - Used in Lupus to treat neuropathy and other nerve pain. Also used to treat Postherpetic Neuralgia after Shingles which is common with immunosuppression.

Antihypertensives - Antihypertensives are used to lower blood pressure. High blood pressure (hypertension) is common in Lupus especially with steroid use. One class of antihypertensives called angiotensin II receptor antagonists, drugs like Avapro and Cozaar are especially common in Lupus nephritis due to their ability to not only lower blood pressure but they may also slow the progression of kidney damage. Beta blockers such as Atenolol, are used to lower blood pressure as well as treat several other symptoms such as high heart rate, migraine prophylaxis, and tremor.

Diuretics - Commonly known as "water pills", diuretics are medications that raise the body's urinary excretion rate. They are commonly used in Lupus nephritis to treat edema, and to lower blood pressure. The most commonly used diuretics are furosemide (Lasix), hydrochlorothiazide, spironolactone, and mannitol.

Statin Drugs - This category of drugs includes Lipitor, Zocor, Crestor, Vytarin, etc. They are cholesterol lowering medications. High cholesterol is common in Lupus especially with steroid use. Regular liver function test should be performed while taking these medications. You should report muscle pain while on these medications to your doctor right away.

Antacids - Antacids are a very necessary part of Lupus treatment especially when steroids or NSAIDs are in use. Proton Pump Inhibitors such as Nexium, Prilosec, Prevacid, and Protonix are daily preventative treatments for stomach acid.

Herbal Treatments, Vitamins and Supplements - Many herbal treatments and supplements claim to treat Lupus. Make sure you are always under the supervision of a physician when taking these products! Using these treatments can cause allergic reactions, overdoses, or they may interact with your other medications. Vitamins and minerals are an important part of your Lupus treatment.

Complementary Therapies for Lupus - Therapies such as massage, acupuncture, hypnotherapy, yoga and meditation can reduce Lupus symptoms and may even reduce flares.

Retinoids - Drugs such as isotretinoin (Accutane), etretinate (Tegison), and acitretin (Soriatane) are some times used in resistant cases of DLE and SCLE.

Information on this page should never be substituted for medical advice.

©Cure4Lupus.org 2007 All rights reserved.