

Lupus and medications

Systemic lupus erythematosus (SLE), otherwise known as lupus, is a chronic condition that results from having an immune system that is not working properly.

The immune system is designed to identify foreign bodies (such as bacteria and viruses) and attack them to keep us healthy. However, with lupus, the immune system mistakenly attacks tissues such as the skin, joints, kidneys and lining of the heart and lungs, causing ongoing inflammation and pain.

Lupus most commonly appears in women of childbearing age, although the reason for this is unknown. The disease can be mild or life threatening and its cause is still a mystery.

Medications used for lupus

There is currently no cure for lupus. However, medications prescribed for lupus can manage symptoms and help to control the overactive immune system response. As there is no one perfect treatment for lupus, many people take small doses of several different medications at the same time.

If you have lupus, you should never change the doses of your medications without first talking to your doctor. You should never take medications for other unrelated conditions, unless they are prescribed by the same doctor. Other medications may not be compatible with your lupus medication.

Research is currently being undertaken to investigate potential new treatments for lupus. Speak to your doctor for more information or how you might be involved in a clinical trial.

The main types of medications currently used to control lupus include:

- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Anti-malarials
- Corticosteroids
- Immunosuppressants.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs are used to reduce inflammation, pain and fever associated with lupus. They include over-the-counter medications such as ibuprofen (for example, Nurofen), or prescription drugs such as Voltaren, Celebrex and Orudis.

The main side effects of NSAIDs occur in the gastrointestinal tract, especially the stomach and oesophagus (gullet), where they can cause indigestion, ulcers and even haemorrhages. Sometimes NSAIDs are used in combination with stomach-protecting drugs for this reason. More recent NSAIDs like Celebrex or Arcoxia may have a lower risk of this type of side effect.

To minimise side effects, NSAIDs should be taken only as directed.

NSAIDs are also known to cause other problems for people with lupus such as increased blood pressure, fluid retention and kidney function impairment. For this reason, they are often avoided where there is presence of lupus kidney disease.

There is also some debate about the safety of NSAIDs for people at risk of heart disease, as some studies have reported an increase in the risk of heart attack and stroke. Given that people with lupus are at higher risk of heart disease, the risks versus benefit of using NSAIDs should be carefully considered.

Anti-malarial medications

Medications such as Plaquenil (hydroxychloroquine) are referred to as anti-malarials because they were originally used for the treatment of malaria. We now know they are also gentle, but very effective, controllers of immune system activity in chronic conditions such as lupus.

Usually taken as one or two tablets daily, hydroxychloroquine is effective in helping with the skin and joint problems associated with lupus. People who take hydroxychloroquine tend to be less likely to have flare-ups of their disease, so most rheumatologists recommend that they be taken by all people with lupus for the long term.

Side effects of anti-malarial medications are uncommon. Occasionally, they can cause a rash or stomach upsets (including diarrhoea). If the dose is too high, they can cause eye damage, but this is extremely rare when the correct dose is used. However, annual eye checks are recommended.

Corticosteroids

Corticosteroids, also known as steroids, cortisone, prednisone and prednisolone, are synthetic hormones that mimic the action of cortisone, a naturally occurring hormone produced by the adrenal glands. These medications are usually taken in tablet form, but may be injected for a particularly severe lupus flare.

Dosage depends on the severity of symptoms and the person's general state of health, including age and weight. The main function of steroids is to treat inflammation. The flow-on effects of reduced inflammation include reduction of pain and fever. Steroids also dampen the activity of the immune system, which helps to reduce the severity of symptoms. It is very important not to cut back on the dose without your doctor's consent and supervision.

The main problem with steroids is that they have significant side effects. It is worth remembering that all side effects are proportional to the dose taken, so you and your doctor will often use other strategies to make sure that the lowest dose possible is taken.

Some of the side effects of corticosteroids can include:

- Mood changes
- Skin thinning, resulting in easy bruising
- Weight gain due to increased appetite and decreased metabolism
- Osteoporosis – usually people with low bone density are given calcium and vitamin D supplements to counteract this
- Risk of diabetes and high blood pressure
- Unwanted hair growth
- Cataracts, associated with long-term use only
- Increased infections due to suppression of the immune system.

While these side effects sound bad, most people using steroids to manage lupus end up using very low doses with minimal side effects, even if the initial dose is high. The difference between well-controlled lupus and lupus that is affecting your health can be a few milligrams of steroids – so avoiding them at all costs is not recommended.

Immunosuppressants

Lupus symptoms are triggered by the abnormal activity of the immune system, the specialised group of cells and chemicals that fight infection. Immunosuppressants such as azathioprine, cyclophosphamide and methotrexate, reduce lupus symptoms by reducing immune system activity.

Azathioprine is a well-established medication in the management of lupus and is also used in the management of other immune diseases and transplantation. Methotrexate is a very commonly used medication in rheumatoid arthritis and is regarded as so safe that it is now the standard treatment. Mycophenolate is increasingly used, especially to treat lupus kidney disease.

Each of these medications has particular effects on lupus and particular side effects, so each should be used under close specialist supervision.

Medications to be avoided with lupus

Some lupus medications can interact dangerously with other medications. Never take medications for other unrelated conditions unless they are prescribed by the same doctor who treats your lupus. This includes over-the-counter medications and supplements that don't require a doctor's prescription.

Managing your medications

It is important to be informed about what goes into your body, especially when it comes to medications. Studies suggest that people who are well-informed actually do better managing their condition. Information sheets on the medications used in the management of lupus are available from the Australian Rheumatology Association, or from your doctor or pharmacist.

Try to ensure you take your medications as prescribed, in the correct doses, and at the advised time of day. It is best to avoid making changes to your medications without advice from your healthcare team, including your GP and specialists, especially if you are considering stopping or increasing treatment.

Other treatment for lupus

In addition to medication, other treatments generally recommended for people with lupus include:

- Limited sun exposure
- Sunscreen lotions
- Regular exercise
- Annual flu vaccinations
- Regular medical check-ups
- Healthy, balanced diet
- Limited alcohol.

Where to get help

- Your doctor
- A specialist (often a dermatologist, rheumatologist, nephrologist or immunologist)
- Arthritis Victoria Tel. (03) 8531 8000
- Australian Rheumatology Association Tel. (02) 9256 5458

Things to remember

- Lupus (systemic lupus erythematosus or SLE) is an autoimmune disease.
- The main form of treatment for lupus is medication.
- Medications used include non-steroidal anti-inflammatory drugs, corticosteroids, anti-malarials and immunosuppressants. The type of medications used and the prescribed dosage depend on factors like the severity of the illness and the types of symptoms.

This page has been produced in consultation with, and approved by:

Arthritis Victoria incorporating Osteoporosis Victoria

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2012 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.