CONDITION

Lupus

Lupus is a long-term autoimmune condition that can inflame the skin, joints, blood, kidneys, and other organs.

WHAT IT IS
Long-term autoimmune inflammatory condition

BODY SYSTEM
Skin, joints, blood, kidneys, heart, lungs, and nervous system

MAIN SYMPTOMS
Fatigue, joint pain, skin rashes, fever

WHAT CAUSES IT
Immune misdirection shaped by genes and environmental triggers

HOW IT IS DIAGNOSED
Symptoms, examination, blood and urine tests, sometimes biopsy

MAIN TREATMENT
Immune-calming medicines, sun protection, and symptom care

CAN IT BE CURED?
No - treatment controls activity and flares

IS IT AN EMERGENCY?
Sometimes - chest pain, severe breathlessness, or stroke signs

LONG-TERM OUTLOOK
Many live active lives with ongoing care

Overview

Lupus is a long-term condition in which the immune system mistakenly attacks healthy tissue. This can cause inflammation and damage in different parts of the body.

The most common form is systemic lupus erythematosus, often shortened to SLE. "Systemic" means it can affect several body systems. These include the skin, joints, blood cells, kidneys, heart, lungs, and nervous system.

Other forms mainly affect the skin. Some medicines can cause a lupus-like condition that often improves after the medicine is stopped under medical supervision. Neonatal lupus is a rare condition linked to certain antibodies passing from a pregnant person to a baby. It is not the same as lifelong SLE.

Lupus often alternates between flares, when symptoms become more active, and quieter periods. Some inflammation, especially in the kidneys, may not cause obvious symptoms. Regular appointments and laboratory tests therefore remain important even when you feel well.

Lupus is not contagious, and it is not cancer. There is no cure at present, but treatment can reduce inflammation, limit organ damage, and help many people continue with work, education, relationships, and family life.

Symptoms

Lupus affects people differently. Symptoms may develop slowly, appear suddenly, or come and go. Having one or two possible symptoms does not mean that you have lupus.

Common symptoms include:

Lupus can also affect blood cells. This may cause anaemia, which can lead to tiredness and breathlessness. Low platelet levels may make bruising easier. A low white blood cell count may be found on a blood test without causing symptoms.

Kidney inflammation, called lupus nephritis, may cause foamy urine, blood in the urine, high blood pressure, or swelling. However, it can be silent at first.

Some people experience headaches, difficulty concentrating, low mood, or seizures. These symptoms have many possible causes, so they need careful assessment rather than being assumed to come from lupus.

- Persistent tiredness that is not fully relieved by rest
- Pain, stiffness, or swelling in the joints
- Skin rashes, sometimes across the cheeks and nose
- Increased sensitivity to sunlight
- Unexplained fever
- Mouth or nose sores
- Hair thinning or hair loss
- Fingers or toes changing colour in the cold, called Raynaud's phenomenon
- Chest pain that is worse with a deep breath
- Swelling around the feet, legs, or eyelids

Causes and risk factors

The exact cause of lupus is not known. It develops through a combination of immune, genetic, hormonal, and environmental factors.

Lupus can run in families, but it is not inherited in a simple or predictable way. Most relatives of someone with lupus will not develop it. A person may inherit a higher susceptibility rather than the condition itself.

Lupus is more common in women, especially during the years when pregnancy is possible. Hormones may contribute, but they do not fully explain the condition. Lupus can affect anyone, including men, children, and older adults.

Possible triggers for symptoms or flares include ultraviolet light from the sun, infections, smoking, physical or emotional stress, and changes in some medicines. A trigger does not cause lupus by itself.

Certain prescription medicines can produce a lupus-like reaction. Do not stop a medicine because of this concern without medical advice. Stopping some medicines suddenly can be harmful.

Diagnosis

There is no single test that confirms lupus in everyone. Diagnosis is based on the pattern of symptoms, examination findings, and test results over time. A rheumatologist, a specialist in inflammatory and autoimmune conditions, is often involved.

An antinuclear antibody test, or ANA test, is usually part of the assessment. Most people with SLE have a positive ANA result, but many people without lupus also test positive. A positive ANA alone does not mean you have lupus.

Further blood tests may look for antibodies more closely associated with lupus, including anti-double-stranded DNA and anti-Smith antibodies. Complement tests measure proteins used by the immune system. Changes in these results may support the diagnosis or help track activity.

Other tests commonly include:

A small tissue sample, called a biopsy, may sometimes be needed. A kidney biopsy can confirm and classify lupus nephritis, helping the specialist choose suitable treatment. A skin biopsy may help when the diagnosis of a rash is uncertain.

Classification criteria used in research can support clinical assessment, but they are not a

stand-alone diagnostic test.

- A full blood count to check red cells, white cells, and platelets
- Kidney and liver blood tests
- Urine tests for blood and protein
- Measurement of urine protein if kidney involvement is suspected
- Tests for antiphospholipid antibodies, which can raise blood-clot risk

Treatment and management

Treatment is matched to the organs involved and how active the inflammation is. The aim is to control symptoms, prevent flares, protect organs, and use the lowest treatment burden that safely achieves these goals.

Hydroxychloroquine is often a foundation treatment for SLE when it is suitable. It can help control skin and joint symptoms and reduce flares. Because it can rarely affect the retina at the back of the eye, people taking it need eye screening at recommended intervals.

Anti-inflammatory pain medicines may help some joint or muscle symptoms. They are not appropriate for everyone, particularly when kidney problems, stomach ulcers, bleeding risk, or some heart conditions are present.

Corticosteroids, such as prednisone or prednisolone, can calm inflammation quickly. Higher doses may be needed for serious organ inflammation. Because long-term steroid use can cause infection, bone thinning, diabetes, cataracts, and other problems, specialists generally try to reduce exposure when disease control allows.

Medicines that reduce immune activity may be used for persistent or organ-threatening lupus. These include conventional immunosuppressants and targeted biological medicines. The choice depends on which organs are affected, previous treatment, pregnancy plans, side effects, and test results.

Lupus nephritis often needs a combination of immune-calming medicines and treatments that protect kidney function and control blood pressure. Regular blood and urine tests show whether treatment is working.

Practical management may also include:

Do not start, stop, or change lupus medicine without medical guidance. Some treatments need gradual reduction, laboratory monitoring, or changes before pregnancy.

- Sun-protective clothing and broad-spectrum sunscreen

- Regular movement adapted to energy and joint symptoms
- Treatment of high blood pressure and cholesterol
- Support to stop smoking
- Vaccination planning, especially before strong immune-suppressing treatment
- Bone protection when steroids like prednisone or hydrocortisone are used for a long time

Complications

Not everyone develops serious complications. Risk is higher when lupus remains active, affects major organs, or requires prolonged steroid treatment.

Lupus nephritis can gradually reduce kidney function. Early changes may only appear on urine or blood tests, which is why routine monitoring matters.

Inflammation around the heart or lungs can cause chest pain or breathlessness. Lupus is also associated with earlier narrowing of the arteries, increasing the long-term risk of heart attack and stroke.

Some people have antiphospholipid antibodies. These can increase the chance of blood clots or pregnancy complications, although having the antibodies does not mean a clot will definitely occur.

Lupus and immune-suppressing treatments can increase susceptibility to infection. Other possible concerns include osteoporosis, pregnancy complications, blood-cell problems, and damage caused by repeated inflammation.

Prevention

Lupus cannot currently be prevented. It is not caused by something you did, and there is no proven diet, supplement, or lifestyle change that prevents it from developing.

If you have lupus, some steps may reduce avoidable triggers and lower the chance of complications. Protecting your skin from ultraviolet light can help prevent skin symptoms and some flares. Not smoking supports heart, lung, and blood-vessel health.

Taking medicines as agreed and attending routine blood, urine, blood pressure, and eye checks can detect problems before symptoms become severe. Infection prevention and vaccination plans should be discussed with your care team because some vaccines may not be suitable during certain immune-suppressing treatments.

Living with it and what to expect

Lupus usually continues over many years. Its course is not predictable for an individual person. Some people have long quiet periods with mild symptoms. Others have recurring flares or organ inflammation that needs ongoing treatment.

Treatment has improved, and many people with lupus live active lives. Work, study, exercise, travel, relationships, and parenting are often possible, though adjustments may be needed during flares. Serious kidney, heart, lung, brain, or blood-vessel involvement can have a greater effect on long-term health.

Fatigue may continue even when blood tests suggest that inflammation is controlled. Sleep problems, pain, anaemia, medication effects, mood, and reduced fitness can all contribute. Reviewing these possibilities may identify treatable causes.

It can help to pace demanding activities, build up exercise gradually, and plan rest without becoming completely inactive. Recording symptoms may make patterns clearer, but day-to-day changes do not always indicate a flare.

Pregnancy is possible for many people with lupus. Outcomes are generally better when the condition has been quiet and medicines have been reviewed before conception. Some lupus medicines are not safe during pregnancy, while stopping all treatment can also create risk. Early planning with rheumatology and pregnancy specialists is important.

Routine follow-up remains necessary during quiet periods because kidney inflammation, blood-cell changes, and medication effects can be symptom-free.

When to get medical help

Call emergency services for:

Seek urgent medical assessment for a high or persistent fever, especially if you take immune-suppressing medicine. Infection can worsen quickly and may resemble a lupus flare.

Prompt assessment is also appropriate for much less urine than usual, new blood in the urine, rapidly increasing swelling, severe headache with visual changes, unexplained heavy bruising, or a new painful and swollen leg.

Contact your usual lupus team if symptoms are gradually returning, a rash is spreading, joint swelling is increasing, or side effects are making treatment difficult. These concerns usually need timely review but are not necessarily emergencies.

Keep routine appointments even when you feel well. Monitoring can find silent kidney or blood

changes and allows treatment to be adjusted safely.

- New chest pressure or severe chest pain
- Severe or rapidly worsening difficulty breathing
- Signs of stroke, such as facial drooping, arm weakness, or speech difficulty
- A seizure, fainting, or sudden severe confusion
- Coughing up blood or sudden breathlessness with one-sided leg swelling
- A severe allergic reaction after taking medicine

Common questions

Is lupus contagious?

No. Lupus cannot be passed through touch, sex, coughing, food, or shared objects. It is caused by abnormal immune activity, not an infection.

Does a positive ANA test mean I have lupus?

No. Many healthy people and people with other conditions have a positive ANA test. The result must be considered alongside symptoms, examination findings, and other blood and urine tests.

Can lupus go away completely?

Lupus may become inactive for long periods, sometimes called remission. It is still considered a long-term condition because symptoms or inflammation can return. Treatment should not be stopped simply because you feel well.

Is there a special lupus diet?

No diet has been shown to cure lupus. A balanced eating pattern can support heart, bone, and general health. Specific changes may be needed for kidney problems, high blood pressure, diabetes, or medicine side effects.

Can I have a baby if I have lupus?

Many people with lupus have successful pregnancies. Planning is important because active lupus, kidney involvement, certain antibodies, and some medicines can increase risk. A medication and health review before pregnancy is recommended.

Does lupus shorten your life?

Many people with well-controlled lupus have a normal or near-normal lifespan. The outlook is less favourable when major organs are damaged, blood clots occur, or serious infections

develop. Regular monitoring and early treatment help reduce these risks.

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