



# HCSP FACT SHEET

HCV ADVOCATE

• EXTRAHEPATIC MANIFESTATION OF HCV •

## Systemic Lupus Erythematosus

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### Foreword

Systemic lupus erythematosus (SLE) is a disease that can cause inflammation and damage to various parts of the body. Lupus can affect any area of the body, but it most often affects the joints, skin, kidneys, heart, lungs, blood, or brain. Lupus is an autoimmune disease – this is when a person's immune system produces antibodies against normal cells and organs. It is estimated that about 1.5 million Americans have been diagnosed with lupus and there are about 16,000 Americans who develop lupus each year. Lupus more commonly strikes women than men – about 90% of all lupus cases are among women. The majority of women are diagnosed between the ages of 15 and 45. Lupus is more than two to three times as common in people of color – African Americans, Hispanics, Asians, and Native Americans – than in Caucasians.

For most people with lupus it is a mild condition that usually only affects a few organs, but in others it can be a serious, debilitating and even life-threatening condition.

### Cause

The exact cause of lupus is not known, but environmental, genetic, other conditions and diseases (such as HCV?) may act as a trigger. There is a limited amount of information about the HCV connection to lupus. One of the largest studies on lupus and HCV was performed by Manuel Ramos-Casals and colleagues<sup>1</sup> which evaluated the relationship between lupus and HCV among 134 patients with lupus (121 women and 13 men). In this study it was reported that HCV antibodies were present and confirmed in 11% of the study participants. The authors also commented that some of the HCV-related lupus appeared to produce or mimic the symptoms of lupus which would result in a lower number of people in the trial who had 'true' lupus. It is important to know that this study looked at the prevalence of HCV in a group of people with lupus, but it **was not** a study that looked at the prevalence of lupus in the hepatitis C

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The information in this fact sheet is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV.

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## HCV – Systemic Lupus Erythematosus

population. We do not know the percentage or how many people with hepatitis C also have lupus but it is believed to be very low.

### Symptoms and Diagnosis

The diagnosis of lupus is often difficult because the symptoms are similar to other diseases or conditions. The most common symptoms of lupus include joint pain, frequent unexplained fever, swollen joints, fatigue (moderate to severe), skin rashes, chest pain (especially on deep breathing), rash across the cheek and nose (resembles the shape of a butterfly), sensitivity to light or the sun, hair loss, abnormal blood clotting, Raynaud's syndrome, seizures and/or mouth or nose ulcers, and anemia. At this time there is no single laboratory test to diagnose lupus.

The American College of Rheumatology (ACR) issued a list of 11 criteria or symptoms that are used to diagnose lupus including:

1. Rash on cheeks (malar, commonly called butterfly rash)
2. Red, scaly skin patches (discoid lupus)
3. Rashes due to exposure to light (photosensitivity)
4. Oral ulcers
5. Arthritis – nonerosive of two or more peripheral joints, with tenderness, swelling or effusion (affecting the junction of the joint)
6. Kidney disorders
7. Seizures or psychosis
8. Inflammation of the lungs or heart
9. Low red or white blood cells (anemia or neutropenia)
10. Anti-nuclear antibody positive – a measure of autoimmune disease
11. Positive test results for certain immunologic disorders

A diagnosis is usually made when a person has

4 or more of these symptoms and/or blood test abnormalities.

### Disease Progression

There is no cure (at this time) for lupus, but the prognosis for most people with lupus is good. Some people will develop serious or life-threatening illness, but the vast majority of people with lupus can expect to live a normal lifespan. As with any condition or disease, it is always important to become as educated as possible and advocate for your medical care. There are some organizations that help people with lupus and it is a good idea to find a support group in your area so that you can connect to and get support from others who have the same condition.

### Treatment

There are many strategies to treat or manage lupus. The most important strategy is to work closely with a knowledgeable medical team. The medical specialist who manages and treats lupus is a rheumatologist – a doctor who specializes in treating diseases that affect the joints and muscles. It is also important that a person with lupus learn to recognize when an increase in symptoms is starting ('flare-up') and what triggers it to avoid anything that can lead to a 'flare-up.' In general it is recommended that people with lupus avoid excessive alcohol consumption, smoking, and overexposure to the sun.

### Medications

There are many medications to help alleviate the symptoms and help control the consequences of lupus including:

- Over-the-counter pain medications including non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen, and acetaminophen. Higher doses can be prescribed for more severe symptoms
- Corticosteroids such as prednisone
- Antimalarial medications such as hydroxychloroquine

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- Immunosuppressants such as mycophenolate, cyclophosphamide, azathioprine, leflunomide, leflunomide, methotrexate, and belimumab (Benlysta). Belimumab was approved by the Food and Drug Administration (FDA) in 2011 and it is the first drug in 50 years that has been approved by the FDA to treat the symptoms of Lupus.

at what causes lupus and what drugs can be used to treat it. For more information on clinical trials for lupus go to [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

**References**

<sup>1</sup>Ramos-Casals M, Font J, Garcia-Carrasco M, Cervera, R, Jimenez, S, Trejo, O, De La Red, G, Sanchez-Tapias, J, and Ingelmo M. Hepatitis C Virus infection mimicking systemic lupus erythematosus. *Arthritis Rheum.* 2000; 43(12):2801-2806

**Research**

There is much research that is looking

**Related publications:**

- **An Overview of Extrahepatic Manifestations**  
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