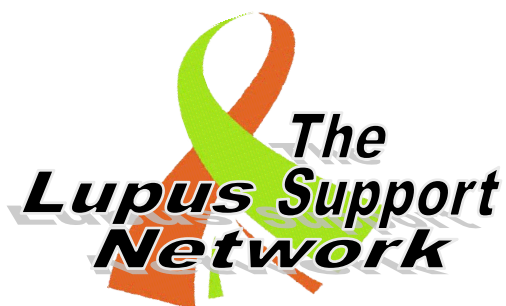


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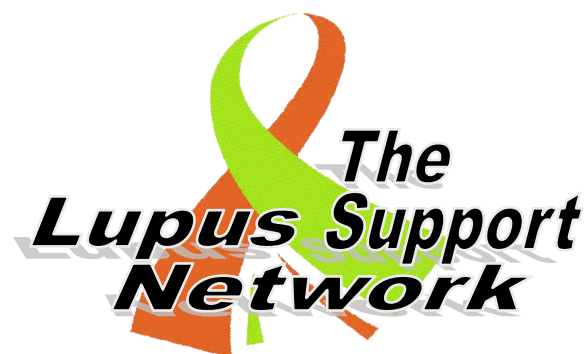
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ORIENTATION TO LUPUS

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Pensacola, FL 32504

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*“Lupus, the hidden disease that lasts a lifetime -
A long time to be sick.”*



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Pensacola, FL 32522-7841
(850) 478-8107
(800) 458-8211 toll free

Support Groups:

Florida:

Pensacola Support Group Meetings:

1108 Airport Blvd., Ste. C, Pensacola, FL 32504
*4th Saturday @ 11 a.m.

Tallahassee Support Group Meetings:

*Broadview Assisted Living Facility
*please call for dates & times

Ft. Walton Beach/Destin/Niceville

Ft. Walton Beach Medical Center
*3rd Saturday @ 10 am

Alabama:

Brewton, AL

McMillan Hospital—Education Center
*2nd Wednesday @12:00 noon

Mobile, AL Support Group Meetings:

USA Women's and Children's Hospital
2nd Floor Conference Room
*3rd Thursday @ 1 p.m.

**For info please call (850) 478-8107
or (800) 458-8211**

NOTES

**ORIENTATION
TO
LUPUS**

*An introduction to Lupus,
designed to address initial and
immediate concerns of newly diagnosed
patients, family members, and friends*

About this booklet...

The material in this booklet has been compiled to present useful information for anyone wanting a basic understanding of Lupus. It includes information that will allow the reader to:

- better educate themselves on Lupus.
- better understand patient roles and the need for patient participation.
- understand how to record pertinent information.
- understand words and terms that patients may read or hear during the diagnosis and treatment of Lupus.

No one source will answer all the questions that might arise. We do hope, however, that this booklet will aid patients, family members and friends with answering some of the initial questions and concerns that may come to mind at the time of diagnosis.

Second Edition, April 2000

Many individuals gave their time, energy and input in the collection, compiling, reviewing and production of this material. The Texas Gulf Coast Chapter of the Lupus Foundation of America, Inc. would like to acknowledge their efforts and express our sincere gratitude for their support and involvement. Our thanks to the members of the Patient Orientation/Support Group for their willingness to share their thoughts, comments and suggestions on items to include. Special thanks to Dr. Samuel Pegram, Rheumatologist, Private Practice, Dr. John Reveille, Rheumatologist, Assistant Professor, University of Texas Medical School; and Gaye Koenning, Nutritionist, Baylor College of Medicine, for their willingness to review (and review again) the material contained in the first edition. Our thanks also to Catherine Thomas, Education Program and Services Chair, for her effort as Coordinator of the many elements involved in this project.

In addition, thanks is extended to all who volunteered their time and talents to bring this Second Edition to print: Diana Matzer, for the typing of this material and to Barbara Ahlberg, Judy Lawson and Dawn Arnold for proofing and re-proofing the text material. Special thanks to Ann Marie Vick for the desktop publishing of the final copy.

3. Help to control your flares. After a flare has occurred, list any unusual medications you may have used and activities in which you participated prior to the flare. Keeping such a record helps you and your doctor decide which products, medications or activities you should avoid. You may need to keep these daily records for several months to determine what could have triggered your flare.

Just before a danger sign or flare occurred:

I used these medications: _____

I participated in these activities: _____

I also remember I: _____

List any questions you want to discuss with your doctor.

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2. Record all medicines you take. Include those prescribed by your doctor, as well as any over-the-counter medicines you have taken. When a prescribed drug is stopped, cross it off the list.

| Drug Name | Dosage | Schedule | Possible Side Effects | Date Started | Date Stopped |
|-----------|--------|----------|-----------------------|--------------|--------------|
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3. Help to control your flares. After a flare has occurred, list any unusual medications you may have used and activities in which you participated prior to the flare. Keeping such a record helps you and your doctor decide which products, medications or activities you should avoid. You may need to keep these daily records for several months to determine what could have triggered your flare.

Just before a danger sign or flare occurred:

I used these medications: _____

I participated in these activities: _____

I also remember I: _____

List any questions you want to discuss with your doctor.

LUPUS...

IS...

- A chronic disorder of the immune system that causes inflammation of various parts of the body.
- Sometimes difficult to diagnose.
- A very individualized disorder.
- Controllable and treatable.

IS NOT...

- RARE
- CONTAGIOUS
- INFECTIOUS
- CANCEROUS
- A.I.D.S.
- SOLELY A WOMAN'S DISEASE
- NECESSARILY FATAL

1948: The L.E. Cell phenomenon is refined by Dr. Hargraves at the Mayo Clinic and quickly becomes the basis for diagnosing S.L.E. This cell is essentially a white blood cell which has engulfed the nucleus of another cell.

1950's: Fluorescent tests to detect antibodies against the nucleus of cells are developed. Referred to as anti-nuclear antibody test (A.N.A.), 95% of S.L.E. patients are known to be positive. Corticosteroids are used for the first time to control symptoms of S.L.E.

1959: At Otago Medical School, the NZ. Brown XNZ. White hybrid mouse is discovered to develop a lethal kidney disease which some people with S.L.E. develop. This mouse has since been studied in laboratories all around the world. Other mice which develop lupus-like diseases have also been bred. These mice have aided lupus research tremendously.

1960's: The prognosis for lupus sufferers improves dramatically as diagnosis improves, drugs are used more sensitively and public awareness of lupus begins to develop.

1970's and 1980's: The Lupus Foundation of America assists groups around the world to come together in support of lupus sufferers and their families. Their primary task is to educate sufferers, the public and health professionals about lupus.

Reprinted from the September 1985, Lupus Association [New Zealand Newsletter](#)

1990's: Great strides are made in Lupus awareness. In research much study was done in areas of genetics, hormones and environment—

CRITERIA FOR DIAGNOSIS

looking for the origins of Lupus and what may trigger its onset.

The American Rheumatism Association (ARA) has developed and defined a set of criteria to help with the differential diagnosis of S.L.E. If any 4 or more of the 11 criteria develop at one time or individually over any period of observation, then the patient is likely to have S.L.E.

- 1) Malar Rash
- 2) Discoid Rash
- 3) Photosensitivity — development of a rash as a result of sun exposure.
- 4) Oral ulcers
- 5) Arthritis
- 6) Serositis — Pleuritis or Pericarditis
- 7) Renal Disorder — persistent proteinuria or cellular casts

PHYSICAL THERAPIST: Person trained to help the patient regain strength, movement, coordination, range of motion, and endurance, and possibly to help delay some deformities.

PSYCHIATRIST: A physician who is trained in psychiatry and who treats mental and neurotic disorders and the changes that occur with them.

PSYCHOLOGIST: A person who specializes in the mental processes and their effect on behavior. The psychologist can help the patient or the patient's family cope with problems, disease, sudden illness, and accidents.

RHEUMATOLOGIST: An internist who has additional training in the diagnosis and treatment of arthritic and rheumatic diseases.

PREPARING FOR YOUR NEXT EXAM

YOUR PERSONAL LOG (I)

When we visit the doctor's office for an exam, we often bring with us a multitude of emotions: anxiety, depression, fear, sadness, responses to stress and more. It is no wonder that we cannot always depend solely on our 'memory bank' to give us all of the information we need to share with our physicians. The very task of trying to remember it all can subject us to unneeded stress and hamper our ability to receive the full benefit of the visit. Trying to make an account from mental recollections can sometimes distract us from the very things we need to hear.

Keeping a written record from which to refer can help you give an accurate account of symptoms and a record of medications. It can help ensure that you will be able to recount pertinent details when and where you need them. A list of questions or items needing clarification should also be included. It is hoped that the following pages will prove to be a useful and supportive tool to assist you with collecting this information about you and your Lupus.

LISTING & EXPLANATION OF MEDICAL SPECIALTY AREAS

CARDIOLOGIST: Physicians concerned with structure, function, and diseases of the heart.

DERMATOLOGIST: A doctor who specializes in treatment of the skin and skin disorders.

ENDOCRINOLOGIST: One who studies the glands of internal secretion.

GASTROENTEROLOGIST: Treats ailments of the digestive tract as well as the liver, pancreas, and biliary tract.

HEMATOLOGIST: One who specializes in the study of the blood.

IMMUNOLOGIST: Specializes in the nature of and cause of immunity and the body's defense system.

INTERNIST: A physician who specializes in diagnosis and treatment, as opposed to surgery and obstetrics, of diseases of the internal organs.

NEPHROLOGIST: A physician specializing in kidney disease.

NEUROLOGIST: A physician who specializes in conditions involving the nervous system.

NUTRITIONIST: A person who specializes in how food nourishes.

OCCUPATIONAL THERAPY: Therapy which includes activities needed for daily living or work.

OPHTHALMOLOGIST: A doctor who specializes in the treatment of the eyes and eye-related disorders.

ORTHOPEDIST: Corrects and prevents disorders of bones, joints, ligaments, tendons, and muscles.

PATHOLOGIST: One who is well versed in detecting changes in tissues.

PHARMACIST: Specializes in compounding drugs (filling prescriptions).

- 8) Neurological Disorder — seizures or psychosis
- 9) Hematologic Disorder — anemia, leukopenia or lymphopenia on 2 or more occasions, thrombocytopenia
- 10) Immunologic Disorder — + LE Cell Prep, Abnormal Anti-DNA or Anti-Sm values, False + VDRL
- 11) Abnormal ANA titer



WARNING SIGNS OF A FLARE

Several symptoms may indicate a **FLARE** is about to occur. Call your physician immediately (even at night or on the weekend) if you notice:

- Blood in the urine
- Severe chest pain
- Chills or temperature over 101.5 degrees
- Confusion
- Severe headaches
- Fainting
- Severe cough
- Swelling of the feet and ankles
- Weakness/numbness of arms or legs

Simply record less serious signs, such as cold symptoms, fatigue, low-grade fever (under 100.5 degrees), skin rash and sore joints, and discuss them with your doctor at your next checkup. A sample chart for recording danger signs is pictured in the section “**Suggestions for Writing It All Down**” beginning on page 7. Two charts for your own use are included in the appendix “**Preparing for Your Next Exam**,” beginning on page 21.

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REMISSION: A period when all the symptoms of Lupus or disease disappear.

RENAL: Pertaining to the kidney.

SCLERODERMA: A progressive disease of the skin involving collagen tissue, resulting in diffuse, leathery induration of the skin, frequently followed by atrophy and pigmentation.

SEDIMENTATION RATE: A blood test to determine erythrocyte (red blood cells) sedimentation rate, or how red cells sink within the blood over a certain period of time; patients with active inflammatory disease or infections often have elevated sedimentation rates.

SIDE EFFECT: Adverse effect produced by a drug.

SJOGREN'S SYNDROME: A condition characterized by dryness of the mouth, eyes and skin, due to dysfunction of various moisture-producing glands.

SUPPORT GROUP: A group in which people with a common need or illness meet to share thoughts and feelings with others, and sometimes solve related problems.

SYMPTOMS: Evidence of a disease as perceived by the patient.

SYSTEMIC: Pertaining to the whole body, rather than its parts.

SYSTEMIC LUPUS ERYTHEMATOSUS: A chronic disorder of the immune system that causes inflammation of various parts of the body. People with Lupus have immune system abnormalities. Lupus can affect the skin, joints, kidneys, lungs, heart, nervous system, blood and/or other body organs or systems.

T LYMPHOCYTES: Lymphocytes which play a major role in the body's defense against viruses, fungi and certain bacteria.

THROMBOCYTOPENIA: Abnormal decrease in the number of blood platelets.

TITER: Highest dilution of a serum that gives a reaction with a substance.

“SUGGESTIONS FOR WRITING IT ALL DOWN”

You can save time and receive better medical care if you are prepared to talk about what has happened since your last checkup. You can also prepare for your visit with the doctor by writing down all the questions you have about your lupus condition.

The following charts show ways you might organize a personal “log” for this purpose.

1. Record any danger signs and when they occurred.

| DANGER SIGN | When it started | When it stopped |
|-------------------------|------------------------|------------------------|
| Fever - 99.5 degrees | 05/07/1995 | 05/08/1995 |
| Cold w/ head congestion | 07/20/1995 | 07/23/1995 |
| Shoulder pain (right) | 08/15/1995 | 08/20/1995 |

2. Record all the medicines you take. Include those prescribed by your doctor, as well as any over-the-counter medicines you have taken. When a prescribed drug is stopped, cross it off your list.

| Drug Name | Dosage | Possible Side Effects | Date Started | Date Stopped |
|------------------|------------------|--|---------------------|---------------------|
| Motrin | 600 mg 4x day | stomach upset | 03/15/1994 | 12/05/1994 |
| Plaquenil | 200 mg 2x day | eye trouble | 01/01/1995 | 1/15/1996 |
| Prednisone | 10 mg | high blood pressure bone thinning depression | 05/01/1996 | |

3. Help to control your flares. After a flare has occurred, list any unusual medications you may have used and activities in which you participated prior to the flare. Keeping such a record helps you and your doctor decide which products, medications or activities you should avoid. You may need to keep these daily records for several months to determine what could have triggered your flare.

Just before a danger sign or flare occurred,

I used these medications: _____

I participated in these activities: _____

I also remember I: _____

4. List any questions you want to discuss with your doctor.

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CONTROLLING LUPUS

Now that you have been told you have lupus, the most important question is “What can be done?” Only your doctor can prescribe the best treatment for you. Since all cases are different, the treatments used for individual cases will also be different. Treatments will also differ as the disease flares and subsides. Therefore, it is very important to follow your doctor’s instructions. There are four (4) general areas for you to think about:

- Your very natural anxieties
- General life-style
- Diet
- Drugs

Anxieties. It is easy to say, “Don’t worry,” but not worrying is sometimes very difficult. Perhaps the most important thing is that you understand what your disease is and what you can do about it. Ask your doctor about anything that is bothering you. Discuss any problems with family members, but not so much that it becomes a problem for everyone. Look after yourself, become a little selfish in that respect. But do not become a “lupus cripple.”

Try to avoid situations that make you nervous or tense. If large crowds bother you, try to stay away from them. You will have the same infections and illnesses as anyone else, but there is some evidence that lupus patients are unusually susceptible to infection.

NEURITIS: Inflammation of the nerves outside of the central nervous system.

OSTEOPOROSIS: Demineralization of the bone tissue, resulting in structural weakness and deformity; often accompanied by pain, particularly in the lower back.

OVULATION: The cyclic ripening and maturation of the ovum.

OVUM: The female germ cell or egg, which when fertilized by a single male sperm cell, produces the embryo.

PERICARDITIS: Inflammation of the pericardium, the sac enclosing the heart and the origins of the great blood vessels.

PHOTOSENSITIVITY: Hypersensitivity of the skin to sunlight.

PLACEBO: An inactive substance given to a patient either for its pleasing effect or as a control in experiments with an active drug.

PLEURISY: Inflammation of the membrane between the chest wall and the lung.

POLYARTERITIS: Inflammation of several arteries at the same time.

PREDNISONE: The chemical name for a steroid hormone.

PROGNOSIS: A prediction of the course of a disease and estimates of recovery.

PROTEINURIA: Protein in the urine.

PULMONARY: Pertaining to the lungs.

PURPURA: Rupture of blood vessels with leakage of blood in the tissues.

RAYNAUD'S PHENOMENON: A condition caused by an abnormal degree of spasm of the blood vessels of the extremities, especially in response to cold temperatures, which would not affect a normal person.

RELAXATION THERAPY: Therapy, often self-conducted, in which total body relaxation is accomplished according to a specific plan.

IMMUNOSUPPRESSANTS: Substances that suppress or interfere with normal immune response, used to control auto-immune diseases and enhance the chances for survival of tissue grafts and transplants. A wide variety of drugs and X-rays are used as immunosuppressant agents.

INFECTION: Condition in which the body is invaded by a microorganism or virus. Under favorable conditions, the invader multiplies and produces injurious effects. Localized infection is usually accompanied by inflammation and inflammation's symptoms.

INFLAMMATION: The body's reaction to a foreign substance which has entered it. Signs of inflammation are redness, pain, heat and swelling.

JOINT SYMPTOMS: Pain on motion, tenderness and/or swelling, without marked deformity. Includes all joints of the hands, arms, feet, legs, hips, shoulders and the lower jaw.

LESIONS: In Lupus, reddish, raised patches anywhere on the body, considered one possible form of the condition. These lesions are roughly disc-shaped, thick and scaly; they may leave scars after healing.

LEUKOCYTES: White blood corpuscles, which help combat infection.

LEUKOPENIA: Low white-cell count.

LYMPHS (Lymphocytes): White blood cells.

MALAR RASH: Rash on the cheeks; often with Lupus in the shape of a butterfly across the bridge of the nose and cheeks.

MIXED CONNECTIVE TISSUE DISEASE: Consisting of two or more of the connective tissue diseases; for example, lupus, polymyositis, scleroderma.

MYALGIA: Muscle pain.

MYOCARDITIS: Inflammation of the heart muscle.

NEPHRITIS: Inflammation of the kidney.

NEURALGIA: Severe, sharp pain along the course of a nerve.

The important thing is not to panic when one hits. Seek treatment immediately so that it cannot cause a flare. Try to remain calm as much as possible: Anxiety and tension alone may produce flares.

General life-style: Follow the normal routines required for general good health, such as getting enough sleep, exercising, and avoiding infections and injuries. Naturally, excessive use of tobacco and alcohol does not contribute to your general good health. During periods of flare rest is extremely important. You should get at least 10 hours of sleep per night during these periods. If possible, take a short rest in the morning and another in the afternoon. During remission you may find that you do not need as much rest, but stop short of fatigue.

Your activities and hobbies might need some adjustments if you are an extremely active person. Pace your activities so that you don't overexert yourself. The same is true of your job. If you are a woman with a large family, especially with many small children at home, you may need part-time help. On the other hand, be as active as possible. Get involved in things that interest you. Try to avoid leaving a great deal of idle time in your day.

Approximately 40 percent of the people with lupus are sensitive or allergic to the sun. If you are one of these, plan your activities so that you don't spend a great deal of time in the sun. Exposure may cause new skin lesions or flares, burning and itching, fatigue, aching, weakness, nausea, vomiting, and pain in the joints. Even though you are in the shade, reflected sunlight from water, snow, cement walks, or glass may cause damage. It is usually all right for you to get the limited sun exposure from driving to and from work or shopping, short walks, or any activity where you are not in the direct sunlight for a long period of time. The amount of exposure would also have to be judged in terms of where you live — the sun's rays are not as direct in the northern areas of the United States as in the South. The most dangerous time to be in the sun is from 9 a.m. to 4 p.m. So if you like to garden, swim, fish, or water-ski, reschedule your time in the sun to avoid the most dangerous period. Besides limiting your exposure, wear protective clothing and use topical sunscreens if they are prescribed by your doctor.

Diet. Most people with lupus do not need a special diet. Just follow good general dietary habits, that is, eat well-balanced meals. If your doctor prescribes a special diet, it may be either a reducing diet, a low-salt diet, or a low-protein diet. Avoid "fad" diets, special vitamins, and so on. Ask your doctor if you need to avoid certain foods or to take vitamins before you assume that they will do you some good.

Your doctor will probably want to keep the amount of drugs to a minimum. You can help by following his instructions carefully.

Drugs: Several drugs are very helpful in the treatment of lupus. Some are used to control flares; others are used to maintain remissions. It is extremely important that you follow your doctor's orders in taking the drugs he prescribed for you. Do not try new drugs unless your doctor prescribes them or do not take any old medicine.

Your doctor will probably want to keep the amount of drugs to a minimum. You can help by following his instructions carefully.

A NOTE ABOUT SUPPORT

Coping with chronic illness is no easy task — as a matter of fact it can be downright hard work. Living with a chronic illness such as Lupus can be difficult for patients, family members and friends alike. There are emotions that need to be dealt with, adjustments that must be made, and grieving that must take place. Because Lupus is chronic, those of us who are affected must equip ourselves with the tools to help each other in our efforts to come to terms with and cope with the illness.

There are several things that we can do to aid and support ourselves in our efforts to cope with Lupus. Good medical treatment is imperative and should include open communication with the physician that is providing that treatment. Each of us (patients, family members, friends) should become knowledgeable about our illness and participate in programs and activities that support and broaden that knowledge. We should become familiar with sources and resources of information and services available. We should seek out and participate in support groups to benefit from the exchange of information from others who are also coping with Lupus. We have much to learn from each other, both lay and professional, that can positively impact our efforts and complement and strengthen the benefits received from proper medical treatment.

The Lupus Support Network, Inc. can play an important role in helping you make the connection to the resources available to assist you. A listing of physicians, information on books, tapes and other materials, and information on programs and services available can be obtained from sources listed on the back panel of this booklet.

GENETIC: Pertaining to the genes; the word genetic refers to the property of transmission of parental characteristics to offspring.

GI SERIES: Gastrointestinal series; an X-ray examination of the esophagus, stomach, and small intestine.

HEMATURIA: Red blood cells in the urine.

HEMOLYTIC ANEMIA: Condition characterized by a reduction in circulating red blood cells due to increased destruction of the cells of the body.

HISTOLOGY: Examination of tissue under a microscope as opposed to the gross clinical examination.

HORMONE: From the Greek “to excite”, hormones are chemical messengers which excite a response in other tissues.

HYDROXYCHLOROQUINE: Antimalarial drug that has also been used as a suppressant for Lupus.

HYPERSENSITIVITY: A form of allergy generally mediated by antibodies, a special group of blood proteins.

IDIOPATHIC: A condition without clear cause or origin. In Lupus, idiopathic has come to denote any condition for which no cause can be pinpointed. Most Lupus cases are in this category, along with epilepsy, high blood pressure and numerous other ailments.

IMMUNE COMPLEXES: The specific combination of antibodies with their corresponding antigens.

IMMUNE MEDIATED: Being produced by the immune system, i.e. antibodies and lymphocytes.

IMMUNE RESPONSE: Response of the body's immune system to antigens.

IMMUNITY: Power to resist infection or an invasion of bacteria.

IMMUNOFLUORESCENCE: Special technique of histology using a fluorescent dye to mark antibody or immune process taking place at a given site in the tissue.

ENZYME: A protein substance that catalyzes a biological or chemical reaction.

ERYTHROCYTE: A mature red blood cell or corpuscle, which functions to carry oxygen and carbon dioxide. Also plays a role in the acid-base balance of the blood and in formulation of bile pigments, which are derived from decomposition products of hemoglobin.

ESTROGEN: The female sex hormone; a hormone produced by the ovaries and responsible for secondary sexual characteristics in females and preparation of the uterus for implantation of the fertilized egg.

ETIOLOGY: The study of factors that cause disease or the origin of disease.

EXACERBATION: Recurrence of symptoms; another word for flare-up.

FALSE-POSITIVE SYPHILIS TEST: There are a number of tests for syphilis, including the Wassermann, RPR, Hinton, and VDRL tests. Some people, including Lupus patients, can make antibodies to a lipid-like (fat-like) substance structurally similar to the syphilis organism and consequently develop a false-positive test for syphilis. Therefore, they will have a positive test for syphilis without having the disease.

15 FACTOR SUNSCREEN: Sunscreen lotion that gives 15 times the protection, i.e. allows 15 times more sun exposure than one could tolerate with no protection.

FLARE: A time when Lupus symptoms reappear or worsen; also called an exacerbation.

FOCAL PROLIFERATIVE GLOMERULONEPHRITIS: Inflammation of the capillaries of the kidney, specifically where capillary ends are proliferated (increased by cell division).

GAMMA GLOBULIN: A protein found in the blood. Ability to resist infection is related to the concentration of such proteins.

GENE: The biologic unit of heredity located on a particular chromosome.

APPENDIX

GLOSSARY

OF

WORDS

AND

TERMS.....

ALOPECIA: Hair loss.

ALTERNATE-DAY THERAPY: Treatment giving twice the daily medication dose every other day, with no medication given alternate days.

ANEMIA: Deficiency of red blood cells which may be caused by disease or loss of blood.

ANERGY: A condition in which there is no response to an injected antigen.

ANTI-INFLAMMATORY: An agent that counteracts the inflammatory process.

ANTIBODY: Protein made in the body that is sent into the blood to attack and neutralize foreign substances and protect the body from them.

ANTIGEN: Protein that stimulates formation of antibodies.

ANTINUCLEAR ANTIBODY (ANA) TEST: Blood test to detect antibodies to nuclei.

ARTHRALGIA: Joint pain.

ARTHRITIS: Inflammation of a joint with heat, swelling, pain and redness.

AUTO-IMMUNE DISORDER: A condition in which the body literally attacks itself by making antibodies against its own cells.

AUTOANTIBODY: Antibody directed against the body's own tissue.

BIOFEEDBACK: Literally "self feedback," a method of learning to control bodily functions with audible or visual electrical feedback.

BIOPSY: Removal of a piece of tissue from a living body for diagnostic study.

BLOOD CELLS: Three main kinds are recognized: red blood cells (erythrocytes) carry oxygen and carbon dioxide; white blood cells (leukocytes) help fight infection; platelets (thrombocytes) help prevent bleeding.

BUN: Blood urea nitrogen: when the kidneys fail, the BUN rises, as does the uric acid.

BUTTERFLY RASH: The classic rash of lupus which covers the bridge of the nose and the cheeks in a butterfly pattern.

CHRONIC: Condition lasting greater than six (6) weeks.

CNS: Central nervous system.

COMPLEMENT: Any number of a group of factors, i.e., C1, C2, etc., that occur in the blood. These protein are consumed by combinations of antigen and antibody, which contributes to inflammation in tissues of the body.

CONNECTIVE TISSUE: The substance that binds the body together, found in abundance in every area of the body.

CORTICOSTEROID: Product of the adrenal cortex. Also, synthetic medicine used to treat Lupus, e.g., prednisone.

CORTISONE: Generic term used to describe a host of potent anti-inflammatory agents similar in structure to a hormone produced by the adrenal cortex.

CUTANEOUS LESIONS: Visible changes in the skin that are abnormal; rashes, sores or scars.

DEOXYRIBONUCLEIC ACID: DNA, present in chromosomes in the nuclei of cells, considered to be the carrier of genetic information.

DEPRESSION: A psychiatric syndrome which may be characterized by mood change, sleep problems, weight loss, guilty feelings, or feelings of helplessness.

DISABILITY: Loss of ability to carry out specific functions.

DISCOID LUPUS: Type of Lupus affecting the skin only.

DIURETIC: Medication given to prevent fluid retention, often used as a high blood pressure preventative.

EDEMA: Accumulation of fluid in the tissues beneath the skin.

EKG (Electrocardiogram): A graphic tracing of the contractions of the heart muscle.