



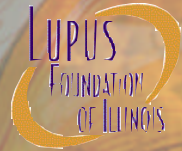
The Lupus Foundation of Illinois

20 E. Jackson Boulevard, Suite 1150

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Joint and Muscle Pain

Joint and Muscle Pain in Systemic Lupus



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Joint and Muscle Pain in Systemic Lupus

Pain in the joints is a common symptom of lupus. About 95% of lupus patients experience joint pain at some time in the course of their disease, and approximately 70% say pain in their joints was the first symptom.

The pain may come and go with varying intensity in periods of flare-ups and remissions. When lupus flares, joint and muscle pain is frequent. The pain typically occurs in the fingers, wrists, elbows, shoulders, neck, hips, knees, ankles and toes. Pain in the lower or middle back is not related to lupus.

Pain in the joints and surrounding tendons tends to be worse in the morning. It is usually present on both sides of the body at the same time, so that if you have pain in one hand, you usually have pain in the other hand as well.

Along with the pain, your joints may either be quite swollen or just puffy, and they are often tender and stiff. The swelling, tenderness and stiffness are signs of inflammation in the joints.

Lupus Foundation of Illinois

Since 1973, the Lupus Foundation of Illinois (LFI) has worked diligently to inform, educate, and promote awareness and understanding of lupus, and to support those affected by the disease. As the number of people diagnosed with lupus rises each year, the foundation expands to better serve lupus patients, their families and friends, the medical community, and the general public.

The Lupus Foundation of Illinois offers a variety of programs and services to those affected by lupus and to the general public, including free community educational meetings; numerous support groups held throughout the state; a website providing up-to-date information on many issues related to lupus; regular newsletters reporting cutting-edge developments in the treatment of the disease; a toll-free information and referral line, providing timely and accurate responses to hundreds of inquiries each year; a trained Speakers Bureau; a variety of public awareness and advocacy initiatives; and the "Living with Lupus" Grant Program designed to assist Illinois lupus patients with financial needs not covered by other available resources.



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Carpal tunnel syndrome. Lupus patients may also experience carpal tunnel syndrome more frequently than average if swelling in the wrist compresses a nerve, causing pain, numbness and tingling in the palm of the hand.

A nerve conduction test is used to diagnose carpal tunnel syndrome. Treatment may consist of a wrist splint to keep the wrist from moving, steroid injections into the compressed nerve in the wrist, oral steroids to reduce the swelling around the compressed nerve or surgery to decompress the nerve and clean out the carpal tunnel region in the wrist.

X-rays used to diagnose the cause of joint and muscle pain do not generally reveal any abnormalities in the joints, even in people who have had lupus for a long time. However, lupus does rarely cause structural abnormalities in the joints and surrounding tendons of the hand, resulting in deformed hands. Lupus arthritis may sometimes be diagnosed by examining fluid extracted from an inflamed joint under a microscope to detect an unusually high number of white blood cells.

Along with joint pain, other symptoms of lupus are a skin rash, especially on the face and other skin areas exposed to sun; Raynaud's phenomenon, in which the fingertips become white or blue on exposure to cold; chest pain with deep breathing; low-grade fever (over 100° F); extensive hair loss; sores in the mouth and fatigue.

Your general physician or a specialist called a rheumatologist can establish a diagnosis of lupus by identifying symptoms, and performing a physical examination and laboratory tests.

A positive lab test for the presence of anti-DNA antibodies as well as low complement proteins and other antibodies in the blood are indicators of lupus, but not specific enough to establish the diagnosis. Typical lupus symptoms plus physical findings of the disease are necessary as well.

Treatments for Joint Pain

The treatment for lupus-related joint pain consists of a variety of medications, including nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroid medications such as prednisone, and drugs that suppress the immune system.

The traditional NSAIDs, such as aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve, Naprosyn), are effective in reducing joint pain, but they may also cause stomach discomfort and occasionally have a negative effect on kidney function.

Lupus myositis. A less common condition associated with lupus is called myositis, a disease that causes muscle weakness and inflammation. To diagnose lupus myositis, your physician may call for a biopsy to obtain a small piece of tissue from affected muscle for analysis under a microscope. Steroids or immunomodulating drugs are the usual treatments.

Osteoporosis. In addition to the normal risk women face, lupus patients taking corticosteroids such as prednisone for a long time may develop osteoporosis (bone thinning). A bone density scan makes the diagnosis. Bone loss can be reduced by taking certain medications such as risedronate (Actonel) or alendronate (Fosamax).

bone in the body. The damage is usually permanent. To make a diagnosis, your physician may order magnetic resonance imaging (MRI) or a bone scan.

Bones affected by avascular necrosis do not heal readily, but the bones do sometimes repair themselves to a degree to protect the damaged areas. If the damaged areas are not protected in this way, the surrounding bone can collapse and require surgery to repair it.

If you have avascular necrosis, your physician may lower the dosage of steroids you receive or take you off steroids altogether because high doses of steroids can cause the problem. A procedure known as core decompression may prevent further deterioration of the bone. In advanced cases, joint replacement surgery, such as a total hip replacement, may be necessary.

A new class of NSAIDs, known as cyclooxygenase (COX-2) inhibitors, with brand names such as Celebrex, do not cause the same degree of stomach discomfort, but they can reduce kidney function.

Corticosteroids are more potent than NSAIDs, and they work against pain and inflammation almost immediately. Prednisone is the most commonly prescribed steroid. It can be given in low doses to treat pain, but even at low doses (5 to 15 milligrams per day), prednisone may have side effects, including weight gain, facial swelling, easy bruising and, with long-term use, bone loss and cataracts. High doses of prednisone can cause emotional upset, poor sleep and muscle weakness.

Also effective against joint pain in lupus patients are other drugs that affect the immune system, such as azathioprine (Imuran), methotrexate, leflunomide (Arava), and mycophenolate (CellCept).

Antimalarial drugs also may help. They are slow-acting and may take months to reduce the joint and muscle pain related to lupus. Their benefit is that they have few side effects, but do require an annual or bi-annual eye exam to check for pigment spots on the retina.

Related Conditions

A number of other conditions that affect the joints, bones and muscles can occur in lupus patients, such as fibromyalgia, avascular necrosis, lupus myositis and carpal tunnel syndrome. In general, it's okay for lupus patients to exercise unless they're in the middle of a flare or unless the type of activity increases pain significantly. Staying in good aerobic shape helps endurance and improves sense of well being. Low impact aerobics, pool exercises, light weightlifting and yoga are often helpful regimens.

Fibromyalgia. About one-third of lupus patients experience joint and muscle pain all over their bodies due to a condition called fibromyalgia, which causes widespread pain and muscle

tenderness. Other symptoms of fibromyalgia include significant fatigue, difficulty sleeping, headaches, problems in concentrating, abdominal pain and numbness and tingling in the arms and legs.

NSAIDs and steroids are usually not effective in treating fibromyalgia in most patients. Low doses of amitriptyline, a medication that has been used to treat depression, can help reduce pain and tenderness. Other treatments include pain medication, muscle relaxants, antidepressants (for fibromyalgia not because there's depression) and regular exercise to boost the patient's energy and help patients continue with normal activities.

Avascular necrosis. Lupus patients taking corticosteroids may also have a condition that damages bones and causes pain, known as avascular necrosis. Avascular necrosis results in a loss of the blood supply to a portion of the affected bone and an increase in pressure inside the bone. Hip and shoulder bones (the femur and humerus) are most commonly affected, but the condition may occur in any