LUPUS AND RHEUMATOID ARTHRITIS IN PREGNANCY

Lupus and rheumatoid arthritis are collagen vascular disorders. They both have a predisposition for appearing in women during their childbearing years. These diseases are known as autoimmune diseases, where a woman makes antibodies against certain components of her own body.

Q. WHAT IS LUPUS?

A. Lupus is also known as SLE (standing for systemic lupus erythematosus). It is a chronic disease of autoimmune origin. It is seen in approximately 1 in 1000 people in the general population. It has a much higher prevalence in African American women.

There are many symptoms associated with lupus. Some women develop characteristic skin lesions with lupus. These include a rash on the face, loss of hair in discrete areas on the scalp, and lesions throughout the body on the skin. Many women will be sensitive to light with this disorder. Some form of joint disease (arthritis) is present in many women. Perhaps one of the most serious consequences of lupus is the associated kidney disease seen in women with lupus. They may also have neurological symptoms.

Q. WHAT IS RHEUMATOID ARTHRITIS?

A. Rheumatoid arthritis (RA) is an autoimmune disease affecting many of the body's organ systems. Its prevalence in the population is about 1 to 2%. RA has a high predilection for women with onset at 20 to 60 years of age. There is thought to be a genetic predisposition.

Clinical manifestations of rheumatoid arthritis include inflamed, swollen joints in the hands, fingers, or wrists. Over time different joints are destroyed. Additional symptoms include fatigue, loss of appetite, weakness, and generalized muscular discomfort. Rheumatoid nodules can also occur on the heart, lungs, and along any extremity. Most women with rheumatoid arthritis are able to work with the disease and 15% will have complete remission.

Q. HOW IS LUPUS DIAGNOSED?

A. Several lab tests are used to help make the diagnosis of lupus. Ninety percent of patients with the disease will show an elevation of antinuclear antibody studies (ANA). This is a non-specific finding, however, since ANA may be elevated with many inflammatory diseases. Antibodies against double-stranded DNA may be found as well, and this test is more specific for lupus.

Q. How is rheumatoid arthritis diagnosed?

A. An elevation in blood levels of ANA is sometimes seen in rheumatoid arthritis. Specific to rheumatoid arthritis, however, is an elevation in the antibodies known as rheumatoid factors, which can be measured specifically.

Q. How is lupus treated?

A. There is no cure for lupus and long-term remission is rare. The treatment of lupus often includes long-term steroids and a drug known as azathioprine. The ingestion of long-term steroids has not been shown to cause congenital defects in humans. Steroid administration is safe in pregnancy. There is no long-term information on the effects of azathioprine on infants. No known congenital problems have been noted, however, this drug is usually used sparingly in pregnancy.

Q. How is rheumatoid arthritis treated?

A. Physical therapy and occupational therapy are often used in an attempt to manage rheumatoid arthritis. Several medications are normally used in an attempt to decrease the inflammatory response in the joints. Aspirin, nonsteroidal anti-inflammatory drugs, steroids, gold, methotrexate, penicillamine, and several other drugs have provided relief.

Q. How does lupus affect pregnancy?

A. Pregnancy does not appear to affect the long-term prognosis in a patient with lupus. There is, however, a risk of major maternal problems and even death with pregnancy. Most patients have no change in the course of their lupus with pregnancy. Worse outcomes are associated with uncontrolled lupus at the time of pregnancy. Therefore, women are advised to avoid pregnancy until their lupus has been stable for 5 to 7 months. Women with kidney disease and lupus have a risk of permanent worsening of their kidney function with pregnancy. Additionally, lupus makes a woman prone to preeclampsia with pregnancy. This often appears similar to a lupus flare. Your physician will take utmost care to differentiate the two.

Lupus, as well, appears to have some effect on the outcomes of pregnancy. An increased risk of miscarriage is one side-effect. Also, pre-term delivery, intrauterine growth retardation, and stillbirth rates are increased. There is a condition in the newborn known as congenital heart block that has been associated with lupus. This often can be diagnosed prenatally. The infant death rate for congenital heart block has been shown to approach 5%.

Q. How does rheumatoid arthritis affect pregnancy?

A. Many women notice an improvement in the inflammatory response associated with rheumatoid arthritis during their pregnancy. Additionally, there are no known adverse outcomes from rheumatoid arthritis in pregnancy. The medications usually used to treat rheumatoid arthritis are often avoided in normal pregnancies, but may be used if a woman is having severe symptoms. The drug that is specifically avoided is methotrexate, which has been associated with miscarriage and congenital anomolies.

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