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A Complimentary Publication

Understanding Lupus

Lupus is a chronic (long-lasting) autoimmune disease in which the immune system, for unknown reasons, becomes hyperactive and attacks normal tissue. This attack results in inflammation and causes various symptoms depending on the tissue involved. If the signs of inflammation are long lasting, as they can be in lupus, then damage to the tissues can occur and normal function is impaired. This is why the treatment of lupus is aimed at reducing the inflammation.

Types

There are 3 types of lupus: chronic (or discoid) and subacute, both dealing with skin lesions, and the more severe form called systemic lupus erythematosus or SLE. SLE can involve any organ or tissue but more frequently involves the joints, skin, kidneys, brain, lungs, heart and gastrointestinal tract.

Incidence and Risk Factors

- More common in women (90% are women)
- More common among people of color: African American, Asians, American Indians and Hispanics
- More common between 15-45 years of age
- Strong familial relationship with first-degree relatives
- Environmental risk factors
 - Chemical exposure - silica
 - Exposure to sunlight
 - Over-consumption of animal fat
 - Drugs- Penicillin and Sulfa families, Interferon, Hydralazine, Isoniazid, Procainamide, Methyldopa or Thorazine
 - Extreme stress
 - Infections
 - Hormones (including pregnancy)

Symptoms

Symptoms of lupus vary widely depending on the individual case and the form of lupus present. Most people with lupus do not experience all of these symptoms.

- Achy or swollen joints
- Persistent fever over 100 degrees
- Prolonged, extreme fatigue
- Skin rashes, including a butterfly shaped rash across the cheeks and nose
- Pain in the chest on deep breathing

- Anemia
- Excessive protein in the urine
- Sensitivity to sun or ultraviolet light
- Hair loss
- Abnormal blood clotting problems
- Fingers turning white and/or blue in the cold
- Seizures or psychosis
- Mouth or nose ulcers lasting longer than two weeks

Diagnosis (extremely complex to diagnose)

- cytopenias (decrease in one or more blood cell types)- leukopenia (decreased WBCs, decreased ability to fight infection), anemia (decreased RBCs and oxygen carrying capacity), lymphopenia (decreased lymphocytes, decreased ability to fight infection) and thrombocytopenia (decreased platelets, decreased clotting, leading to bleeding problems)
- total hemolytic complement, anti-DNA antibody and antiphospholipid antibody
- ANA (a negative ANA does not mean they do not have the disease)
- anti-RNP antibody, anti-Ro, VDRL, anticardiolipin
- Low C3/C4
- Skin biopsy

Criteria for Diagnosis

The American College of Rheumatology (ACR) in 1982 issued a list of 11 signs and symptoms that help distinguish lupus from other diseases. See the website below for this information.

Treatment

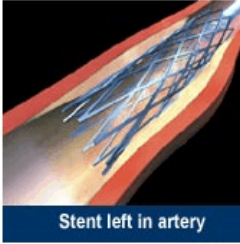
- Depends on the extent of disease and organs involved
- Nonsteroidal antiinflammatory (NSAID) drugs for joint involvement
- Close monitoring of renal function, especially if NSAIDs are used
- Steroids- reserved for patients with organ compromise and are ANA +
- Antimalarials
- Immune Stimulating Treatments- Cytotoxin, Imuran and CellCept
- IV Immunoglobulin
- DHEA (a hormone)

Other: Those affected by lupus often have other forms of autoimmune diseases also. *Sources: 2006 NACLNC Conference and www.lupus.org* ■

New Heart Attack Guidelines in the News

Late Use of Heart Stents

Opening a blocked artery with balloons and stents can be lifesaving in the early hours after a heart attack, but a new study concludes that it often does no good if the heart attack occurred more than 25 hours ago.



The researchers say that doctors should stop trying to open arteries in people who had heart attacks days or weeks ago and who are stable and free of chest pain. Currently, the balloon procedure, called angioplasty, is often used in those patients, along with stents, devices that are implanted to keep an artery open.

Many cardiologists were such strong believers in late angioplasty that some major medical centers in the United States and Europe had refused to participate in this study, insisting that it would be unethical to let some patients go without the procedure for comparison purposes.

The 2,166 patients in the study had all suffered heart attacks that were caused by a completely blocked coronary artery. They were in stable condition and free of chest pain, and were picked at random to receive either heart medicines only or balloon treatment and stents plus heart medicines, at times from 25 hours to 28 days after their heart attacks. There were no differences between the groups. They suffered subsequent heart attacks, heart failure and death at essentially the same rates.

Source: *EurekAlert.com*, Nov. 14, 2006 ■

Push for More Rapid Angioplasties

For years the standard care in heart attack patients that are seen in the emergency room has been to get them into the cath lab for a balloon angioplasty within 90 minutes of arrival. This is called the door-to-balloon time. Only about one-third of heart attack patients receive an angioplasty within the 90-minute window.

A new study done by Yale, surveyed 365 hospitals to determine what procedures they have in place to get patients to angioplasty quickly. Just 35 percent report an average door-to-balloon time of 90 minutes or less, 48 percent had a door-to-balloon time of 91 to 120 minutes, 13 percent came in at 121 to 150 minutes, and 4 percent topped 150 minutes.

This study was undertaken to launch the most ambitious project ever to promote faster emergency room care for people having major heart attacks.

The study found that the system works best when: (with the amount of time saved in parentheses)

- ER doctors activate the catheterization lab and prepare for angioplasty instead of waiting for a cardiologist to review a case (8.2 minutes).
- Establishing a one-call system so a central operator pages an angioplasty team instead of having ER staff hunt down phone numbers and doctors on call (13.8 minutes).
- Having the ER activate the cath lab when paramedics alert them that an electrocardiogram in the ambulance shows the patient is suffering a heart attack (15.4 minutes).
- Expecting staff to be at the cath lab within 20 minutes of being paged (19.3 minutes).
- Having a cardiologist on site at all times (14.6 minutes)
- Giving immediate feedback to the staff on how they did on each case (8.6 minutes).

Source: *NEJM* 2006 Nov. 30, 355 (22) 2308-20, *Epub* 2006. ■

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Source: *www.Galluppoll.com*, December 2006