

LUPUS NEWS BULLETIN

Tips and information from the Lupus Center at Brigham and Women's Hospital

Fall/Winter 2013-14

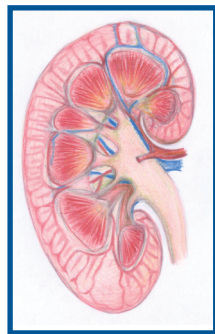
www.brighamandwomens.org/rheumatology/lupus/

Lupus Nephritis

By *Patricia Ho*

An autoimmune disease, systemic lupus erythematosus (SLE or lupus) can lead to damage in multiple organs, as the body's immune system attacks healthy cells, mistaking them as foreign. One serious concern in lupus is kidney disease, known medically as "lupus nephritis". Lupus nephritis develops in a half to two thirds of patients with lupus.

The kidneys' main functions are to filter blood and produce urine. In a patient with lupus nephritis, the main filtering device, called the glomerulus, becomes inflamed, which prevents the kidneys from properly filtering blood. This can cause the kidneys to leak protein from blood into the urine, known as proteinuria, making the urine appear foamy. In other cases, blood itself may leak into the urine, causing it to turn brown or red, known as hematuria. Lupus nephritis comes in different types, and determining which type of lupus nephritis a person has is important because different types are associated with a higher chance of developing permanent kidney failure. When the kidneys are so damaged they no longer work, a person has to go on dialysis — to filter the blood and remove excess fluid — or have a kidney transplant.



If you have been diagnosed with lupus, your doctor will most likely have you undergo regular blood tests and urinalysis to check for kidney damage. Lupus nephritis usually appears within three years of diagnosis of lupus, though in rare cases it may develop several years after. If there is evidence of kidney damage, a kidney biopsy is usually recommended, which will help to determine the type lupus nephritis and the best treatment. You may also need to see a nephrologist, who is trained in diagnosing and treating kidney disease.

Though lupus nephritis can cause permanent kidney damage, the extent and severity of this damage varies widely among patients, and long term outcomes depend upon the type of lupus nephritis. In some cases, people can have changes in their urine seen under a microscope without any other symptoms of kidney damage. In more severe cases, symptoms may include swelling in the feet and lower legs, puffy eyes in the morning, fatigue, and frequent urination, signs of kidney damage and failure.

There are systems for classifying types of lupus nephritis, based on the extent and pattern of inflammation seen in the kidney biopsy. According to your type of lupus nephritis, your doctors will choose what medicines to prescribe for you. Medications used for lupus nephritis may have side effects, such as nausea, vomiting, and hypertension.

Being closely followed by your doctors and other caregivers is extremely important for people with lupus nephritis. This involves

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Ask the doctor

DR. BONNIE BERMAS

I heard too much salt was bad for patients with lupus. How do I know if I'm taking in too much sodium? What foods should I stay away from?

Many lupus patients want to know whether or not they need to avoid certain foods. In general, I recommend that patients eat a healthy, well balanced diet with fresh fruits and vegetables. Other than limited data that suggest that alfalfa sprouts may trigger lupus flares, there has been no known food that can make lupus worse. Fish oils, either from fish or from supplements can work as natural anti-inflammatories and may be beneficial. In terms of salt intake, the recommended daily intake of sodium for adults is less than 2400mg a day. Packaged food products will list how much sodium is contained in each item. The real challenge is adding supplemental salt from table shakers or while you are cooking. I keep a big jar of mixed herbs near my stove and every time I am tempted to add salt to what I am cooking, I just give a shake of herbs. Those patients who have kidney disease and/or hypertension may need to limit their salt intake even more. In these cases speaking with your kidney doctor or nutritionist can be helpful.

New Lupus Center Faculty Member



SUSAN RITTER, MD, PHD We are pleased to announce that Dr. Ritter has recently joined the lupus center. She received her MD/PhD from the University of Texas Health Science Center in Houston, where she specialized in immunology. She then moved to Boston and completed her internship, residency and fellowship at Brigham and Women's Hospital. She sees patients in the Boston office and at Brigham and Women's/Mass General Health Care Center at Patriot Place in Foxborough.

Active Clinical Trials

EMBRACE: Subjects of African descent and active lupus will receive either IV belimumab (Benlysta) or placebo.

Contact: Jade Cumberbatch.

Nhcumberbatch@partners.org; 617 -732-5354.

ALLURE: Subjects with active lupus nephritis (kidney disease due to lupus) will receive IV abatacept vs. placebo in addition to mycophenolate mofetil (MMF; Cellcept).

Contact: Jade Cumberbatch.

Nhcumberbatch@partners.org; 617 -732-5354.

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keeping frequent medical appointments, having blood and urine tests performed, taking your medications as prescribed, and being in touch with your doctors about side effects or symptoms. Outcomes for people with lupus have steadily improved over the years, and researchers are continually looking to develop new and improved methods of treating SLE.

Upcoming Lupus Foundation of New England Events

Boston Marathon (April 21, 2014) Symposium at the Royal Sonesta,
Cambridge MA (April 27, 2014)

Lupus Center Faculty

Lupus Center Main Number (617-732-5515)
Arthritis Center Main Number (617-732-5325)

Bonnie Bermas, MD (Director)	Patricia Fraser, MD
Karen Costenbader, MD, MPH (Director of Research)	Susan Ritter, MD, PhD 508-718-4010 (Foxborough)
Elena Massarotti, MD (Director of Clinical Trials)	Nancy Shadick, MD, MPH
Peter Schur, MD (Director Emeritus)	Derrick Todd, MD, PhD 617-983-7720 (Faulkner Hospital)
Jonathan Coblyn, MD	Michael Weinblatt, MD

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Brigham and Women's Hospital
Lupus Center

75 Francis Street
Boston, MA 02115
(617) 732-5515

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