

*Joint and Muscle Pain*

# Joint and Muscle Pain in Systemic Lupus



Lupus Society of Illinois

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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 of the disease.

Joint pain associated with lupus 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.

X-rays used to diagnose the cause of joint and muscle pain do not generally reveal any abnormalities in the joints, even for people who have had lupus for a long time. However rarely, lupus does cause structural abnormalities in the joints and surrounding tendons of the hand, resulting in deformed hands. Lupus arthritis may sometimes be diagnosed by extracting fluid from an inflamed joint and examining it 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 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 antinuclear antibodies, low complement proteins C3 and C4 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 ibuprofen and naproxen, are effective in reducing joint pain, but they may also cause stomach discomfort and occasionally have a negative effect on kidney function.

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

Corticosteroids are more potent than NSAIDs, and 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, muscle weakness and avascular necrosis.

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

Antimalarial drugs may also help. They are slow-acting and may take months to reduce the joint and muscle pain related to lupus. The benefit is that few side effects are reported, however, an annual eye exam to check for pigment spots on the retina is recommended.

## **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 a sense of wellbeing. Low impact aerobics, pool exercises, light weightlifting and yoga are often helpful regimens.

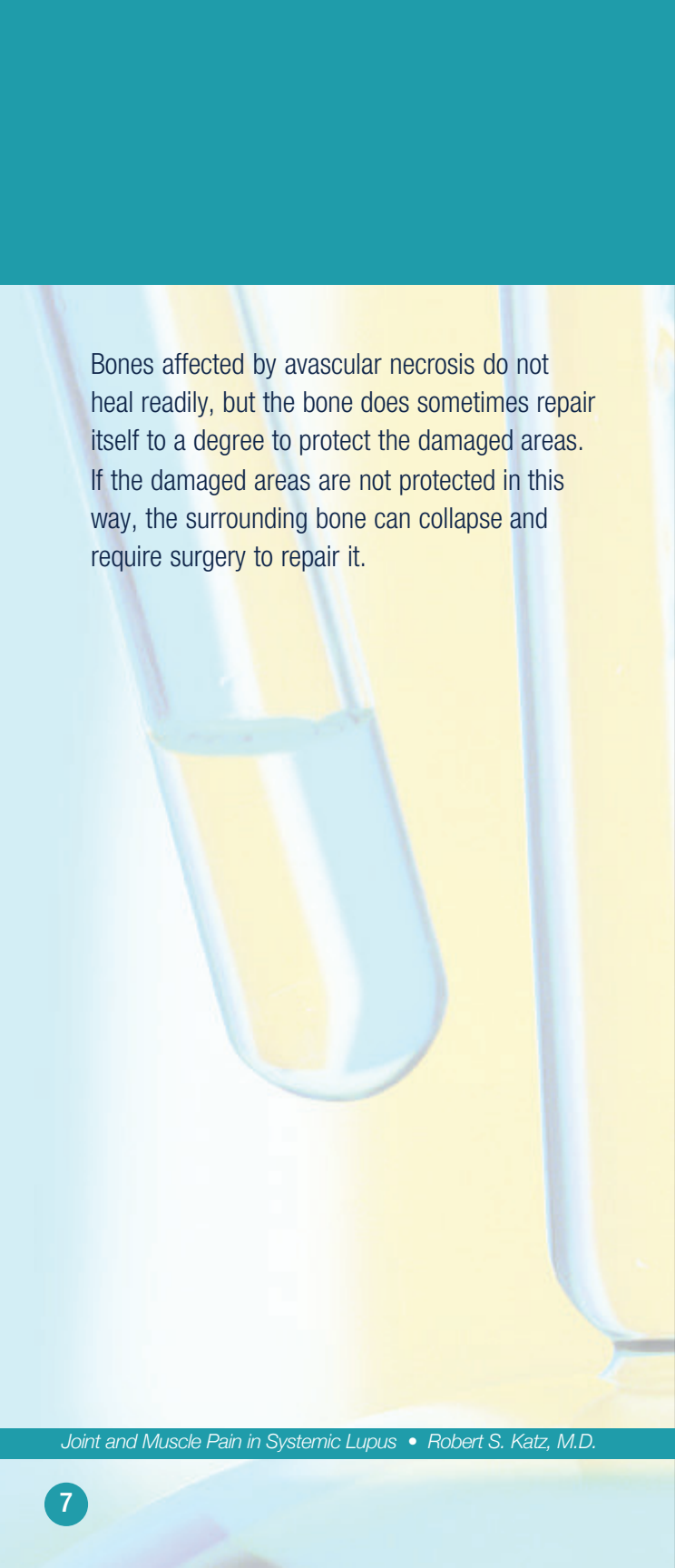
## **Fibromyalgia**

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.

## **Avascular Necrosis**

Lupus patients taking corticosteroids may also develop 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 bone. 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 bone does sometimes repair itself 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.



## Osteoporosis

In addition to the normal risk of osteoporosis 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.

## 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, steroid injections near the compressed nerve in the wrist, prednisone to reduce the swelling around the compressed nerve or surgery to clean out the carpal tunnel region in the wrist.

# Lupus Society of Illinois

The Lupus Society of Illinois (LSI), formed in 1973, is the Midwest's leading non-profit health organization dedicated to finding the causes and cure for lupus. The LSI's mission is to promote lupus awareness and complement the work of health care professionals by providing personalized resources for the lupus community while supporting research.

The LSI is the only organization in Illinois committed to assisting lupus patients and their families cope with this devastating disease. Programs and services include:

- Patient education programs and materials
- Referrals to physicians, community services, resources, and assistance
- Health educators/navigators available to answer questions and provide medically sound information about lupus
- Information and updates from local and international lupus medical experts
- Local events and support groups
- Newsletters and alerts
- Living with Lupus grant provides financial assistance for a lupus-related expense to qualifying applicants

LSI's programs and services are accessible via phone, online and in-person. The Lupus Society of Illinois is a non-profit 501(c)3 organization. Our programs and services are funded through the generosity of individuals, corporations, foundations and special events.



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