Commentary

The Impact of Systemic Lupus Erythematosus on Mental Health

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ABOUT THE STUDY

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease that affects various organs in the body. While its physical manifestations are well-documented, the impact of SLE on mental health is an equally significant aspect that often remains underexplored.

Understanding systemic lupus erythematosus

SLE is a complex autoimmune disorder where the immune system mistakenly attacks healthy tissues and organs. The symptoms can vary widely, including fatigue, joint pain, skin rashes, and organ inflammation. The unpredictable nature of the disease, characterized by periods of flares and remission, can create a considerable burden on a patient's physical and emotional well-being [1]

Mental health challenges in SLE patients

Depression and anxiety: Studies indicate a higher prevalence of depression and anxiety among SLE patients compared to the general population. The chronicity of the disease, coupled with the uncertainty it brings, often leads to feelings of helplessness, sadness, and anxiety about the future [2].

Cognitive dysfunction: Often termed "lupus fog," cognitive dysfunction is common in SLE patients. This includes memory problems, difficulty concentrating, and impaired decision-making abilities, impacting daily functioning and contributing to emotional distress.

Psychosocial impact: SLE can significantly disrupt one's social life, career, and relationships. The limitations imposed by the disease, such as frequent hospital visits or the inability to engage in previously enjoyed activities, can lead to social isolation and feelings of alienation [3,4].

Stress and coping mechanisms: Managing a chronic illness like SLE requires significant lifestyle adjustments and adherence to medication regimes. This ongoing stress can lead to maladaptive coping mechanisms and, in turn, exacerbate mental health issues.

Biological links between SLE and mental health

Neurological impact: SLE can affect the central nervous system, leading to neuropsychiatric symptoms. Inflammation, antibodies targeting brain tissues, and changes in neurotransmitter levels have been implicated in the cognitive and emotional disturbances observed in SLE patients [5,6].

Hormonal factors: Fluctuations in hormones, particularly estrogen, are believed to influence both SLE activity and mental health. Research suggests that hormonal changes might contribute to mood disturbances in SLE patients.

Addressing mental health needs in SLE patients

Integrated care: A multidisciplinary approach involving rheumatologists, psychiatrists, psychologists, and other healthcare providers is crucial in managing both the physical and mental aspects of SLE [7].

Psychoeducation and support groups: Providing patients with information about SLE and its impact on mental health can empower them to better cope with their condition. Support groups offer emotional support and a sense of community, reducing feelings of isolation.

Cognitive-Behavioral Therapy (CBT): CBT has shown promise in helping SLE patients manage depression, anxiety, and cognitive dysfunction by teaching adaptive coping strategies and addressing negative thought patterns [8].

Mindfulness and stress reduction: Techniques like Mindfulness-Based Stress Reduction (MBSR) or relaxation therapies aid in alleviating stress and improving overall well-being.

Medication and alternative therapies: In some cases, pharmacological interventions may be necessary to manage severe mental health symptoms. Additionally, complementary therapies like yoga, mindfulness, or acupuncture might aid in reducing stress and improving overall well-being.

Pharmacological interventions: In severe cases, medication, including antidepressants or anxiolytics, might be necessary to manage mental health symptoms [9].

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Complementary therapies: Complementary approaches such as yoga, acupuncture, or dietary changes can complement conventional treatments, enhancing overall mental and physical health [10,11].

The impact of Systemic Lupus Erythematosus on mental health is a multifaceted challenge that requires comprehensive attention. Acknowledging and addressing the psychological aspects of the disease is imperative for improving the overall quality of life for individuals living with SLE [12]. Further research and increased awareness are crucial in developing targeted interventions that cater to the unique mental health needs of these patients.

REFERENCES

- Zoma A. Musculoskeletal involvement in systemic lupus erythematosus. Lupus. 2004;13(11):851-853.
- 2. Labowitz R, Schumacher JR. Articular manifestations of systemic lupus erythematosus. Ann Intern Med. 1971;74(6):911-921.
- Drenkard C, Bao G, Dennis G, Kan HJ, Jhingran PM, Molta CT, et al. Burden of systemic lupus erythematosus on employment and work productivity: data from a large cohort in the Southeastern United States. Arthritis Care Res (Hoboken). 2014;66(6):878-887.
- 4. Yoon HS, Kim KJ, Baek IW, Park YJ, Kim WU, Yoon CH, et al. Ultrasonography is useful to detect subclinical synovitis in SLE patients without musculoskeletal involvement before symptoms appear. Clin Rheumatol. 2014;33:341-348.

- Firestein GS, Kelley WN, Ralph CB, Sherine EG. Kelley's Textbook of Rheumatology. Philadelphia. 2017;11:1528-1529.
- Santiago MB, Galvão V. Jaccoud arthropathy in systemic lupus erythematosus: analysis of clinical characteristics and review of the literature. Medicine (Baltimore). 2008;87(1):37-44.
- Grossman JM. Lupus arthritis. Best Pract Res Clin Rheumatol. 2009;23(4):495-506.
- Kaya A, Kara M, Tiftik T, Tezcan ME, Öztürk MA, Akıncı A, et al. Ultrasonographic evaluation of the femoral cartilage thickness in patients with systemic lupus erythematosus. Rheumatol Int. 2013;33:899-901.
- 9. Kaya A, Kara M, Tiftik T, Tezcan ME, Özel S, Ersöz M, et al. Ultrasonographic evaluation of the muscle architecture in patients with systemic lupus erythematosus. Clin Rheumatol. 2013;32:1155-1160.
- Aringer M, Costenbader K, Daikh D, Brinks R, Mosca M, Ramsey-Goldman R, et al. 2019 European League Against Rheumatism/American College of Rheumatology classification criteria for systemic lupus erythematosus. Arthritis Rheumatol. 2019;71(9):1400-1412.
- 11. Bombardier C, Gladman DD, Urowitz MB, Caron D, Chang CH, Austin A, et al. Derivation of the SLEDAI. A disease activity index for lupus patients. Arthritis Rheum. 1992;35(6):630-640.
- 12. Terslev L, Naredo E, Aegerter P, Wakefield RJ, Backhaus M, Balint P, et al. Scoring ultrasound synovitis in rheumatoid arthritis: a EULAR-OMERACT ultrasound taskforce-Part 2: reliability and application to multiple joints of a standardised consensus-based scoring system. RMD Open. 2017;3(1):e000427.