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Editorial

Lupus Effect Rate in Men and Women

Seviiri Kluth*

Department of Microbiology, Comenius University Bratislava, Bratislava, Slovakia

EDITORIAL

Systemic Lupus Erythematosus (SLE) is a multifactorial autoimmune disease marked by the production of autoantibodies against chromatin, including ssDNA, as well as inflammation of numerous organs, including the kidney and skin. Anti-inflammatory and immunosuppressive medications are used to treat the condition, which reduce mortality but do not affect cure rates. Lupus affects more than half of the population and is not limited to lupus patients. Women are more likely than men to have autoimmune disorders. The gender imbalance in those with SLE is astounding. Females are often affected at a far higher rate than males; however male SLE patients often have more severe disease. Men are more likely than women to develop SLE with nephritis, and multiple studies have identified male gender as a risk factor for renal failure development.

As a minority, males with SLE have been subjected to treatments developed mostly for women, and have been lumped in with women on most health related matters. Because gender differences in pharmacological action and availability may affect results and overall prognosis, individualized treatments for males and females may improve outcomes and overall prognosis for both genders. Due to chromosomal alterations in the sex chromosomes and known autosomal loci of considerable influence, SLE is more common in boys than in girls. Women have two sets of X chromosomes, which mean they can have two sets of genes. A person's body can produce more estrogen if they have more X chromosomes. Estrogen has been demonstrated to abnormally activate the immune system in lupus patients. When the immune system is active, it may mistakenly attack healthy cells all over the body. Autoimmunity is the term for this phenomenon. When compared to males who do not have additional X chromosomes (Klinefelter's syndrome), men with multiple X chromosomes are more likely to acquire lupus.

While lupus affects everyone differently, males are more likely than women to experience more significant symptoms, such as kidney difficulties, heart, lungs, and blood disorders, ant phospholipid antibody syndrome (which can cause blood clots), and chest pain while taking a big breath (sometimes called serositis).

Males in greater numbers had more difficulties accessing health care, but they demonstrated more appropriate disease related behaviors at both time points. The Disease Behavior Questionnaire (IBQ), which examines maladaptive responses to disease, such as hypochondriacally responses, denial, and changes in affect, was used to measure these "disease-related behaviors." It's a prevalent misconception that guys can't have lupus. This may cause people to receive their diagnosis much later, when their disease is more advanced. In fact, lupus has been related to more severe organ damage and a faster course of the disease in men. This frequently necessitates the use of more potent drugs in men's therapies.

Estrogen induced modulation of cytokine production in SLE mediated by the estrogen receptor, as well as various aspects of estrogen receptor signaling in this disease, estrogen receptor subtypes, their structure, and the mode of action of estrogens by gene activation and *via* extra nuclear effects, are all currently being investigated.

Because there is no single test that can give doctors a "yes" or "no" answer, for diagnosing lupus. However, getting a lupus diagnosis might be particularly difficult for men. Because some clinicians mistakenly believe that lupus mainly affects women, this is the case. SLE can be detected in newborns and can affect people of all ages until they reach old age. In contrast to males, the incidence and prevalence of SLE skyrockets in post pubertal girls and remains high throughout their reproductive years.

Correspondence to: Seviiri Kluth, Department of Microbiology, Comenius University Bratislava, Bratislava, Slovakia; E-mail: skluth1588@edu.uk

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