CMScript
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Member of a medical scheme? Know your guaranteed benefits!

Lupus & other auto-immune conditions

Autoimmune conditions are complex, lifelong illnesses that can affect many parts of the body and may sometimes be difficult to diagnose. One of the better-known autoimmune diseases is Systemic Lupus Erythematosus (SLE), commonly called lupus.

In South Africa, autoimmune conditions affect people of all ages, races, and backgrounds. Early diagnosis and proper treatment are important to help prevent complications and improve quality of life.

What is an autoimmune disease?

The immune system is the body's natural defence system. Its role is to protect the body against infections such as bacteria, viruses, and other harmful substances. In autoimmune diseases, the immune system becomes overactive and mistakenly attacks the body's own healthy tissues and organs. This can cause inflammation, pain, swelling, and damage to different parts of the body.

Autoimmune diseases are not contagious and cannot spread from one person to another. Examples of autoimmune diseases include:

- Systemic lupus erythematosus (SLE)
- Rheumatoid arthritis
- Psoriasis
- Multiple sclerosis
- Type 1 diabetes mellitus
- Hashimoto's thyroid disease

Recognised worldwide as the symbol of lupus, the butterfly represents increased awareness, early diagnosis, ongoing support and improved health outcomes for those living with this complex autoimmune disease.

What is Systemic lupus erythematosus (SLE)

Systemic lupus erythematosus (SLE), also known as lupus, is a chronic inflammatory autoimmune disease. In lupus, the immune system attacks healthy tissues and organs, causing inflammation and damage throughout the body. Lupus can range from mild to severe. Some people mainly experience joint pain and skin rashes, while others may develop serious complications affecting organs such as the

kidneys, heart, lungs, blood, or nervous system. Although men and children can also develop lupus, about 90% of people diagnosed with lupus are women. Symptoms commonly develop between the ages of 15 and 44 years. Studies also show that Black and Asian women are generally at higher risk of developing lupus than white women.

What are the signs and symptoms of lupus?

Symptoms vary from person to person and may come and go over time. Periods when symptoms worsen are called "flares." Common signs and symptoms include:

- Extreme tiredness (fatigue)
- Joint pain and swelling
- Muscle aches
- Fever
- Skin rashes
- A butterfly-shaped rash across the cheeks and nose
- Hair loss
- Sensitivity to sunlight
- Mouth ulcers
- Chest pain
- Shortness of breath
- Swollen glands
- Headaches
- Memory or concentration problems
- Kidney problems, such as swelling of the legs or blood in the urine

Lupus may also affect important organs such as the:

- **Brain and nervous system:** Some people experience seizures, mood changes, headaches, confusion, or memory difficulties.
- **Kidneys:** Lupus can damage the kidneys. Kidney failure is one of the leading causes of death among people with lupus.
- **Blood and blood vessels:** Lupus can affect blood cells and increase the risk of anaemia, bleeding problems, or blood clots.
- **Heart and lungs:** Inflammation can affect the lining around the heart and lungs, causing chest pain and breathing difficulties.
- **Infection:** Both the condition and its treatments can weaken the immune system and lead to infections.

What are the risk factors for lupus?

The exact cause of lupus and many autoimmune diseases is not fully understood. However, several factors may increase the risk:

- Being female
- Family history of autoimmune disease
- Certain genetic factors
- Hormonal influences
- Environmental triggers such as infections or sunlight exposure
- Smoking
- Certain medications
- Ongoing stress

How is lupus diagnosed?

There is no single test that confirms lupus. Diagnosis is usually based on a combination of:

- Medical history
- Physical examination
- Blood tests
- Urine tests
- Imaging tests where necessary
- Assessment of symptoms over time

Common laboratory tests may include:

- Antinuclear antibody (ANA) test
- Full blood count
- Kidney function tests
- Urine analysis
- Inflammatory markers

A rheumatologist, a doctor who specialises in autoimmune diseases, is often involved in confirming the diagnosis and managing the condition.

Can lupus be prevented?

There is currently no known way to completely prevent lupus or most autoimmune diseases. However, people living with lupus can help reduce flare-ups and complications by:

- Taking medication as prescribed.
- Attending regular medical follow-up appointments.
- Treating infections early.
- Avoiding excessive sunlight exposure.
- Using sunscreen regularly.
- Stopping smoking.
- Managing stress.
- Exercising regularly.
- Eating a healthy, balanced diet.
- Getting enough rest.

How is lupus treated and managed?

Treatment depends on the severity of the disease and which organs are affected. Treatment aims to reduce inflammation, control symptoms, and protect organs from damage.

Treatment may include:

- Anti-inflammatory medication to help reduce pain and swelling.
- Corticosteroids (steroids).
- Immune-suppressing medication.
- Pain medication.
- Lifestyle modifications.
- Physiotherapy.
- Regular monitoring of organ function.

Some people with severe lupus may require biologic medicines or hospital treatment. Because lupus is usually a lifelong condition, ongoing medical follow-up and monitoring are important.

What is covered as PMB level of care?

Systemic lupus erythematosus is included in the Chronic Disease List (CDL) of the Prescribed Minimum Benefit (PMB) regulations. This means medical schemes must fund the diagnosis, treatment, and care for lupus according to the PMB regulations and treatment guidelines.

Medical schemes may use:

- Medicine formularies (lists of approved medicines).
- Designated Service Providers (DSPs).
- Treatment protocols and care plans.

Members should check with their medical scheme to confirm which medicines and healthcare providers are included in the scheme's formulary and DSP network to avoid co-payments. If a member chooses to use medicines or providers outside the scheme's approved arrangements, the medical scheme may apply a co-payment.
Medical schemes may also use "basket of care" arrangements, which may include a set number of consultations, blood tests, scans, or other services needed to manage the condition. However, if additional care is clinically necessary, the medical scheme cannot simply refuse funding.

The treating doctor should submit a clinical motivation explaining:

- Why the additional treatment or service is needed.
- Why it is medically necessary for the patient.

Where clinically appropriate and supported by PMB regulations, the medical scheme may still be required to fund the treatment as a PMB.

Members are encouraged to contact their medical scheme for information about:

- Chronic medicine registration.
- PMB processes.
- Designated service providers.
- Medicine formularies.
- Pre-authorisation requirements.

References

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