



Lupus Link

新加坡狼疮协会刊物

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PAGE 1

EDITOR'S NOTE 编辑 随笔

- Dr Andrea Low Hsiu Ling

In this first issue, I would like to wish one and all health and happiness in this Year of the Ox! We will be bringing you a series of educational talks (please refer to program). To complement this, we will be starting a section on "Questions & Answers" for the newsletter. So, do send in any questions you might have via email to the Lupus Association. Or, if you'd like to simply share your thoughts and experiences, there is no better way than to do this through the newsletter. We hope to hear from you!

在时事资讯首刊,我先在这里祝贺大家牛年快乐与健康.我们将会给大家带来一系列的教育讲座(请参阅节目内容).为了辅助时事资讯特刊,我们将设有“问题与回答”这一环.故此,各位可通过电邮将意见与经历寄致狼疮协会.我认为再妙不过的方法就是将大家的意见与经历,刊载在时事特刊上与大家分享.我们等待回音.

COUNCIL MEMBERS

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NEWS QUICKLY

Tai Chi

Come join us for Tai Chi every Wednesday, 2.00pm at Tan Tock Seng Medical Centre, Lupus Activity Room, #B2.

REACH US

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LUPUS AMBASSADORS at work

Nancy and Lian Son with Lupus Ambassadors, May and Choy at the launch of "May & Choy 2009 Calendars" at Bugis Street.

This is a collaborative effort of May & Choy (also ambassadors of Bugis Street) and Bugis Street to help raise funds and awareness of Lupus through the sales of the calendars.

Proceeds raised will go to Lupus Association in support of our medical welfare subsidy scheme.



LUPUS DIARY

PHOTO: DAVID FONG

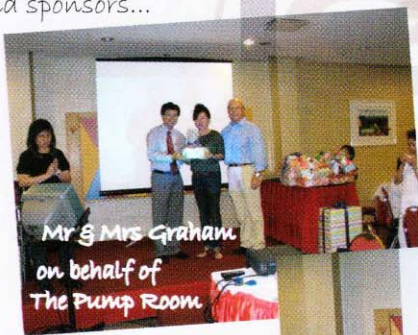
Annual Christmas Celebration '08

Hotel Royal
13 December '08 Saturday



Our Thanks to...

Dr Leong K.H with our kind sponsors...



... for your support to Lupus Association .
Your Kindness is more appreciated than you know.



FUN FACTS

Tofu

Tofu (豆腐), or bean curd, is a food of Chinese origin, made by coagulating soy milk, and then pressing the resulting curds into blocks. Tofu is low in calories, contains beneficial amounts of iron and has no saturated fat or cholesterol.

Tofu is made by coagulating soy milk and pressing the resulting curds. Although pre-made soy milk may be used, most tofu producers begin by making their own soy milk, which is produced by soaking, grinding, boiling and straining dried (or, less commonly, fresh) soybeans. Tofu has very little flavor or smell on its own. As such, tofu can be prepared either in savory or sweet dishes. - Source: wikipedia.org



PRESIDENT'S CORNER



My GOAL

我的目标

Nancy Chin
President

I was elected President of the Lupus Association in May 2002, a year after Teck Mui (my immediate predecessor) passed away. I was excited by the opportunities and challenges when the members voted me to take up the challenge. But as my start date loomed, I got nervous. I'd never led a group before. Moreover, I was taking over this role from someone who had managed the association so successfully for more than ten years. Where would I find that kind of inspiration?

As I struggled with this dilemma, my committee members assured me of their support. And they have kept their promise to this day. I was reminded by a friend of how far I had come and the many blessings despite my difficult life journey. With this, I was determined to take up the challenge in spite of the doubts I had. As I started my new role, I sought inspiration and support from my family, friends, lessons from my own life journey and most of all from my committee members and volunteers.

In the year ahead, the committee and I look forward to achieving several goals. We continue to strive to create more awareness about Lupus so that we can raise more funds towards patient care and research. We also hope to be able to employ a fulltime counselor so that Lupus patients can seek appropriate and timely counseling. My personal goal is to search for a successor to take over the role as President of the Lupus Association in two years' time. All we need is someone who is committed. We will trust God to provide the rest.

I would like to take this opportunity to thank those who have generously donated in support of the Lupus Association, and my committee members and volunteers who have been my rock and continue to support me in the challenges ahead. Special thanks also to staff and CEO, Tan Tock Seng Hospital for the use of the facilities. I pray that our efforts will bear fruit, and through greater awareness, more people will give generously in order to take care of the needs of Lupus patients.

Teck Mui (前任领导) 逝世后一年, 我于2002年5月被推选为狼疮协会之领导. 我被选为协会领导, 感到十分兴奋, 并接受此项挑战. 即将就任之时, 我深感紧张. 我未曾有过领导群体的经验. 再说, 我是从一位领导有素, 并有超过十年经验的前任领导手中接棒. 我不知要到哪里去寻获如此信念?

当我刚接任时, 还感到进退为难, 协会的会员都无疑地给我支持. 至今, 他们都能履行诺言. 朋友曾提过, 尽管在坎坷的人生旅途中, 我也能在逆境中作出成绩. 这一切, 使我就算有怀疑, 还是能毫不畏缩地接受挑战. 当我开始扮演这个角色时, 我从家人, 朋友, 人生经验中寻找灵感与支持, 特别是协会的会员及义工们.

展望未来一年, 我和协会成员朝向几个目标前进. 我们继续力争更多人认识狼疮, 从而筹集更多基金, 以便进行研究及照顾病人. 我们也希望能聘请全职辅导员, 如此, 狼疮病人能及时获得适当的辅导. 我个人的目标是在两年内, 能物色到继续领导狼疮协会的接班人. 我们需要的是一位能托付的人. 其余的一切就由上天安排.

我要借这个机会感谢那些慷慨捐助者, 同时, 我也要感谢协会的会员及义工们协助我, 继续稳健地接受未来的挑战. 我要特别感谢陈笃生医院的总裁与职员, 让我们运用医院的设施. 我虔诚地祈祷, 希望我们的努力耕耘, 能开花结果, 使更多人的认识, 从而有更多热心人士慷慨地捐助有需要的狼疮患者.

TALK IN REVIEW

Muscle and Joint Problems in SLE

By Dr Andrea Low (English) and Dr Teng Gim Gee (Chinese)

Joint and muscle problems are the most common manifestations of systemic lupus erythematosus (SLE). At the onset, joint pain is the major complaint in > 50% of SLE patients, with > 90% of patients experiencing joint and/or muscle pain at some point in their disease.

Causes of muscle and joint pain in SLE include those involving the joint or structures around the joint (Table 1).

These conditions can be due to SLE itself, occur as a complication of treatment, or co-exist with SLE but not necessarily related to it.

JOINT and MUSCLE Problems are the most common manifestations of SLE.

Table 1	Causes of muscle & joint pain in SLE	
	Involving the joint	Around the joint
Myalgia = muscle pain	• SLE arthritis	• Bursitis
Myositis = muscle inflammation	• Septic arthritis (joint infection)	• Tendonitis
Arthralgia = joint pain	• Avascular necrosis of the bone (AVN)	• Carpal tunnel syndrome
Arthritis = joint inflammation		• Myositis
Tendonitis = tendon inflammation		• Fibromyalgia
Bursitis = bursa inflammation		

Arthritis due to SLE

What are the symptoms?

- Usually affects the fingers, wrists and knees with pain or morning stiffness, swelling and warmth of the joint.

How is it diagnosed?

- By the pattern and distribution of joint involvement.
- X-rays are often normal.
- Careful observation and follow-up with the doctor is necessary; blood tests may not be helpful. When arthritis is the only complaint in SLE, it may be difficult to differentiate from other causes of arthritis (eg rheumatoid arthritis).

What is the treatment?

The aim of treatment is to reduce pain, stiffness and damage of the joint.

- Non-steroidal anti-inflammatory drugs (NSAIDs) or

corticosteroids may be necessary to control the inflammation initially. If the arthritis persists, hydroxychloroquine or methotrexate may be added.

- Physiotherapy and regular exercise

Once the joint pain and inflammation are controlled, physiotherapy with strengthening exercises and joint protection strategies are important.

Septic arthritis (joint infection)

This is not common but can occur especially if the patient is on immunosuppressive therapy for SLE.

What are the symptoms?

- Usually affects a single joint or if one joint is inflamed out of proportion to the others
- Pain, swelling, warmth and especially redness of the skin overlying the joint

How is it diagnosed?

- If suspected, please consult the doctor immediately. Infection of the joint can rapidly destroy the joint if not treated promptly. Fluid has to be removed from the joint for analysis to rule out infection.

What is the treatment?

- Antibiotics given intravenously (through the veins)
- Sometimes surgery is required to clear the infection from the joint

Avascular necrosis of the bone (AVN)

This is due to poor blood supply to the bone resulting in "bone death" and collapse of the bone surface. The exact cause is unknown but it has been associated with SLE and prolonged/ high doses of corticosteroids.

What are the symptoms?

- Usually affects hips, knees or shoulders
- Results in stiffness and pain made worse by movement. At later stages, pain may occur at rest, especially at night.

How is it diagnosed?

- X-ray or magnetic resonance imaging (MRI, for early detection)

What is the treatment?

- Pain relief
- Avoid unnecessary stress to the affected joint eg prolonged walking
- Surgery
 - Early: core decompression with bone grafting may be helpful
 - Late: joint replacement
- Decrease risk factors such as duration/ dose of corticosteroids

CONTINUE ON PAGE 5

TALK IN REVIEW

Muscle and Joint Problems in SLE

By Dr Andrea Low (English) and Dr Teng Gim Gee (Chinese)

Tendonitis, bursitis and carpal tunnel syndrome (CTS)

These are usually related to repetitive use or physical trauma to a joint. Tenosynovitis and CTS may be associated with SLE arthritis.

What are the symptoms?

- Tendonitis/bursitis commonly affects the elbow ("tennis"/"golfer's" elbow), finger (trigger finger), shoulder or knee. CTS is due to nerve compression over the wrist.
- Tendonitis/bursitis results in pain made worse by moving the affected joint. There may be mild swelling. In CTS, tingling, numbness or pain typically affects the lateral 3 ½ fingers (but may affect the entire hand) and is usually worse at night.

How is it diagnosed?

- From the symptoms and clinical examination. Sometimes ultrasound of the tendon or a nerve conduction study (to confirm CTS) may be required.

What is the treatment?

For tendonitis/bursitis

- "PRICE" = Protect (avoid aggravating factor), Rest (but don't avoid all activity, splints may help), Ice (to reduce swelling), Compression (with elastic bandage), Elevation (to reduce swelling)
- NSAIDs, steroid injection

For CTS, splints, steroid injection or surgery to relieve the nerve compression may be needed.

Myositis

This is due to inflammation of the muscles, and can be due to SLE or an associated immune condition eg polymyositis, dermatomyositis

What are the symptoms?

- Weakness and loss of strength (does not usually cause pain or numbness)
 - Affects the neck, thighs and upper arm muscles
- Early: difficulty climbing the stairs, getting in and out of a chair or car.
Later: difficulty combing the hair, lifting objects onto a shelf, raising the head.

How is it diagnosed?

- A careful history and examination by the doctor is done. Other causes of muscle weakness need to be excluded (eg. neurological diseases, drugs, traditional Chinese medicine)
- Blood tests to look for elevated muscle enzymes
- Electromyogram (EMG, to measure electrical activity of muscle fibres) is often required.

- Muscle biopsy from the thigh or upper arm is needed to confirm the diagnosis.

What is the treatment?

- Corticosteroids at high doses are initially required to control the inflammation. With improvement, the dose is tapered gradually over several months.
- Often immunosuppressive drugs eg methotrexate or azathioprine are added.
- Physiotherapy and exercise: initially gentle passive exercise is appropriate. When inflammation is under control, strengthening exercise is required to regain normal strength and function.

Fibromyalgia

The cause of this is unknown. It can occur on its own or co-exist with SLE.

What are the symptoms?

- Results in widespread pain of the muscles and joints, weakness, tender points, fatigue and non-refreshing sleep. It may be associated with headaches, mood changes, irritable bowel and bladder.

How is it diagnosed?

- A careful history and examination by the doctor is done to exclude inflammation and a lupus flare.
- Blood tests for increased lupus activity do not occur in fibromyalgia.
- As some of the symptoms may be mistaken for a lupus flare, you should tell your doctor if you are unsure of the symptoms.

What is the treatment?

- Pain relief
- Restore restful sleep
- Aerobic exercise eg brisk walking, jogging, cycling
- Relaxation and coping techniques

In general, it is **important** to maintain a **healthy** lifestyle by **exercising** (30 minutes, 3 times a week) and having a **healthy diet**.

TEXT BY,

Dr Andrea Low
Consultant

Dept of Rheumatology & Immunology
Singapore General Hospital

TALK IN REVIEW

系统性红斑狼疮之肌肉与关节问题

讲员- 刘秀玲医生 (英语)、陈锦仪医生 (华语)

系统性红斑狼疮 (SLE) 患者普遍性促成关节和肌肉问题。系统性红斑狼疮患者初期征兆、过于50%的病患申诉关节疼痛、而有过于90%的病患在病历里经历关节及/或肌肉疼痛。

造成系统性红斑狼疮患者肌肉和关节疼痛所牵涉的部位、包括关节或关节周围的结构组织 (图表1)。这种疼痛可能是系统性红斑狼疮的症状、或是在接受治疗时的并发症、但也有可能与系统性红斑狼疮无关。

图 表 1	系统性红斑狼疮促成肌肉和关节疼痛的因素	
	牵涉的关节	关节周围
肌肉疼痛	• 系统性红斑狼疮关节炎	• 滑囊炎
肌肉发炎	• 败血性关节炎 (关节发炎)	• 肌腱炎
关节疼痛	• 股骨头缺血性坏死	• 腕管综合症
关节发炎		• 肌肉炎
肌腱发炎		• 纤维肌痛
滑囊发炎		

系统性红斑狼疮促成关节炎

有何症状?

- 通常影响到手指、手腕和膝盖疼痛或早晨僵硬、关节肿胀和温热。

如何诊断?

- 通过所牵涉关节的模式与分布。
- X光通常显示正常。
- 必须细心观察并配合医生进行治疗；血液检查未必能有效诊断。当系统性红斑狼疮病患只出现关节炎之症状、那是很难分辨出这症状是否因其他关节炎 (如类风湿性关节炎) 而引起的。

如何治疗?

治疗目标是减轻疼痛、僵硬及关节损伤。

系统性红斑狼疮患者普遍性促成

关节和肌肉问题。

败血性关节炎 (关节发炎)

这是不普遍的现象、但也可能发生、特别是接受免疫抑制治疗的系统性红斑狼疮病患。

有何症状?

- 通常会影响到单一关节或一个关节会格外严重。
- 关节疼痛、肿胀、温热以及关节之表面皮肤泛红

如何诊断?

- 若有怀疑、请立刻求医。若不及时诊治、发炎的关节可能会迅速遭受破坏。抽出关节之液体加以化验以确定是否被感染。

如何治疗?

- 吊点滴注入抗生素 (由静脉注入)。
- 有时得动手术来去除关节发炎。

股骨头缺血性坏死

这是骨头缺血供应导致的“骨坏死”以及骨头表面下陷。正确起因不详、但与系统性红斑狼疮以及长期服用/大剂量的皮质类固醇有关联。

有何症状?

- 通常影响到臀、膝盖或肩。
- 导致活动时僵硬及疼痛加剧。晚期在休息时也会疼痛、夜晚更甚。

如何诊断?

- 通过X光或磁共振成像 (MRI)。(磁共振成像可供早期诊断)。

如何治疗?

- 减低疼痛。
- 避免给受影响的关节无谓的压力、如长时间步行。
- 手术。
 - 早期：骨头移植可以有助于骨头减压。
 - 晚期：关节替换。
- 减低危险因素如减低服食皮质类固醇的时间与剂量。

TALK IN REVIEW

系统性红斑狼疮之肌肉与关节问题

讲员- 刘秀玲医生 (英语)、陈锦仪医生 (华语)

肌腱炎、滑囊炎及腕管综合症

这些症状通常跟重复使用同一关节或关节受创伤有关联。肌腱炎和腕管综合症也有可能和系统性红斑狼疮关节炎有关联。

有何症状?

- 肌腱炎/滑囊炎普遍影响到肘 (“网球”肘/ “高尔夫球”肘)、手指(食指)、肩或膝盖。手腕神经受挤压促成腕管综合症。
- 肌腱炎/滑囊炎导致受影响的关节在活动时疼痛加剧。也可能会有轻微肿胀。腕管综合症典型影响侧面3 ½ 的手指(也有可能影响到整只手)而引起刺痛、麻痹或疼痛、通常晚上更严重。

如何诊断?

- 从症状及临床检验。有时可能需要通过超声波检验筋络或神经传导测试(以确定腕管综合症)。

如何治疗?

对于肌腱炎/滑囊炎

- “PRICE” = 保护(避免恶化的因素)、休息(但不要避免所有活动、穿戴护关节套可能有帮助)、冰敷(帮助减低肿胀)、挤压(用弹性绷带)、提高手臂(以减低肿胀)。

• 非类固醇性消炎药, 注射类固醇

对于腕管综合症、有需要时可用护关节套、类固醇注射或手术以舒缓神经挤压。

肌肉炎

这是由于肌肉发炎、有可能是系统性红斑狼疮促成或与免疫状态有关联、如多发性肌炎、皮肌炎。

有何症状?

- 虚弱与失去力气(一般上不会造成疼痛或麻痹)。
- 影响到颈、上腿及上臂肌肉。

早期: 爬楼梯、坐下与站起身或进出车子有困难。

晚期: 梳头发、提放东西于架上、抬高头皆有困难。

如何诊断?

- 医生细心了解病历与进行检验。必须排除促成肌肉衰弱的其他因素。(如神经系统的疾病、药物、传统中药)。
- 通过血液检查察看是否有过高的肌肉酶 (muscle enzymes)。

- 一般都需要进行肌电图(以测量肌肉纤维的电波活动)。
- 由上腿或上臂进行的肌肉活组织检查是有需要来确定病症。

如何治疗?

- 治疗初期需要服食较高剂量的皮质类固醇以控制炎症。奏效后、剂量会慢慢在几个月内减少。
- 常用免疫抑制药物、如甲氨蝶呤(methotrexate)或硫唑嘌呤(azathioprine)。
- 物理治疗及运动: 初期适用进行些较柔顺的运动。当炎症受控后、需做较有力度的运动以恢复正常的力气和功能。

纤维肌痛

起因不详。它可单独发生或与系统性红斑狼疮同时出现。

有何症状?

- 导致广泛的肌肉和关节疼痛、虚弱、关节敏感性疼痛、疲劳和睡眠不安稳。也有可能与头疼、情绪变化、躁性大肠和膀胱有关联。

如何诊断?

- 医生细心了解病历及进行检验来排除炎症和狼疮发作。
- 检验出狼疮活跃增加的血液检查不会在纤维肌痛病患身上发生。
- 某些症状可能会误以为是狼疮发作、所以若您不确定症状必须告诉医生。

如何治疗?

- 减低疼痛。
- 保持良好的睡眠。
- 有氧运动、如慢行、缓跑、骑脚踏车。
- 松弛运动与应对技巧。

通常以**运动**来保持**健康**
的生活方式 (一个星期3次)
是重要的。 (每次30分钟)

要有均衡的**健康饮食**。

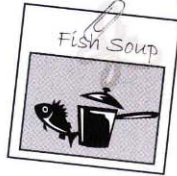
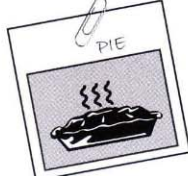
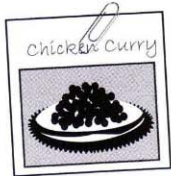
原文,
刘秀玲医生
顾问医生
风湿免疫部门
新加坡中央医院

翻译
林钦斯

FYI

For Your Information

FUNDRAISING PROJECT



Want to share a scrumptious dish or a mouth-watering dessert with everyone? There is no better way than to contribute your secret recipes to a cookbook! Under the generous sponsorship of Ms Ong Meng Hui, the Lupus Association will be publishing a cookbook to raise funds.

So hurry, just email your recipe to us at lupusas@pacific.net.sg together with a photograph of your dish.

筹募基金项目

想要把美味可口的佳肴或令人垂涎三尺的甜品与大家分享吗? 再好不过的方法就是献出烹饪秘方, 再印刷成烹饪食谱。在王明晖女士慷慨赞助下, 狼疮协会得以通过出版烹饪食谱筹集基金。

故此, 请大家将烹饪秘方及佳肴拍摄下来邮寄至 lupusas@pacific.net.sg。

LUPUS TALK 2009

We've lined up a series of talks for the year.
Do come and join us and learn more about lupus...

“Kidney Problems in Lupus”
21 March (Sat) 1 pm
Singapore General Hospital

“Planning for a Family”
(and AGM)
16 May (Sat) 1 pm
York Hotel

“Skin Problems & Skin Care
in Lupus”
5 September (Sat) 1 pm
Tan Tock Seng Hospital

“Children with Lupus”
12 Dec (Sat) 1 pm
Venue: TBA

2009 狼疮教育讲座

我们已安排好一系列讲座。欢迎大家前来参加, 从而学习更多对狼疮的认识。

“狼疮引起肾脏的问题”
3月21日(星期六) 下午1时
新加坡中央医院

“为家庭而计划”
(及常年会议)
5月16日(星期六) 下午1时
York Hotel

“狼疮病患之皮肤问题
及护肤”
5月9日(星期六) 下午1时
陈笃生医院

“儿童与狼疮”
12月12日(星期六) 下午1时
场地: 另行通知



Lupus
Association (S)