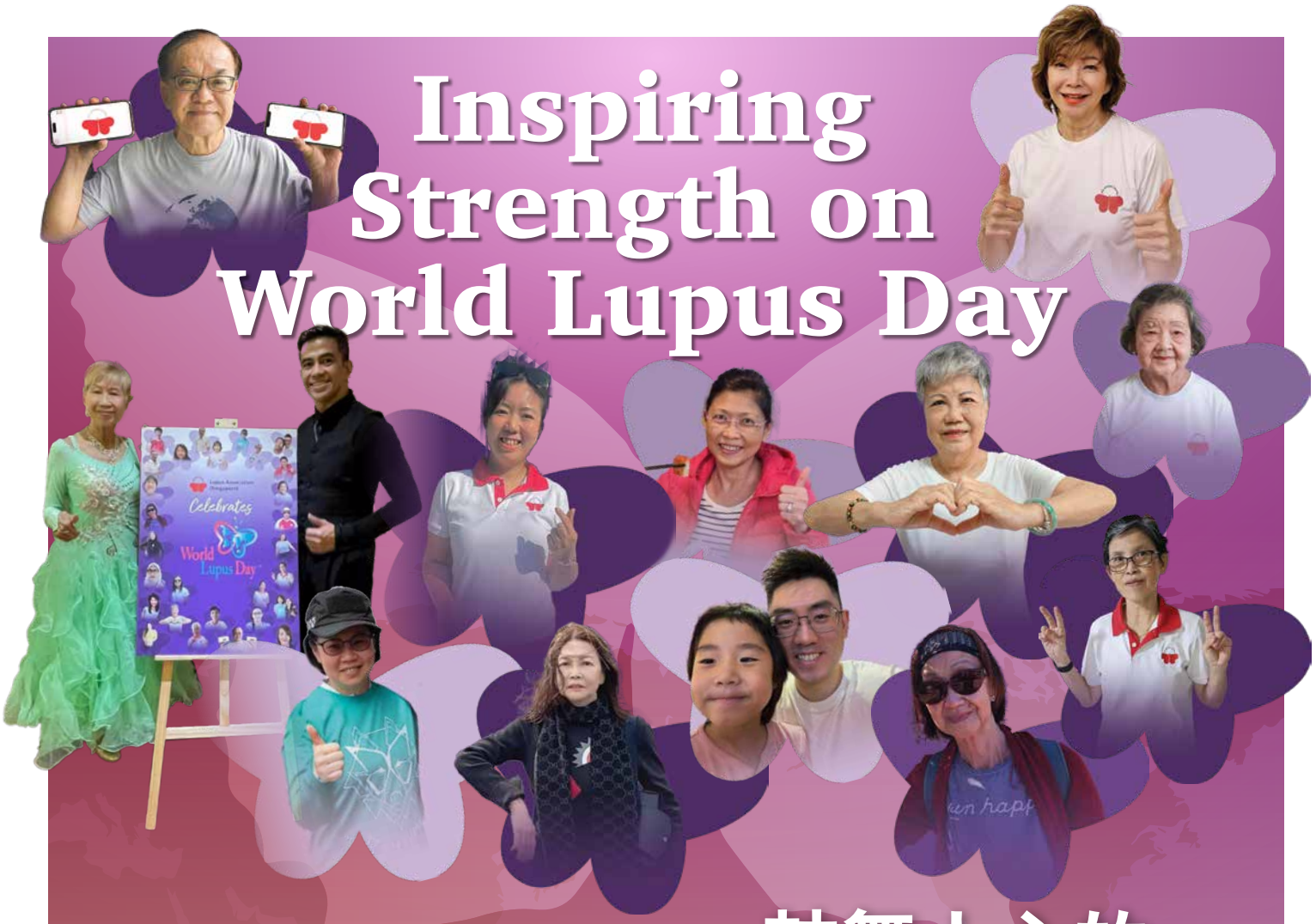
LUPUS ASSOCIATION (SINGAPORE)

ISSUE 01/24 | Aug 2024

新加坡狼疮协会刊物

LUPUS LINK

Inspiring Strength on World Lupus Day



WHAT'S INSIDE

鼓舞人心的世界狼疮日

LAS Empowerment Talk cum World Lupus Day Celebration 2024

by Irene Lim

Lupus Association (Singapore) (LAS) marked World Lupus Day and Lupus Awareness Month with a LAS Empowerment Talk, performance and high tea on 25 May 2024 at SGH Deck on 9. It was a wonderful occasion with a strong turnout.

Dr Qi Li Hua from Singapore General Hospital's Department of Rheumatology and Immunology engaged the audience with her insightful presentation on joint and skin disease in systemic lupus erythematosus. Complementing the theme, an exceptional performance by 85-year-old champion ballroom dancer Mdm Chow Pier added to the event's charm. Her skill and elegance captivated and inspired the audience.

A high tea reception provided the perfect setting for attendees to mingle and reconnect. It fostered a sense of community and joyful celebration. Amidst the festivities, attendees were also treated to a display of handmade crafts by dedicated volunteers, including Sylvia Lim's beautiful decoupage jute bags and Rachel Chow and her group's lovely clay roses.

A heartfelt thank you to all volunteers for their unwavering dedication and to everyone who joined us in making the event memorable. Everyone's presence had made it an incredible celebration of empowerment, friendship and camaraderie.

新加坡狼疮协会赋能讲座暨2024年世界狼疮日庆祝活动

林碹金女士

为响应世界狼疮日和狼疮宣传月，新加坡狼疮协会于2024年5月25日在中央医院SGH Deck on 9举办了一场赋能讲座、节目表演和下午茶活动。这场精彩纷呈的活动，出席踊跃。

来自新加坡中央医院风湿与免疫科的戚利华医生对系统性红斑狼疮患者的关节和皮肤问题进行了深入浅出的讲解。配合活动主题，85岁高龄的国际舞蹈冠军邹秉女士的精彩演出更是为活动增添了不少光彩。她高超的技艺和优雅的气质深深吸引并启发了在场的观众。

下午茶宴会为与会者提供了一个理想的交流与沟通平台，进一步增强了我们的社群意识和庆祝氛围。在庆祝活动中，与会者还欣赏到由热心志愿者制作的手工艺品，包括沈丽娟的精美黄麻包和周妙萍及其团队的可爱粘土玫瑰。

在此，我们衷心感谢所有志愿者的坚定奉献，也感谢每一位出席活动的人，使这场活动变得难以忘怀。你们的出席让庆祝会成为了一场非凡的赋能共勉、友谊长存和团结互助的盛会。

Joint and Skin Disease in SLE

by Dr Qi Li Hua

Senior Resident, Department of Rheumatology and Immunology, Singapore General Hospital

Background

Systemic lupus erythematosus (SLE) is a potentially fatal, chronic, multisystem autoimmune disorder. It can affect persons of all ages and ethnic groups of both sexes, but more than 90% of newly diagnosed SLE patients are women in their childbearing years. SLE is a global disease. The number of SLE patients, onset age and mortality vary considerably between countries. In Singapore, there are about 4,000 to 5,000 lupus patients.

SLE is caused by an autoimmune reaction in which there is an inappropriate immune or inflammatory response against self-antigen. However, the aetiology of SLE remains unknown and is multifactorial. Both genetic and environmental factors influence the development of SLE. Viral infection, UV light, drugs, cigarette smoking and silica dust exposure have been suggested to increase the risk of SLE development[1].

SLE is a multisystemic disease that can affect virtually any organ of the body (Figure 1). Patients can present with variable clinical features ranging from mild joint and skin involvement to life-threatening kidney, hematologic or central nervous system involvement. Arthritis and arthralgias occur in over 90% of patients with SLE and are often one of the earliest manifestations. 70% of SLE patients develop skin and mucous membrane lesions at some point during the course of their disease. Despite not being life-threatening, arthritis and skin lesions can produce considerable morbidities from painful joints and skin lesions, alopecia and disfigurement. It has a negative impact on both quality of life and overall prognosis.

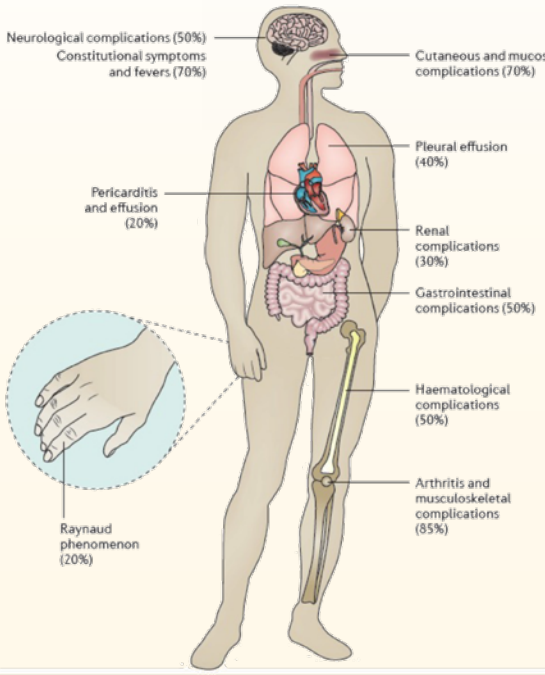
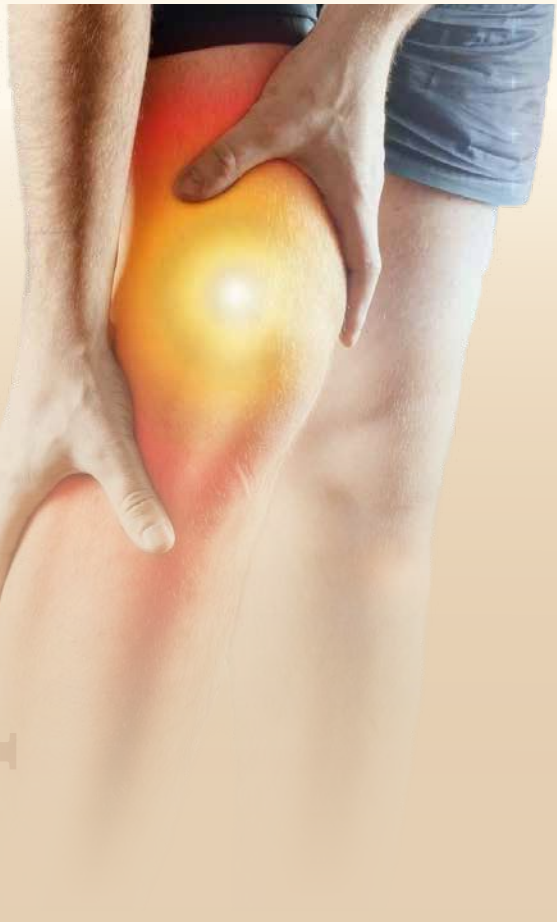


Figure 1 adapted from Kaul A et al., Nat Rev Dis Primers. 2016. SLE is an autoimmune disease with multiorgan involvement. Each organ's manifestations can vary between patients, too. The average frequency of manifestations is indicated in parentheses[1].

Lupus Arthritis

Musculoskeletal involvement is one of the most common manifestations of SLE, affecting up to 90% of patients. Lupus arthritis tends to be migratory, polyarticular and symmetrical. The most frequently affected joints are the metacarpophalangeal, interphalangeal, wrist and knee, but tenosynovitis or tendonitis could also be present.

Lupus arthritis is associated with poor health-related quality of life (HR-QoL). It causes pain, loss of physical function, and disability. Treatment aims to suppress synovial inflammation, prevent erosions and deformities, and improve SLE patients' quality of life. First-line treatments include glucocorticoids (GC) and antimalarials, such as hydroxychloroquine (HCQ or plaquenil). If symptoms are not adequately controlled, one can consider conventional disease-modifying antirheumatic drugs (cDMARDs), such as methotrexate. Second-line treatments include the addition of biological DMARDs (bDMARDs). Such drugs with evidence are belimumab and anifrolumab.



Mucocutaneous Manifestation of SLE

Skin is the second most commonly affected organ after joint involvement. Skin and mucous membranes are symptomatically involved at some point in over 80% of patients with SLE. It is the presenting complaint in about 30% of lupus patients. Skin lesions in patients with lupus may be specific or non-specific to lupus, but the well-known butterfly rash is an acute lupus-specific skin rash.

Photoprotection and the use of sunscreens are very important in SLE patients. Lupus patients should use sunscreens with at least 30 SPF, but 70 and above is even better. Broad-spectrum sunscreens are also better because they protect against both types of damaging UVs — UVA and UVB. Sunscreens require at least 20 minutes on the skin before they are activated and should be applied before exposure to the sun. They should be reapplied at least every two hours while outside and more often if there has been sweating, swimming, or rubbing of skin with a towel.

The first-line treatment for lupus skin disease is topical or intralesional corticosteroids, topical calcineurin inhibitors and systemic glucocorticoids, depending on the extent of involvement. Systemic anti-malarial drugs, hydroxychloroquine, chloroquine and quinacrine (mepacrine), are also commonly used. Some second-line therapies include methotrexate, mycophenolate, belimumab and anifrolumab, but the choice of medication should be considered alongside other disease manifestations.

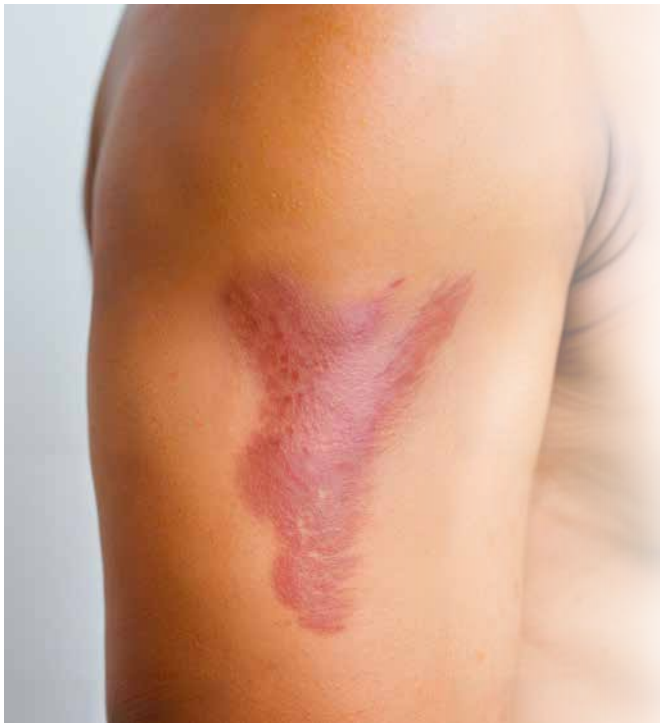
Common Drugs Used to Treat Joint and Skin

Prednisolone

Prednisolone can help reduce inflammation and symptoms of swelling, redness and itchiness. Common side effects include upset stomach, nausea or vomiting, insomnia or feeling restless, water retention, increase in weight, muscle weakness or cramps, especially with long-term use, and easy bruising. Serious side effects with long-term use include risk of infection, hyperglycaemia (for those with diabetes or secondary diabetes), stomach ulcer disease, cataracts and osteoporosis.

Hydroxychloroquine

Hydroxychloroquine is effective in treating skin and joint symptoms. It can be used alone or in combination with other medications. It is safe in pregnancy and for breastfeeding. Common side effects include nausea, diarrhoea or loss of appetite, headache, dizziness, ringing in the ears or muscle weakness (rare side-effect), generalised skin rash, itching, and discolouration of the skin, fingernails and insides of the mouth. Rare but serious side effects include retinal problems. It is uncommon at the usual recommended daily dose and usually reversible when treatment is stopped. Nevertheless, patients taking hydroxychloroquine should see an eye specialist for regular eye screening or monitoring. Patients taking hydroxychloroquine also need regular blood tests for monitoring.



Methotrexate

Methotrexate is taken weekly in the form of tablets or injections. Tablets should be taken with or after food, and folic or folate is often given to reduce the risk of some side effects. Methotrexate can cause miscarriage and serious birth defects, and should be avoided before conceiving and during pregnancy. Reliable contraceptive measures must be used to avoid unplanned pregnancies. Women are advised not to breastfeed as methotrexate is excreted into the breast milk. Common side effects are mouth ulcers, nausea, vomiting, diarrhoea or loss of appetite, loss of hair (reversible) and skin rashes. Rare but serious side effects are lung inflammation, liver disorder, blood disorder and infections.

References

1. Kaul A, Gordon C, Crow MK, et al. Systemic lupus erythematosus. Nat Rev Dis Prim. 2016;2(June):1-22. doi:10.1038/nrdp.2016.39

Hair Loss

系统性红斑狼疮的关节和皮肤疾病

戚利华医生
高级住院医师，风湿科和免疫学部门，
新加坡中央医院

研究背景

系统性红斑狼疮（SLE，简称红斑狼疮症）是一种可能致命的慢性多系统自身免疫性疾病。它可以影响所有年龄段和种族的男女老少，但在新确诊的红斑狼疮症患者中，90%以上是育龄妇女。红斑狼疮症是一种全球性疾病。不同国家的红斑狼疮症患者人数、发病年龄和死亡率差异很大。在新加坡，大约有4000到5000名红斑狼疮症患者。

红斑狼疮症是由自身免疫反应引起的，即针对自身抗原的不适当的免疫或炎症反应。然而，红斑狼疮症的病因仍然不明，而且是多因素的。遗传和环境因素都会影响红斑狼疮症的发病。病毒感染、紫外线、药物、吸烟和接触硅尘都被认为会增加红斑狼疮症的发病风险[1]。

红斑狼疮症是一种多系统疾病，几乎可以影响身体的任何器官（图1）。患者可表现出不同的临床特征，从轻微的关节和皮肤受累到危及生命的肾脏、血液或中枢神经系统受累。90%以上的红斑狼疮症患者会出现关节炎和关节痛，这往往是最早的表现之一。70%的红斑狼疮症患者在病程的某个阶段会出现皮肤和粘膜病变。尽管关节炎和皮肤病变不会危及生命，但会造成关节疼痛、皮肤病变、脱发和毁容等严重后果。这对生活质量和预后都有负面影响。

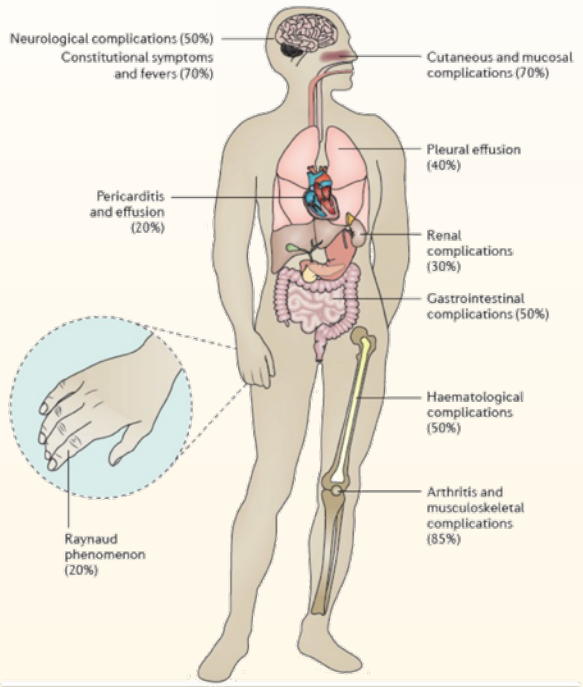
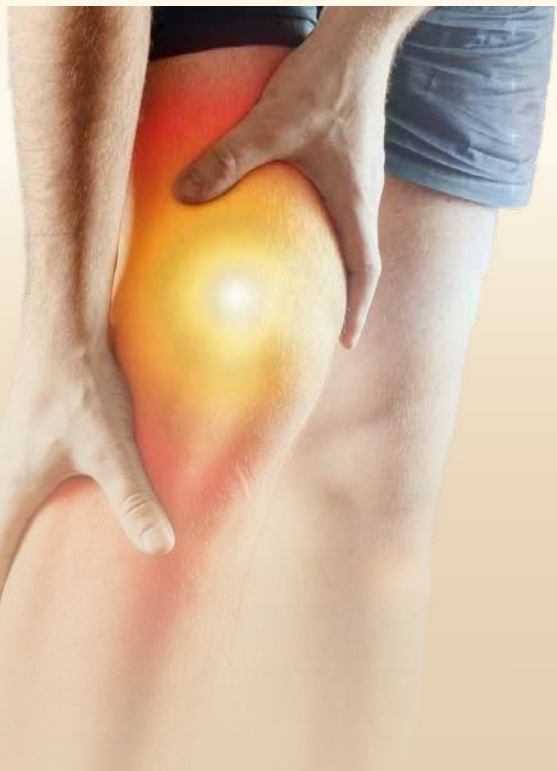


图 1 改编自 Kaul A 等, Nat Rev Dis Primers. 2016. 系统性红斑狼疮（SLE）是一种多多器官受累的自身免疫疾病。不同患者每个器官的表现有所不同。最常见的并发症平均频率显示在括号中。

狼疮关节炎

肌肉骨骼受累是红斑狼疮症最常见的表现之一，多达90%的患者会受到影响。狼疮关节炎往往是游走性、多关节性和对称性的。最常受影响的关节是掌指关节、指间关节、腕关节和膝关节，但也可能出现腱鞘炎或肌腱炎。

狼疮关节炎与健康生活质量（HR-QoL）低下有关。它会导致疼痛、身体功能丧失和残疾。治疗的目的是抑制关节炎症、预防糜烂关节炎和关节畸形，并改善狼疮患者的生活质量。一线治疗包括类固醇和抗疟药，如羟氯喹（HCQ或plaquenil）。如果症状未得到充分控制，病患可以考虑使用缓解病情抗风湿药物（cDMARDs），如甲氨蝶呤。二线治疗包括加用生物类抗风湿药物（bDMARDs）。有证据的药物是贝利木单抗（belimumab）和阿尼洛单抗（anifrolumab）。



Lupus Arthritis

狼疮的皮肤粘膜表现

皮肤是继关节受累之后第二个最常受影响的器官。超过80%红斑狼疮患者的皮肤和粘膜都会在某些时候出现症状。约有30%的狼疮患者以皮肤为主要症状。狼疮患者的皮肤病变可能是狼疮特异性或非特异性的，但广为人知的“蝴蝶皮疹”就是狼疮特异性的急性皮疹 。

防晒和使用防晒霜对于狼疮患者非常重要。狼疮患者应使用至少SPF30的防晒霜，但SPF70+会更好。广谱防晒效果会更好，因为它同时抵御两种类型的紫外线 - UVA和UVB。防晒霜需要在皮肤上至少停留20分钟才能发挥作用，因此应在暴露在阳光下之前涂抹。外出时，至少每隔两小时就应重新涂抹一次，如果出汗、游泳或用毛巾摩擦皮肤，则应更频繁地涂抹。

狼疮皮肤病的一线治疗方法是局部或病灶内类固醇、局部钙神经蛋白酶抑制剂和系统性类固醇，视受累程度而定。系统性抗疟疾药物：羟氯喹、氯喹和喹哪啶（甲哌喹）也是常用药物。一些二线疗法包括甲氨蝶呤、霉酚酸盐、贝利木单抗和阿尼夫单抗，但在选择药物时应同时考虑其他疾病表现。

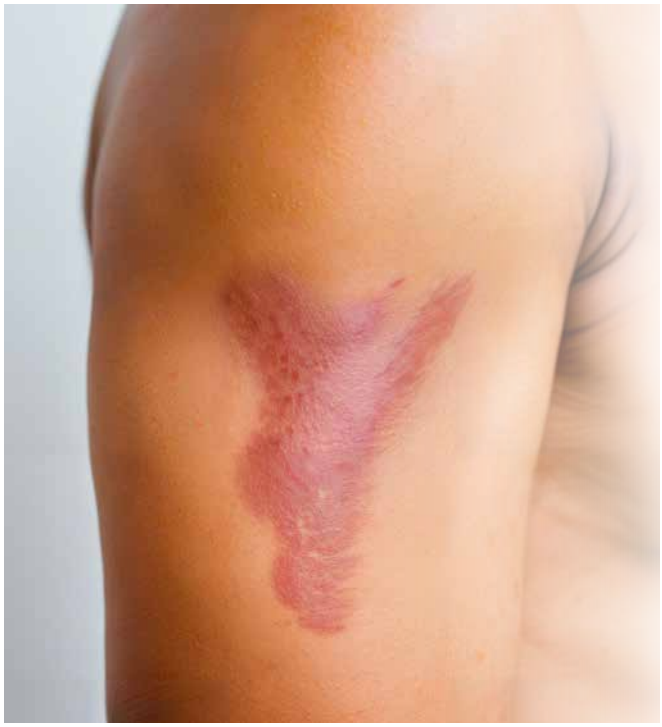
治疗关节和皮肤的常用药物

类固醇

类固醇有助于减轻炎症和肿胀、发红和瘙痒症状。常见的副作用包括胃部不适、恶心或呕吐、失眠或烦躁不安、水肿、体重增加、肌肉无力或痉挛（尤其是长期服用）以及容易瘀伤。长期服用的严重副作用包括增加感染风险、高血糖（糖尿病或继发性糖尿病患者）、胃溃疡疾病、白内障和骨质疏松症。

羟氯喹

羟氯喹可有效治疗皮肤和关节症状。它可以单独使用，也可以与其他药物联合使用，对孕妇和哺乳期妇女是安全的。常见的副作用包括恶心、腹泻或食欲不振、头痛、头晕、耳鸣或肌肉无力（罕见副作用）、全身皮疹、瘙痒以及皮肤、指甲和口腔内侧变色。罕见但严重的副作用包括视网膜问题。按照通常的每日推荐剂量，这种副作用并不常见，而且通常在停止治疗后可以逆转。不过，服用羟氯喹的患者应定期去看眼科专科医生，进行眼科检查或监测。服用羟氯喹的患者还需要定期验血以进行监测。



甲氨蝶呤

甲氨蝶呤以片剂或注射的形式每周服用一次。药片应在进食时或进食后服用，通常会服用叶酸或叶酸盐以降低某些副作用的风险。甲氨蝶呤可导致流产和严重的先天缺陷，因此在怀孕前和怀孕期间应避免服用。用药期间必须采取可靠的避孕措施，避免意外怀孕。由于甲氨蝶呤会排泄到母乳中，因此建议妇女不要哺乳。常见的副作用有口腔溃疡、恶心、呕吐、腹泻或食欲不振、脱发（可逆）和皮疹。罕见但严重的副作用是肺部发炎、肝脏失调、血液失调和感染。

参考文献

1. Kaul A, Gordon C, Crow MK, et al. Systemic lupus erythematosus. Nat Rev Dis Prim. 2016;2(June):1-22. doi:10.1038/nrdp.2016.39

Hair Loss

Living with SLE

by Dr Lee Zheng Cong

Senior Resident, Department of Rheumatology and Immunology, Singapore General Hospital

Background

Systemic lupus erythematosus (SLE) is a multisystemic autoimmune disease. The global incidence is five in every 100,000 patients. An estimated 0.4 million new cases are diagnosed annually. It has a female preponderance, especially in women of childbearing age, with an estimated female-to-male ratio of 12:1. Asians (especially Chinese and Indians) are affected two to three times more than Caucasians, and typically with more severe forms of lupus. Patients with newly diagnosed lupus are often overwhelmed by its nature of multiorgan involvement and the resultant drastic adjustment to life in various aspects. In this article, several aspects of living with SLE will be highlighted.

Flare Prevention

Religious sunscreen application, adherence to medications and appointments, infection prevention, and a healthy lifestyle are all crucial in preventing flares.

Healthy Lifestyle

A healthy, balanced diet with a good ratio of carbohydrates, protein and fibre is encouraged. Due to their immuno-compromised state, patients with SLE should avoid raw food. Alcohol should also be avoided as it can reduce the effectiveness of medications such as methotrexate and warfarin. Additionally, alcohol can cause gastric ulcers in patients in the setting of non-steroidal anti-inflammatory drugs and steroid use. Cigarette smoking should similarly be avoided. Cardiovascular risk, which is already elevated in patients with SLE, can be further increased with smoking. Studies have also shown that cigarette smoking reduces the efficacy of SLE treatment, for example, hydroxychloroquine, which is the backbone drug in lupus treatment, as well as some newer agents like belimumab. Moreover, cigarette smoking drives inflammation and disease processes.

Infection Prevention

Patients with SLE have an increased risk of infection from i) the use of immunosuppressive therapies; and ii) immune dysfunction from SLE. Vaccines can effectively prevent infections by enhancing protective immunity, thus resulting in a lower rate of hospital admissions secondary to infections, as well as the rate of invasive infectious diseases. Recommended vaccines for patients with SLE include yearly influenza vaccine, pneumococcal vaccine series, COVID-19 vaccines, Human Papillomavirus (HPV) vaccines, Hepatitis A and B vaccines, and Shingrix vaccines. Patients who require rituximab infusions will need to discuss with their respective physicians to time the vaccines accordingly.

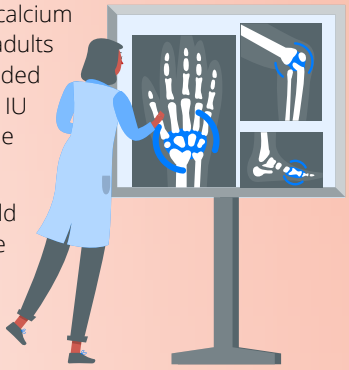
Reproductive Health

SLE is common in women of reproductive age and has significant implications for their reproductive health. Poorly controlled active disease increases the risk of adverse pregnancy outcomes, flare, associated pre-eclampsia, clots and fetal complications. Medications used will need to be tailored to pregnancy and breastfeeding. Patients with SLE will also have to be in remission for at least six months. Additional medications such as aspirin and maternal and fetal close-monitoring in the combined clinic may be needed as well.

Ageing

SLE patients are at higher risk of osteoporosis and avascular necrosis (AVN) due to the disease and steroid use. Osteoporosis can be silent for many years and can be multifactorial: chronic inflammation, steroid use and kidney disease from underlying SLE. AVN occurs due to reduced blood flow in a portion of the bone and can be related to steroid use or antiphospholipid syndrome related to SLE.

Ways to improve bone health include physical activity, adequate supplementary calcium, vitamin D supplements, the lowest possible dose of steroids, and avoiding smoking and alcohol. 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity physical activity a week, including weight-bearing (standing or moving against gravity, such as through high- and low-impact aerobics, walking, jogging, tai chi, yoga and Pilates) and resistance exercises are useful. Adults from 19-50 years old are recommended to have 800 mg of calcium and 800 IU of vitamin D3 per day; adults more than 50 years old are recommended to have 1,000 mg of calcium and 800 IU of vitamin D3 per day to maintain bone health.



Screening tests for bone quality should also be done. One example is the bone density test using dual-energy X-ray absorptiometry (DEXA), a low-dose ionising radiation X-ray that can measure bone mineral content. The Fracture Risk Assessment Tool (FRAX) is also a usual assessment tool to guide treatment for osteoporosis — it estimates a person's 10-year risk of sustaining an overall major fracture and a hip fracture based on personal history and other risk factors.

Conclusion

In conclusion, treatment for SLE has made significant advancements over the years. In 1955, the survival rate for SLE in five years was less than 50%. By the end of 20th century, it is nearly 90%. This progress was only achieved through early diagnosis, close monitoring and management with a multidisciplinary approach, patient education programmes, public awareness events, and empowering self-management strategies.

与系统性红斑狼疮共同生活

李征聪医生

高级住院医师，风湿科和免疫学部门，新加坡中央医院

背景

系统性红斑狼疮（SLE）是一种多系统自身免疫性疾病。全球发病率为每10万名患者中就有5例。据估计，每年有40万新病例被确诊。女性发病率明显高于男性，估计比例为12比1（女性：男性），尤其是育龄妇女。亚洲人（尤其是华族和印度族）的患病率是高加索人的两到三倍，而且狼疮的病情通常更为严重。新确诊的狼疮患者往往会被其多器官受累的特性以及因此在生活各方面需做出的巨大调整而困扰。这篇文章将重点介如何与红斑狼疮共同生活的几个方面。

防止发作

严谨遵循涂抹防晒霜、按时服药和复诊、预防感染以及健康的生活方式对预防发作至关重要。

健康的生活方式

鼓励健康、均衡的饮食，包括良好的碳水化合物、蛋白质和纤维的比例。由于狼疮患者处于免疫功能低下的状态，因此应避免生食。应当避免饮酒，因为酒精会降低甲氨蝶呤和华法林等药物的疗效，在使用非甾体抗炎药和类固醇的情况下，酒精还会导致患者胃溃疡。病患同样也应避免吸烟，在心血管风险更高的情况下，吸烟会进一步增加心血管风险。研究还表明，吸烟会降低狼疮治疗的疗效，例如狼疮治疗主要药物羟氯喹和一些新药如贝利木单抗。吸烟还会加剧炎症和疾病进程。

预防感染

系统性红斑狼疮患者受感染的风险会增加，其原因包括：i)使用免疫抑制疗法；ii)红斑狼疮导致的免疫功能紊乱。疫苗可以通过增强保护性免疫力来有效预防感染，从而降低因感染而入院的比例，以及侵袭性传染性疾病发病率。推荐红斑狼疮患者接种的疫苗包括每年的流感疫苗、肺炎球菌疫苗系列、COVID-19疫苗、人乳头状瘤病毒（HPV）疫苗、甲型和乙型肝炎疫苗以及Shingrix疫苗。需要静脉注射利妥昔单抗的患者得与自己的医生讨论如何安排疫苗接种时间。

生殖健康

系统性红斑狼疮常见于育龄妇女，对她们的生殖健康有重大影响。如果活动性疾病控制不佳，会增加不良妊娠结局、疾病复发、导致妊高症、血栓和胎儿并发症的风险。所使用的药物必须适合妊娠和哺乳期。红斑狼疮患者还必须至少有六个月的缓解期。可能还需要额外的药物，如阿司匹林，以及在结合诊所对母体和胎儿进行密切监测。

老化

由于疾病本身和类固醇的使用，红斑狼疮患者患骨质疏松症和骨骼缺血性坏死（AVN）的风险较高。骨质疏松症可能会潜伏多年，可能是由多种因素引起的：慢性炎症、类固醇使用和狼疮引起的肾脏疾病。骨骼缺血性坏死的发生是由于部分骨骼的血流量减少，可能与类固醇使用或与狼疮关联的抗磷脂综合征有关。

改善骨骼健康的方法包括体育锻炼、补充足够的钙、维生素D、使用尽可能低剂量的类固醇，以及避免吸烟和饮酒。每周进行150分钟中等强度或75分钟高强度的体育锻炼，包括负重锻炼（站立或重力抗力运动、高强度和低强度有氧运动、步行、慢跑、太极拳、瑜伽和普拉提）和抗阻力运动。19-50岁的成年人建议每天摄入800毫克钙和800IU维生素D3；50岁以上的成年人建议每天摄入1000毫克钙和800IU维生素D3，以保持骨骼健康。

骨质筛查也应进行。其中一个例子，就是使用双能 X 射线吸收仪（DEXA）进行骨密度检测。这是一种低剂量电离辐射X光测量骨矿物质含量的方法。骨折风险评估工具（FRAX）也是指导骨质疏松症治疗的常用评估工具 - 它可以根据个人病史和其他风险因素估算出一个人10年内发生整体性重大骨折和髋部骨折的风险。

结论

总之，多年来系统性红斑狼疮的治疗取得了显著进展。1955年，狼疮患者五年内的存活率不到50%。到了20世纪末，狼疮患者5年生存率接近90%。取得进展，是靠通过早期诊断、多学科密切监测和管理、病患教育计划、提高公众意识及增强自我管理能力的策略推广。

LAS Research Grant Project:
Risk Factors Associated with the Development of CVD

by Dr Lim Xin Rong

Consultant, Department of Rheumatology, Allergy and Immunology, Tan Tock Seng Hospital

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease where the immune system attacks healthy tissues. While it primarily affects joints and skin, SLE also significantly impacts cardiovascular health. Individuals with SLE are at higher risk of developing cardiovascular disease (CVD) compared to the general population. This risk is not only due to traditional factors like high blood pressure, diabetes and high cholesterol, but also because of chronic inflammation from SLE.

My research focuses on determining risk factors associated with the development of the first CVD in a cohort of SLE patients in Singapore. Specifically, CVDs included in our study are ischemic heart disease, myocardial infarction, angina, cerebrovascular accident and peripheral vascular disease. To investigate this, we used data from the prospective Tan Tock Seng Hospital (TTSH) SLE cohort between 2002 and 2017. Patients without CVD at their baseline or first visit who subsequently developed CVD during their follow-up were identified from this cohort. Clinical information on traditional, SLE-associated and treatment-associated risk factors was then collected at baseline and follow-up, and predictors associated with the development of CVD were analysed. Of 1020 patients, 146 were excluded as they developed CVD before their baseline visit.

Seventy-four out of the remaining 875 (8.6%) patients were found to develop CVD after a median period of 4.7 years, at a median age of 52. Our findings also showed that patients who had longer SLE disease duration, higher SLE disease activity score (Systemic Lupus International Collaborating clinic score), less usage of hydroxychloroquine (HCQ), presence of hypertension, hyperlipidemia, antiphospholipid syndrome and lower creatinine clearance at the time of enrolment into the study had increased risk of developing CVD. Thus, it is paramount to get your SLE disease under control to minimise inflammation and reduce CVD complications. Additionally, early detection and aggressive management of traditional cardiovascular risk factors like hypertension and hyperlipidemia are crucial in SLE patients. Particularly, the use of HCQ appears to be protective and reduces CVD risk.

To close with acknowledgement, I would like to thank my TTSH co-investigators, who are part of the SLE research team, as well as the patients who contributed to the study. This work was supported by a grant from the Lupus Association (Singapore) (LAS) under its Lupus Research Grant (LAS/LRG/2020/01).

President's Message

by Irene Lim

At the heart of every remarkable story lies an inspiring journey, and Mdm Chow Pier's story beautifully exemplifies the essence of passion, resilience and dedication.

Mdm Chow's journey into ballroom dancing, spanning four decades, began in her forties alongside her late husband. Her late husband recognised her love and passion for dance and encouraged her to continue. Now, even after his passing 11 years ago, Mdm Chow remains dedicated, hiring dance instructors even when she feels "no one wants to dance with an old lady".

Unexpectedly, her late husband's encouragement and her own grit propelled her to new heights. Initially merely dancing for leisure, she was persuaded to compete at age 84. Mdm Chow's talent shone brightly as she clinched prestigious titles at renowned dance competitions in Thailand and Singapore. Her recent feat of securing five gold medals at the UK Blackpool Dance Festival attests to her indomitable spirit and relentless pursuit of excellence. Most importantly, it is a testament that it is never too late to pursue one's dreams.

Mdm Chow's unwavering dedication and resilience inspire us all. Her story reminds us that we are never too old to embark on a journey of self-discovery and accomplishment. Perseverance and following your heart is key, regardless of age or circumstances.

Here is to many more years of dancing and success for Mdm Chow, a true embodiment of the timeless spirit that age is truly just a number.

会长的信息 *林碹金女士*

每一个非凡的故事中都有一段启迪人心的旅程，而邹秉女士的故事则完美地诠释了激情、坚韧和奉献的本质。

邹女士的国际舞旅程已经历了40年，是她在四十多岁时与已故的丈夫共同开启。她的亡夫认可她对舞蹈的热爱与激情，并鼓励她不断继续跳下去。即使在他去世11年后，尽管周女士觉得“没有人愿意和一个老太太跳舞”，她依然坚持不懈，聘请舞蹈教练继续练舞。

没想到，亡夫的鼓励和她自身的坚韧竟将她推向了新的高度。最初，她跳舞只是为了休闲消遣，但在84岁时，她被说服参加了比赛。邹女士的天赋熠熠生辉，她在泰国和新加坡的著名舞蹈比赛中屡获殊荣。她最近在英国黑池舞蹈节获得五枚金牌的壮举，证明了她不屈不挠的精神和对卓越的执着追求。最重要的，这一切也印证了追逐梦想从不太晚的真理。

邹女士的坚定投入和顽强毅力激励着我们所有人。她的故事提醒我们，踏上自我发现与个人成就的旅程，永远不怕太老。无论年龄和条件如何，关键在于坚持不懈和忠于自己的内心。

愿邹女士在未来的岁月里继续舞蹈并取得成功，她是真正体现了“年龄不过是一个数字”这一精神的典范。

REACH US

Office Operating Hours
Monday to Friday, 12pm-5pm
Tel.: +65 6254 9130
Email: enquiry@lupus.sg
Website: www.lupus.sg

MAILING ADDRESS

Towner Road P.O. Box 460
Singapore 322101

Like us on facebook

Get to know other members of our Association, share information about your health, and be the first to know about the latest activities and events on Facebook! Do you have a question about lupus? Simply email us, so our editorial team may try answering you in the next newsletter.