



新加坡狼疮协会判物 LUPUS LINK

LAS commemorates World Lupus Day

WORLD 🔫

2010

WHAT'S INSIDE

LAS commemorates World Lupus Day......2 - 3

What people with lupus need to know about Osteoporosis4 - 7

The mental health of patients with Lupus.......8 - 11

President's Message12

World Lupus Day Celebrations: A Symbol of Hope for Those Affected by Lupus

Lupus Association (Singapore) (LAS) recently celebrated World Lupus Day and its 32nd anniversary in an event called "On Wings of Hope" at the Grand Ballroom of Parkroyal on Beach Road. The occasion was marked by a series of activities, including the Annual General Meeting and an LAS Empowerment Talk on "Living with SLE" by Dr. Lee Zheng Cong of Singapore General Hospital.

The event also featured an array of fun and engaging programmes, such as a photo booth, lucky draw, and games. Attendees were also treated to an entertaining performance by "The Fabulous Ming Show" and a sumptuous high tea. Our volunteer, Sylvia Sim, set up a stall to sell handicrafts she made and donated all sales proceeds to LAS.

The celebration was a tremendous success, with everyone having had a wonderful time. It was an amazing experience for all, providing a symbol of hope for those affected by lupus. LAS has been dedicated to supporting and empowering patients and their families for over three decades, and the celebration of World Lupus Day is a testament to their continued commitment to the cause.



2023 WORLD

2023 WORL













UPUS DAY





We've got some news to share!

Boosting key protein in blood could help treat lupus: SGH researchers

Zhaki Abdullah

Restoring the levels of a certain protein found in blood could prove to be an effective treatment for lu-pus, researchers at the Singapore General Hospital (SGH) have found.

found. The researchers found that the levels of the protein CXCL5 in the blood of patients with the autoim-nume disease were significantly lower than in healthy individuals. This suggests that low levels of CXCL5 - which helps regulate the immune system through neutro-phils, a type of white blood cell – may be a reason for lupus activity,

SGH said, adding that similar re-sults were found in mice with lu-

pus. Lupus – or systemic lupus eryth-Lupus - of systemic tupus eryth-ematosus - is an autoimmune dis-ease where the body's immune system attacks its own tissues and organs. It is potentially life-threat-ening as it affects major organs such as the kidneys, heart and brain. Wordbridte hume officate about

brain. Worldwide, lupus affects about 100 in every 100,000 people. Among those with the condition is American singer-actress Seiena Gomez. The condition is more severe in Asians, and most commonly af-fects women between the ages of 15 and 45.



Researchers at the Singapore General Hospital involved in the study: (from left) Associate Professor Andrea Low, head and senior consultant in the department of heumatology and immunology; Dr Fan Xiubo, senior research fellow in the department of clinical translational research; and Associate Professor Ng Chin Teck, senior consultant in the department of rheumatology and immunology. PHOTO: SMCAPORE GENERAL HOSPITAL

While there is currently no cure for lupus, the condition can be con-trolled with medications such as steroids, antimalariad furgs and immunosuppressants, said Dr Fan and 60 per cent of lupus patients

do not respond to existing treat-ments, said Dr Fan, who is also the study's principal investigator. This is especially so for those with more severe disease involving the kidneys, she noted. "There, therefore, remains a need for bet-ter treatments, especially for the more severe forms of lupus." The researchers found weekly injections of CXCL5 to mice with severe lupus restored balance of the protein, resulting in their sur-vival rates increasing from 25 per cent to over 70 per cent at 10 weeks.

weeks. tickey function and reduced lupus activity compared with those treated with saline. When CXCL5 was given together with cyclophosphamide – a con-ventional treatment for lupus – the protein seemed to prevent the tox-ic side effects of cyclophospha-mide.

This enabled the mice to survive

This enabled the mice to survive for up to two years. "Our study has shown CXCL5 to be safe. There was no liver or kid-ney toxicity or cancer-inducing ef-

fects. Major components of the im-

fects. Major components of the im-mune system were also not com-promised? Dr Fan said. The study findings were publish-ed in November in peer-reviewed journal Arthritis & Rheumatology, and highlighted as an important study in Nature Reviews Rheuma-tology that month. Healthcare cluster SingHealth, which runs SGH, filed a patent cov-ering the results of the study, which has been granted in the United States and Singapore. The next step is to undertake "appropriate studies" in prepara-tion for Phase I and Phase II clin-ical trials in lupus patients, said As-sociate Professor Andrea Low, head and senior consultant in the department of rheumatology and immunology at SGH. "We are looking for industry partners to take this forward to translate the discovery and bring this to clinical trials in the coming two to three years to benefit lupus patients? added Prof Low, a senior author of the study.

patients," added Pro author of the study.

azhaki@sph.com.sg

What people with lupus need to know about Osteoporosis

by Dr. Lai Yi Wye

<mark>(Senior Resident, Department of Rheumatology,</mark> Tan Tock Seng Hospital)



Systemic Lupus Erythematosus (SLE) is a chronic, autoimmune disorder in which the immune system attacks its own tissues and causes widespread inflammation and tissue damage in the affected organs. It can affect the joints, skin, brain, lungs, kidneys, and blood vessels. It causes symptoms like rash, breathlessness, joint pain and swelling, ulcers in the mouth, hair loss, fever and blood in urine.

Osteoporosis is a health condition that weakens bones, making them fragile and more likely to break. It develops slowly over several years and is often only diagnosed when a fall or sudden impact causes a bone to break (fracture). Patients usually develop osteopenia (bone loss) before osteoporosis. Some symptoms patients may face include back pain, a loss of height over time, hunched posture and fractures.

What causes osteoporosis?

There are a number of risk factors. Some of which are nonmodifiable — such as genetics and age of menopause. Some of them are modifiable — alcohol consumption, smoking, exercise, calcium and vitamin D intake. Certain medications such as steroids, omeprazole, anti-seizure medications can increase the risk of osteoporosis. Inflammation, that happens in autoimmune disease like SLE, if not well controlled, also increase the risk of osteoporosis.

SLE patients are at risk of osteoporosis

For one, the inflammation that comes with the condition can increase risk by affecting function of bone cells causing increased bone loss and reduced bone formation. Patients with SLE can also have early menopause. Hence it is important for SLE patients to have their disease under control in order to reduce the level of inflammation and damage to bones.



SLE patients are at increased risk of having vitamin D deficiency because of increased use of sunscreen, reduced sunlight exposure and physical inactivity from chronic arthritis. Lupus nephritis can also lead to renal failure resulting in reduced 1,25-(OH)-D levels.

Certain medications used to treat SLE can increase the risk of osteoporosis. For example, use of steroids, anti-seizure medications, omeprazole and cyclophosphamide. However, despite this risk, patients should not stop prednisolone as it is important for the disease to be well controlled. It is also important to use other medications to replace and reduce the dose of prednisolone.

We have to use a combination of risk reduction strategies to help reduce this risk. Lifestyle measures we can take include exercise and smoking cessation.

Knowledge about fall prevention

Vitami

Ensuring adequate calcium and vitamin D intake is essential. It is important to ensure SLE disease is well controlled while at the same time, minimising the cumulative dose of steroids. And finally, medications for osteoporosis may need to be started for some patients, generally for those who have higher fracture risk.

There are several ways to monitor bone health. We monitor vitamin D and calcium levels. We also do a bone mineral density scan, otherwise known as BMD. It is like an XR that looks specially at your hip and spine to study the density of the bone. This will give us a gauge about the strength of the bone compared to the rest of the population. Repeating it over an interval of time will allow us to monitor the changes of bone strength with age and medications like steroids and to monitor response to treatment of osteoporosis. Every patient is different, so your rheumatologist will assess your risk factors and recommend how soon you need to repeat a BMD scan.



Exercise

- Regular aerobic, weight-bearing or resistance exercise can protect against BMD deterioration
- Regular weight-bearing exercise (such as walking, jogging and dancing) and
- Strength (resistance) training (such as lifting weights, push-ups and squats)
- Some examples of useful exercises include calf raises, knee flexion, hip extension, hip flexion, lateral leg raises, leg raises, knee extensions, shoulder strengthening, triceps lifts and biceps curls

Other pointers to note

- BMI: Maintain BMI within healthy range
- Being underweight or overweight can increase
 fracture risk
- Smoking cessation
- Limit alcohol intake to 2 or less units a day

In reducing the risk of fracture, knowledge about fall prevention is also important, particularly for seniors. Make sure to get your vision and hearing checked, looking for things like cataracts or glaucoma which can affect your vision. Wearing proper shoes and foot wear with good grip certainly helps. The home environment can also be modified to reduce risk of falls. One example of such modification is improved lightings.

Calcium intake recommendations from International Osteoporosis Foundation (IOF) for:

Those aged between 51 and 70 years old

- Females: 1200mg
- Males 1000mg
- Over 70 years old: 1200mg

Foods that are rich in calcium can be found on the IOF website. IOF recommends that **older adults aged 60 years and over** take a supplement at a dose of 800 to 1000 IU/day, as this is associated with greater muscle strength and improved bone health. Foods that are rich in Vitamin D can also be found on the IOF website. Vitamin D that is taken orally as a supplement is best absorbed if taken with food as it is a fat-soluble vitamin. Clinical trials have shown vitamin D3 to be more efficient that vitamin D2 in reducing falls and fractures.

Where possible, medications associated with osteoporosis and fractures should be reviewed for their indications and potential substitutes. For example, to change omeprazole to famotidine, reduce cumulative dose of steroids and treat SLE disease activity.

The 3 most common medications we use to treat osteoporosis:

The first type is called alendronate, which is a type of bisphosphonate that reduces bone breakdown. It is an oral tablet that is taken once a week. It may cause reflux or discomfort in your food pipe so it is important to sit up for 30 minutes after taking it and to wash it down with a full glass of water

The second is called zolendronic acid, another type of bisphosphonate. It is given once a year, via intravenous injection.

The third type is called denosumab, a type of human monoclonal antibody that slows down bone breakdown. It is given every 6 months and injected into the fat layer of the abdomen.

There are a variety of medications used to treat osteoporosis and the choice of which medication to use is tailored according to the individual patient and after discussion with your rheumatologist.



标题:红斑狼疮症 与骨骼健康^{甘佳伟医生} (Senior Resident, Department of Rheumatology,

红斑狼疮症是一种慢性自身免疫性疾病。免疫系统无法区分自己 与外来的差异,把自己的细胞当成入侵者攻击。身体器官因为免 疫系统的失调,而造成慢性的发炎。症状表现具多样性,包括关 节、皮肤、肾脏、心脏、肺部等,几乎每一个器官系统都可能成 为被免疫系统攻击的对象。每个人的症状、表现、病程进展都不 一样。

骨质疏松症是一种常见以低骨量,骨矿物质缺乏为特征的代谢性 疾病。主要特征是骨量减少,骨密度降低,骨强度下降以及骨脆 性增加。患者通常在骨质疏松症之前出现骨质减少 缓慢发展的疾 病,并且通常仅在跌倒或突然撞击导致骨折时才被诊断出来。

一项新加坡的研究显示50岁以上女生骨质疏松症患病率为9.3%, 男生为0.7%。骨骼会随着人体的健康状况越来越强, 在三十岁时, 达到最佳状态。女性停经之后, 体内雌激素水平降低而导致骨质疏松。

危险因素包括:年龄增长,女性,家族史,体重过低,钙和维生素D缺乏,缺乏体育锻炼,吸烟和过量饮酒



Tan Tock Seng Hospital)

红斑狼疮病友患骨质疏松症的风险较高

慢性全身性炎症

- 长期发炎引起骨流失
- 更年期提前

缺乏维生素D

- 使用防晒霜较多
- 阳光照射较少
- 体力活动不足
- 狼疮性肾炎可以导致肾 功能哀竭。维生素D需 要肾脏激活才能起作用

药物

- 类固醇
- 保胃药
- 环磷酰胺>性腺早



如何诊断:

骨密度检查-双能量X光吸光式测定仪(DEXA)来检查髋部、股骨颈和脊柱等部位的骨密度数值。

骨质疏松的预防

- 摄取足够的钙质: 50岁及以上的年长者应该每天摄入1200毫 克的钙质。高钙的食物包括牛奶产品(牛奶,奶酪,酸奶),
 含有高钙的豆奶,沙丁鱼,面包
- 摄取足够维生素D: 建议50岁及以上的年长者每日摄取800
 至 1000 单位的维生素D。含有丰富维生素D的食物包括鱼肝油,沙丁鱼,含有加强维生素D的牛奶和牛奶产品,鸡蛋
- 适度的负重运动:跑步,散步,爬楼梯,跳舞。不是每一项 运动都是负重运动,例如,游泳及骑自行车就不是负重运动
- 保持健康的体重 体重过轻或超重会增加骨折风险
- 如有抽烟的习惯 戒烟
- 酒精限制每天两个单位或更少(一瓶啤酒、一杯红酒)

其他措施:

- 预防跌倒
- 药物管理:尽量减低类固醇的使用,利用非类固醇的药物把红 斑狼疮症控制好

治疗的药物有不同的配方:口服,静脉注射,皮下注射。您可以 向您的医生查询更多详情。

The mental health of patients with Lupus



Lupus is a chronic autoimmune disease that can lead to a range of physical and mental health struggles for patients. As a clinical psychologist, I would like to share some insights into the common mental health challenges that patients with lupus may face and offer some strategies for managing these difficulties.

Patients with lupus often experience a range of mental health struggles that can significantly impact their quality of life. These may include pain, fatigue, flares, lowered stress threshold, financial stress, reduced work productivity, changes to social roles, and long-term medication use. These symptoms can exacerbate the risk of developing mental health disorders such as depression and anxiety.

by Maximillian Chen

MSRP MSPS Clinical Psychologist Annabelle Psychology



Studies have shown that patients with lupus have a two to four times higher risk of depression and two times higher risk of anxiety compared to the general population. Mental health difficulties can lead to decreased social activities, lower medication adherence, decreased quality of life, increased likelihood of hospitalisation, decreased functioning in daily life, increased suicidal risk, and increased risk of comorbid medical conditions.

To manage their mental health difficulties, patients with lupus can adopt several strategies. Firstly, they should ensure they are getting adequate sleep, staying active, having regular and balanced meals, and adhering to routines that work for them. Practicing mindfulness, self-compassion, and maintaining healthy social support can also be helpful. Mindfulness practices can improve chronic pain, enhance immune system health, and reduce symptoms of depression and anxiety. Self-compassion involves treating oneself with the same care and kindness as one would towards friends, avoiding critical or harsh self-talk, and accepting ways that one is changing.



Healthy social support involves avoiding social isolation, asking for help from others when needed, and surrounding oneself with people who are supportive.

In addition to these strategies, psychotherapy can be an effective treatment for patients who are experiencing mental health difficulties. Evidence-based talk therapy can help patients understand patterns of thoughts and emotions that are helpful or unhelpful, build healthier patterns of behaviour, improve acceptance and self-compassion, and learn stress and anxiety management skills. Research has shown that psychotherapy can lead to significant reductions in depression, anxiety, and stress.

It is important for patients with lupus to seek help if they are experiencing frequent and significant symptoms of depression and anxiety that are impacting their ability to function, such as managing medical care, social functioning, and work ability. With the right support and treatment, patients with lupus can improve their mental health and quality of life.

I hope that these insights have been helpful in understanding the mental health struggles associated with lupus and the strategies for managing them. Remember, you are not alone, and seeking help is an important step towards recovery.



<mark>狼疮患者的心理</mark>健康



狼疮是一种慢性自体免疫性疾病,可能会导致患者的一系列身体 和心理健康方面的的困扰。作为一个临床心理学家,我想分享一 些关于狼疮患者可能面临的常见心理健康挑战的见解,并提供一 些管理这些困难的策略。

狼疮患者常常经历一系列会严重影响他们生活品质的心理健康困 扰。这些困扰可能包括疼痛、疲劳、急性发作、压力阈值降低、 经济压力、工作效率降低、社会角色改变以及长期用药。这些症 状可加剧患者染上精神健康疾病的风险,如抑郁症和焦虑症。



by Maximillian Chen MSRP MSPS

Clinical Psychologist Annabelle Psychology

研究表明,与普通人相比,红斑狼疮病友患抑郁症的风险高出 2至4倍,患焦虑症的风险高出2倍。心理健康困难会导致社交 活动减少,服药依从性降低,生活质量下降,住院风险增加, 日常生活功能下降,自杀风险增加,以及合并医疗条件的风险 增加。

为了应对心理健康困扰,狼疮患者可以采取几种策略。首先, 他们应确保获得充足的睡眠,保持积极活动,有规律的均衡饮 食,并坚持适合自己的日常作息。练习正念、自我关爱,并保 持健康的社会支持也有帮助。正念练习可以改善慢性疼痛,增 强免疫系统健康,减轻抑郁和焦虑症状。自我关爱包括像对待 朋友那样关心和善待自己,避免自我批评或苛刻的自我对话, 接受自己正在发生的变化。健康的社会支持包括避免社交孤 立,需要时向他人寻求帮助,并与支持自己的人为伴。



除了这些策略外,心理治疗对于那些经历心理健康困扰的患者也 是一种有效的治疗方式。实证谈话疗法可以帮助患者了解哪些思 维和情绪模式是有益的或无益的,建立更健康的行为模式,提高 接受能力和自我关爱,并学习压力和焦虑管理技巧。研究表明, 心理治疗可以显着减少抑郁、焦虑和压力。

如果狼疮患者经常出现明显的抑郁和焦虑症状,且这些症状对他 们的功能有严重影响,如医疗护理管理、社交功能和工作能力 等,寻求帮助是很重要的。有了正确的支持和治疗,狼疮患者可 以改善他们的心理健康和生活质量。

希望这些见解有助于理解与狼疮相关的心理健康困扰以及应对方 案。记住,你并不孤单,寻求帮助是走向康复的重要一步。



President's Message

by Irene Lim

On 20 May 2023, we commemorated the 32nd Anniversary of Lupus Association (Singapore) (LAS), as well as World Lupus Day, with an event called "On Wings of Hope" at the Grand Ballroom of Parkroyal on Beach Road. We also held our Annual General Meeting alongside the event. It was wonderful to see our members come together in person again, and we believe that there is no substitute for face-to-face human interaction, especially when it comes to patient support.

First and foremost, congratulations to all those who have been elected, re-elected or co-opted to the new council. We are excited to welcome back Agnes Xue as our Honorary Treasurer and to have Jing Eng join our team. Additionally, we are pleased to welcome Dr. Azizah Allameen and Dr. Charlotte Tan, who will bring valuable expertise and insights to our



council as co-opted members. We also wish Linda Woo all the best as she steps down from the council for personal reasons.

We are confident that our council members will bring fresh perspectives and ideas to help us achieve our shared goals and objectives. Together, as the new council for 2023 to 2025, we are committed to serving the association and will continue to work towards our mission of providing support and resources to those living with lupus in Singapore.

会长的信息 林碹金女士

2023年5月20日,我们在新加坡美芝路宾乐雅酒店的大宴会厅举办了"希望之翼"活动,以庆祝新加坡狼疮协会(Lupus Association (Singapore),简称LAS成立32周年纪念和世界红斑狼疮日。同时,我们也进行了年度大会。看到我们的成员再次聚集在一 起,感觉非常美好,我们相信在患者支持方面,面对面的人际交流是无可替代的。

首先,恭喜所有当选、连任或被增选为新一届理事会成员的人。我们非常高兴欢迎Agnes Xue再次担任我们的名誉财务主管,并欢迎 Jing Eng加入我们的团队。此外,我们很高兴欢迎Azizah Allameen博士和Charlotte Tan博士,他们将作为增选成员为我们的理事会 带来宝贵的专业知识和见解。我们也祝愿Linda Woo , 因个人因素从理事会卸任 , 一切顺利。

我们相信,新一届理事会成员将带来新的视角和想法,帮助我们实现共同的目标和任务。作为2023年至2025年的新理事会,我们致力 于为协会服务,并将继续努力实现我们的使命,为新加坡狼疮患者提供支持和资源。

LAS COUNCIL

President Vice-President Hon. Secretary Hon. Treasurer Asst. Hon. Treasurer Welfare Officer Council Members

Co-Opted Members

Agnes Xue Li Shan Jo Lee Soo Hoon Rachel Chow Mee Peng Dr Grace Chan Yin Lai Dr Poh Yih Jia Dr Frank Tay Sen Hee Dr Anindita Santosa Chan Suan Liang Eng Jing Ting Dr. Azizah Allameen Dr. Charlotte Tan Kareen Chin Corrine Kang Haresh Buxani

Irene Lim Suan Kim

Catherine Hiew

Dr Stanley Angkodjojo

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

Get to know other members of our Association, share information at your health, and be the first to know about the latest activities and even on Facebook! Do you have a question about lupus? Simply email us, so



© All rights reserved. No portion of this publication covered by the copyright hereon may be reproduced in any form or by any means without the permission of the publisher and contributors. MICA (P) 112/11/2013 Lupus Link is published thrice annually by Lupus Association Singapore (LAS), a self-help group. This publication has no subscription or newsstand price and is supported through contributions. For information about LAS, go to www.lupus.sg