



新加坡狼疮协会刊物

# LUPUS LINK

*Wishing all a  
happy and prosperous  
Chinese New Year!*

祝大家新年快樂，  
身體健康，萬事如意！

## WHAT'S INSIDE

Coping with  
Pandemic Fatigue ..... 2 - 3

Infections in  
SLE Patients ..... 4 - 7

Rheumatology  
- My Crown Jewel ..... 8 - 9

Understanding Your  
Lupus Medication ..... 10 - 11

President's Message ..... 12



# Coping with Pandemic Fatigue

by Dr Grace Chan Yin Lai

In March 2020, when COVID-19 was spreading widely and rapidly around the world, the World Health Organization (WHO) declared the outbreak a pandemic. Countries started to implement movement restrictions and lockdowns as infection rates soared and pressure on healthcare systems reached a breaking point. Our daily routines and lifestyle were disrupted as fear of contracting the disease lingered among us. We were required to stay at home and limit social interactions during lockdowns. Some people developed cabin fever as they remained home for long periods of time during this pandemic. Cabin fever refers to the cycle of negative and distressing emotions experienced by individuals as a result of being isolated from society. The symptoms of cabin fever include stress, restlessness, impatience, becoming easily agitated, experiencing low moods, sadness, lethargy, poor sleep, sense of hopelessness and weight changes. The effects on our mental health must not be overlooked.



How can we cope better and prevent ourselves from feeling burnt out in these unprecedented times? We have to accept that this pandemic and the accompanying social restrictions will last for a long period of time. It is natural to feel stressed and anxious but there are ways that we can manage our fears and anxieties. Here are some things that we can do:

- Stay connected with a community of friends and family even when physically isolated
- Keep a healthy routine at home with physical exercise and meditation
- Look out for those in need and extend a helping hand
- Stay informed with the latest news from reliable and trustworthy sources
- Allow ourselves to be flexible with changes to our lifestyle as government policies change
- Be familiar with the use of technology

**Some people developed cabin fever as they remained home for long periods of time during this pandemic.**

*Cabin fever refers to the cycle of negative and distressing emotions experienced by individuals as a result of being isolated from society.*







During the trying period when COVID-19 was putting a strain on our healthcare system, I saw my lupus patients coping exceptionally well. They responded graciously to the change of appointments and longer waiting times to see the doctor as well as in the pharmacy, alongside other changes to their usual clinic visit routine. Furthermore, most of them received their COVID-19 vaccinations in a timely fashion. Many patients also extended their care and concern for us frontline healthcare workers fighting against the invisible virus. I believe that as we navigate through this pandemic, we will come out stronger and more resilient. So let us keep a positive mindset. Be grateful, keep living, keep smiling and keep praying. Nothing good or bad lasts forever.





# Infections in SLE

by Dr Maria Noviani

Systemic lupus erythematosus (SLE) is a complex and chronic autoimmune condition that can affect many organ systems. Patients with SLE are at an increased risk of infection due to an altered immune system associated with SLE. In addition, immunosuppressive treatments used to control autoimmune diseases may increase the risk of infection.

Common infections in patients with SLE include bacterial, viral and fungal infections. Common infections caused by bacteria include *Streptococcus pneumoniae* in respiratory tract infection, *Escherichia coli* in urinary tract infection, and *Staphylococcus aureus* in skin and soft tissue infection. Viral infections include varicella zoster in herpes zoster, cytomegalovirus in retinitis, colitis, pneumonitis, and human papillomavirus affecting skin and cervix. Another cause of infection is fungal infection, causing opportunistic infection.

The risk of infection in SLE is higher in patients with active disease. To control disease activity, immunosuppression is important. Timely initiation of immunosuppression is important to prevent organ damage. After initial adequate treatment with immunosuppressants to control SLE, the disease could potentially be controlled with the lowest possible dose of steroids. This is important as a lower dose of steroids would further decrease the risk of infection.



## Tips to Reduce Risk of Infections in SLE

1. Preventive measures, e.g. hand hygiene, avoidance of contact with the sick
2. Healthy lifestyle, e.g. well-balanced diet, regular exercise
3. Avoidance of triggers, e.g. use of sunscreen
4. Compliance to treatment to control disease activity
5. Vaccination as per guidelines, e.g. influenza vaccine, pneumococcal vaccine, COVID-19 vaccine



## COVID-19 Vaccination Quick Facts

1. The COVID-19 vaccine is recommended for patients with stable disease.
2. The continuation of immunosuppressive treatments (except Rituximab) is recommended to prevent disease flare-ups. (Please discuss with your doctor if you are on Rituximab.)



# Why are infections more common in SLE?

Altered immune system associated with SLE

Immunosuppressive treatment



## Common infections in patients with SLE

### Bacterial

- *Streptococcus pneumoniae*
- *Escherichia coli*
- *Staphylococcus aureus*

### Viral

- *Varicella zoster*
- *Cytomegalovirus*
- *Human papillomavirus*

### Fungal

- *Candida sp.*
- *Pneumocystis jirovecii*
- *Cryptococcus neoformans*

*Curr Rheumatol Rep* 2016; 18: 13

### Preventive

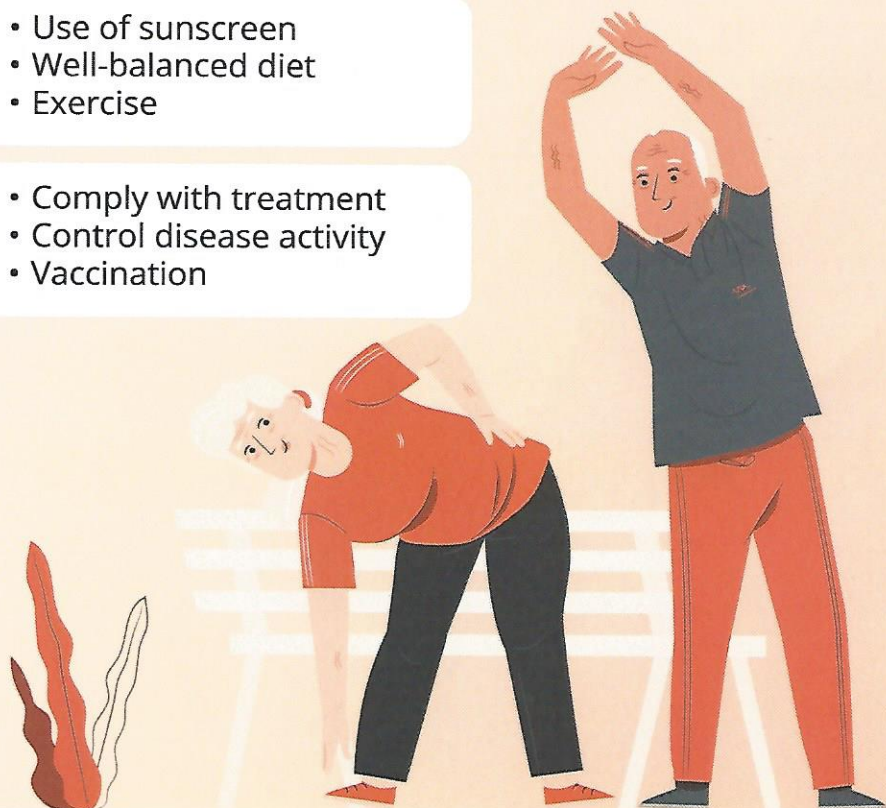
- Hand hygiene
- Avoid contact with the sick

### Lifestyle

- Use of sunscreen
- Well-balanced diet
- Exercise

### Trust your doctor

- Comply with treatment
- Control disease activity
- Vaccination





# 红斑狼疮症与感染

主讲者：蔡婷伊医生

红斑狼疮症是一种可以影响身体多个器官的复杂的慢性自身免疫疾病。红斑狼疮症患者由于自身免疫系统的变异从而增加感染风险。此外患者使用的免疫抑制药物也会增加感染风险。

在红斑狼疮症患者中常见的感染包括细菌，病毒和真菌感染。常见的感染包括引起呼吸道细菌感染的链球菌肺炎，导致尿道发炎的大肠杆菌，以及皮肤和软组织感染的葡萄球菌。病毒感染包括水痘带状疱疹，巨细胞病毒导致的视网膜炎，病毒性大肠炎，肺炎，以及人乳头状瘤病毒引起的皮肤，宫颈感染。其它导致感染原因包括引起随机性感染的真菌感染。

病情活跃的红斑狼疮症患者受感染的风险较高。因此，使用免疫抑制药物控制病情非常重要。及早使用免疫抑制药物可以预防身体器官受损。一旦在初期治疗时使用免疫抑制药物治疗有效稳定病情，红斑狼疮患者就极大可能的用极小剂量的类固醇来控制病情。低剂量的类固醇可以降低感染风险。

## 降低红斑狼疮患者得感染风险的小贴士：

- (一) 采取预防措施：例如勤洗手，避免接触受感染的病人
- (二) 健康生活方式：例如均衡饮食，定期运动
- (三) 避免诱发症状：例如使用防晒霜
- (四) 遵从医嘱控制病情
- (五) 定期接种疫苗：例如流感；肺炎球菌疫苗，以及新冠疫苗



翻译者 张蓉芳博士

资深临床专科护理师

新加坡中央医院风湿病与免疫学部门



## 新冠疫苗接种现状：

- (一) 只有病情稳定的患者才推荐接种新冠疫苗
- (二) 继续服用常规免疫抑制药物预防红斑狼疮症病情爆发  
(如果您在接受利妥昔单抗(Rituximab) 治疗，  
请向您的风湿科主治医生咨询)





# 为什么红斑狼疮症患者受感染比较常见？

红斑狼疮症引起的免疫系统病变

治疗红斑狼疮症的免疫抑制药物

## 红斑狼疮症患者的常见感染

### 细菌感染

- 链球菌肺炎
- 大肠杆菌
- 葡萄球菌

### 病毒感染

- 水痘带状疱疹
- 巨细胞病毒
- 人乳头状瘤病毒

### 真菌感染

- 念珠菌
- 耶氏肺孢子菌
- 新型隐球菌

Curr Rheumatol Rep 2016; 18: 13

### 细菌感染

- 手卫生
- 避免与病人接触

### 细菌感染

- 使用防晒霜
- 均衡的饮食
- 运动

### 细菌感染

- 遵从治疗
- 控制病情
- 接种疫苗





# Rheumatology – My Crown Jewel

*by Dr Boey Mee Leng*  
Consultant Rheumatologist

Talk given at LAS 30th Anniversary on 26 June 2021



My journey in the speciality of rheumatology spans over three decades. Rheumatology is my crown jewel of love and compassionate care of patients with rheumatic diseases.

"History is not a burden on the memory but an illumination of the soul," wrote Lord Acton. Let me share some memories of the past.

The history of rheumatology is filled with outstanding leaders in the persons of the late Prof Feng Pao Hsui and Prof Graham Hughes, both of whom were my mentors. Prof Feng spearheaded the development of rheumatology in Singapore and is fondly remembered as the 'Father of Rheumatology'. My overseas training in Hammersmith Hospital, United Kingdom (under Prof Hughes) opened my eyes to the wonder and mystery of rheumatic diseases, in particular that of Systemic Lupus Erythematosus (SLE). The seed of rheumatology in the Department of Medicine IV, Tan Tock Seng Hospital (TTSH) took root and began to grow soon after my return from London in September 1983. Thereafter, many young doctors were trained and added to the role of rheumatologists. In recognition of the services rendered to patients with rheumatic diseases, Medical Unit IV was renamed the Department of Rheumatology and Immunology.



The dire need to support patients with SLE led to the creation of the SLE Aid Group in 1986 and the group was officially registered as the Lupus Association of Singapore (LAS) in 1991. The goal was for patients to lead the Association. Medical professionals quietly and unobtrusively provided advice and assistance in medical education. Ho Teck Mui, Nancy Chin, and Irene Lim were truly remarkable leaders who rose to the challenge to lead the organisation. Brick by brick, they built the organisation on the solid support and strength of its members. Down the years, there were tears, aches, pains, and joy. Its achievements include a bilingual newsletter (Lupus Link), the Lupus Office and Information Centre, LAS Activity Room in TTSH, a partnership with Shan You Counselling Centre, Medical Welfare subsidy, participation in international conferences such as the International Congress on SLE, World Lupus Day (London), and fund-raising efforts in 'Walk for Lupus' during its 25th Anniversary celebration in 2016.

LAS is one of the strongest patient support groups in Singapore. To its credit, LAS is a shining example to other existing support groups such as the National Arthritis Foundation and Rheumatoid Arthritis Association.

Teamwork, perseverance, and dedication are the hallmarks of rheumatology. Achievements came when doctors, nurses, nurse educators, and patients banded together for the cause of building rheumatology in Singapore. The small and insignificant beginnings in TTSH did not deter their pursuit of excellence. Undeniably, there were difficulties, failures, conflicts, stresses, and challenges. Through it all, we persevered. Today, patients in the public and private sectors have access to expert rheumatology care. Paediatric rheumatology services were subsequently developed and children with rheumatic disorders are managed by paediatric rheumatologists.

Ongoing research in rheumatic diseases led to publications in peer-reviewed international journals. Continuing education on the best practices in rheumatology is part of the curriculum in our medical schools, family medicine fraternity and local communities. Collaboration with colleagues in South-East Asia and active participation in the Asia Pacific League Against Rheumatism (APLAR), European Union League Against Rheumatism (EULAR), American College of Rheumatology (ACR), and British Society of Rheumatology (BSR) are some of our academic accomplishments.

#### **What does the future hold for us?**

We rejoice in the blessings we now enjoy. We are not resting on our laurels. The future is bright when we have the courage and the commitment to do what is right — when we give sacrificially, share resources and support each other. Above all, we must never forget our calling to serve others, not self. To quote former US President Harry S Truman, "Progress occurs when courageous, skilful leaders seize the opportunity to change things for the better."

My final words: "A person's most valuable asset is not a brain loaded with knowledge, but a heart full of love with an ear open to listen and a hand willing to help."

I deeply appreciate my patients, colleagues, and LAS who have taught me humility and showed me that love and compassion are the most important qualities in caring for others.






# Understanding Your Lupus Medication

by Dr Xu Chuan Hui

Systemic lupus erythematosus (SLE) or lupus is a complex and chronic autoimmune disease that can affect many organs and systems. The outcome of SLE has been improved substantially over the past several decades, with more effective medications being made available. It is imperative to understand the medications for lupus and learn to use it wisely. In the talk, we went through the commonly used medications for lupus, including steroids, hydroxychloroquine, mycophenolate, cyclophosphamide, azathioprine, etc. We also discussed how to avoid side effects by using these medications wisely and by monitoring patients closely.

Steroids is the most commonly used medication for patients with SLE. It is effective and fast-acting, to control the aberrant inflammation. It is also used in patients with severe cases of COVID-19 and has saved hundreds and thousands of lives. In SLE, it is usually started at a high dose, with a subsequent tapering regime. Rheumatologists are familiar with the use of steroids. The adverse effects of steroids include the risk of infection, high blood pressure/sugar, osteoporosis, cataracts, skin thinning, etc. Hence, it is important to use other steroid-sparing treatments to help reduce steroid use.

Hydroxychloroquine is also a commonly used medication in lupus. It reduces the risks of flare-ups of SLE, thromboembolic events, and is also beneficial for the cardiovascular system and long-term survival. More importantly, it is compatible with pregnancy. Usually, it is safe to use, but it may cause skin pigmentation and, rarely, causes retinopathy, hence why it requires a regular follow-up with an ophthalmologist.



Cyclophosphamide is used for SLE with major organ involvement, i.e. kidney, brain, heart, etc. It is potent and could be life-saving, and usually used short-term, i.e. about 6 months. However, symptoms of nausea, vomiting, hair loss, full blood count, liver function, and signs of blood in urine need to be monitored. It is also important to consider its impact on fertility.

Mycophenolate is an alternative to cyclophosphamide to treat SLE with severe manifestations, as well as maintenance therapy. Its efficacy is comparable to cyclophosphamide for most indications, including lupus nephritis. There is no risk of subfertility and bleeding from the bladder from mycophenolate use. Some patients may experience nausea, vomiting, diarrhoea, headache or dizziness. It also requires regular monitoring of full blood count and liver function.

Azathioprine is a medication commonly used for SLE. It is effective as maintenance therapy after induction therapy with cyclophosphamide or mycophenolate for lupus nephritis or other severe manifestations. It can also be used for arthritis, haematological abnormalities, etc. Similarly, we need to monitor for symptoms of nausea and vomiting, as well as monitoring full blood count and liver function. There is a gene test (TPMT/NUDT15) to predict who is at high risk of side effects.

Other medications can be used for SLE, including ciclosporine A, tacrolimus and rituximab. Furthermore, there are new drugs being approved such as belimumab, voclosporine and anifrolumab, which may be available in Singapore in the future.





# 狼疮药物，您了解多少？

徐传辉医生

系统性红斑狼疮是一种慢性、系统性的自身免疫性疾病。它可以累及身体的多个系统和器官。如果没有及时、正确的治疗，可能会导致长期不可逆性的器官损害。我们在这里讨论了治疗狼疮中常用的药物，包括激素，羟氯喹，霉酚酸酯，环磷酰胺，硫唑嘌呤等。我们也讲述了如何通过更好地使用，以及密切的监测，避免这些药物的一些副作用。

类固醇激素是狼疮病人最常使用的药物。它非常有效而且起效快，可以迅速地控制身体的炎症反应。目前类固醇激素也被用来治疗新冠病人，挽救了成千上万的生命。在狼疮的治疗中，我们通常开始高剂量的激素，然后逐渐减量。风湿免疫科的医生非常熟悉类固醇激素的使用。常见的副作用包括感染的风险、血压和血糖升高、骨质疏松、白内障以及皮肤变薄等。因此，我们需要使用其他免疫抑制剂帮助激素减量。

羟氯喹是治疗狼疮的常用药物。它可以减少狼疮的复发、血栓风险，而且有益于心血管的健康和长期的生存。它在孕期也可以安全使用。羟氯喹通常是很安全的。长期使用之后，它可能会导致皮肤的色素沉着。另外一种很少见但比较受重视的风险是视网膜病变，所以需要定期的眼科检查。

环磷酰胺通常用于累及重要器官的狼疮患者，包括肾脏、脑和心脏等。它是非常强效的免疫抑制剂，可以挽救重症狼疮患者的生命。环磷酰胺通常短期使用，比如6个月。我们需要观察

常见的不良反应，比如恶心、呕吐、脱发、血细胞减少和肝功能异常，膀胱出血的症状。另一个重要的考量是它对生殖功能的影响。

霉酚酸酯是环磷酰胺之外的另一种选择，也可以用于狼疮的维持治疗。它在狼疮的各种适应症的有效性和环磷酰胺相当，包括常见的狼疮性肾炎。和环磷酰胺相比，霉酚酸酯对生殖系统没有影响，也没有膀胱出血的风险。一些病人可能会有消化道的不良反应，包括恶心、呕吐和腹泻，以及头痛、头晕等不适症状。在服用霉酚酸酯的时候，需要定期监测全血细胞计数和肝脏功能。

硫唑嘌呤也是狼疮治疗的一种常用药物。它可用于重症狼疮患者诱导缓解后的维持治疗，也可以用于治疗关节炎、血液系统异常等。和霉酚酸酯类似，也可能引起恶心、呕吐等胃肠道的不适症状，也需要监测血细胞减少和肝功能异常的不良反应。现在有一种基因检查（TPMT/NUDT15）可以预测这种不良反应的风险。

其他治疗狼疮的药物包括环孢素、他克莫司以及利妥昔单抗。目前也有一些新的药物被批准用来治疗狼疮，包括贝利尤单抗、voclosporine 和 anifrolumab。希望这些新的药物在不远的将来可以惠及新加坡的狼疮患者。



# President's Message

by Irene Lim

We survived another year of the unprecedented global pandemic. 2021 started with the hope of a solution to the pandemic, but the emergence of fast-spreading COVID-19 variants have made the end of the pandemic look remote.

We have had to learn to live with COVID-19 and to keep our spirits up. It is important for us to look at some of the positive things that have happened in the past year amidst the pandemic.

On the individual level, the emphasis on personal hygiene and other illness-preventive measures must continue although, generally, people have become more health-conscious and are taking better care of themselves to live safely.

On the business and work front, the move to quickly embrace virtual tools like videoconferencing-enabled activities that previously required physical face-to-face communication looks to continue. Virtual meetings have definitely proven to be more efficient and cost-effective.

And, of course, at LAS, other than the volunteer activities that were suspended, business has been quite as usual. Our LAS Empowerment Talks have been presented as webinars, and our newsletter, Lupus Link, has been revamped and well-received. We have also been working hard at helping lupus patients under our Medical Subsidy Scheme.

With 2021 coming to an end, let's look forward to COVID-19 being well under control in 2022.

Merry Christmas and Happy New Year, everyone!



## 会长的信息 林瑾金女士

在史无前例的冠病疫情肆虐了1年后，我们幸运地存活下来。2021年重燃我们寻求冠病疫情解决方案的希望，但是事与愿违，新的冠病19变种毒株的出现，以及迅速传播全球，意味着终结冠病疫情的希望还是渺茫的。

我们因此学会与冠病共存，同时保持乐观的生活态度。盘点在疫情期间，过去1年所发生的种种好事是尤其重要的。

每个人还是得继续遵守个人卫生及防疫措施，虽然我们观察到人们已经普遍比较注重卫生，懂得更加照顾自己，让自己生活得更安全。

在做生意与工作方面，采纳虚拟科技进行视频会议来取代以往需要实体面对面的交流，将继续是主流的沟通模式。虚拟会议已经证实更加有效率和符合经济效益。

在新加坡狼疮协会，除了义工活动停顿以外，其他活动依然照样进行着。我们的新加坡狼疮协会激励讲座已华丽化身为网络研讨会，而我们的新加坡狼疮协会刊物，也重新改进，并获得好评。我们也在协会的医疗津贴计划下，努力帮助狼疮患者。

随着2021年步入尾声，让我们一起期待冠病19疫情在2022年受到良好的控制。

祝愿每个人圣诞节快乐、新年快乐！

### LAS COUNCIL

President	Irene Lim
Vice-President	Dr Stanley Angkodjojo
Hon. Secretary	Linda Woo
Hon. Treasurer	Catherine Hiew
Asst. Hon. Treasurer	Dr Grace Chan (TTSH)
Welfare Officer	Rachel Chow
Council Members	Dr Poh Yih Jia (SGH) Dr Frank Tay Sen Hee (NUH) Dr Anindita Santosa (CGH) Chan Suan Liang Jo Lee Kareen Chin
Co-Opted Members	Corrine Kang Haresh Buxani
Editor-In-Charge	Dr Grace Chan

### 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.

© 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](http://www.lupus.sg)