Opening up about all your lupus symptoms is essential to finding the right care for you. The problem is, sharing with your doctor can be hard, especially if you don’t understand all the terminology. This lupus dictionary was created to make it easier for you to have that conversation with your physician. It contains a list of lupus-related words and their meanings, with a focus on the most common type of lupus, systemic lupus erythematosus (SLE). Reviewing this list before your next appointment may help you feel more comfortable talking with your healthcare team and give you the power to face your lupus.
ACR CRITERIA: A list of certain symptoms developed by the American College of Rheumatology (ACR) that are often used to help doctors diagnose systemic lupus erythematosus (SLE). (See box below.)

**ACR Criteria for Classifying SLE**

<table>
<thead>
<tr>
<th>Condition</th>
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<tr>
<td>Malar rash</td>
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<td>Discoid rash</td>
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<td>Photosensitivity</td>
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<td>Oral ulcers</td>
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<td>Renal disorder</td>
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<td>Neurologic disorder</td>
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<td>Immunologic disorder</td>
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<td>Hematologic disorder</td>
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<td>Abnormal antinuclear antibody (ANA) titer</td>
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ALOPECIA: Hair loss. Some SLE patients may develop hair loss.

ANEMIA: A condition in which the number of red blood cells, which carry oxygen throughout the body, is lower than normal. Anemia is common in patients with SLE.

ANTIBODY: A type of molecule that circulates within the body. When antibodies are functioning correctly, they protect the body from foreign invaders, such as viruses and bacteria.

ANTIGEN: A particle that causes the immune system to respond. Antigens can be foreign invaders such as viruses and bacteria. In patients with lupus, they can also be parts of the person’s own cells.

ANTINUCLEAR ANTIBODY (ANA): An antibody that binds to DNA and proteins contained within the cell nucleus. Patients with SLE typically have higher levels of ANAs than people without lupus.

ARTHRITIS: Inflammation of the joints. Arthritis can lead to joint pain (arthralgia) and reduced range of motion. Approximately 80% of patients with SLE experience pain caused by joint inflammation.

AUTOANTIBODY: An antibody that recognizes and destroys the body’s own cells. In SLE, autoantibodies attach to the body’s own healthy cells, which can cause inflammation and organ damage.

AUTOIMMUNE DISEASE: A disease, such as SLE, that occurs when the immune system does not behave normally and attacks the body’s own tissues.

*Definitions of each of these can be found in this dictionary.
COMPLEMENT: A group of proteins in the blood that works with antibodies to help destroy bacteria, produce inflammation, and regulate immune reactions. Patients with SLE often have low complement levels which may be associated with tissue inflammation and damage.

COMPLETE BLOOD COUNT (CBC): A test used to determine the number of red blood cells, white blood cells, and platelets. A CBC may be performed to check for anemia or other abnormalities.

CORONARY HEART DISEASE: Also known as coronary artery disease. Coronary heart disease is caused by a decrease in the blood flow from the arteries to the heart. Individuals with this condition usually have chest pain or heart damage. This disease affects many patients with SLE, especially younger women.

CUTANEOUS LUPUS: A type of lupus affecting the skin. It is characterized by patchy areas on the face or other sun-exposed areas.

DEPRESSION: A temporary or chronic mental state associated with feelings of sadness, loneliness, low self-esteem, or reduced general daily function or interest in social interactions. Living with lupus may be challenging, and depression is common.

DERMATOLOGIST: A physician who diagnoses and treats skin-related conditions.

DISCOID RASH: Skin irritation or redness that appears in a circular shape. Some patients with SLE may develop discoid rash, characterized by the appearance of patchy, coin-shaped areas of skin on the face or other sun-exposed areas.

DISEASE ACTIVITY: Refers to the number of signs and symptoms and their severity.

DRUG-INDUCED LUPUS: A type of lupus that is caused by the use of certain drugs. Its symptoms are similar to those of SLE, and drug-induced lupus usually disappears if the drug is stopped.

DYSFUNCTION: Impaired or abnormal function.

EDEMA: Presence of extra fluid between cells, tissues, or body cavities. Edema can lead to swelling of the feet, ankles, and legs, which can be a symptom of SLE associated with lupus nephritis.

ELECTROLYTE: A particle in the bloodstream including sodium, chloride, magnesium and calcium.

ERYTHROCYTESEDIMENTATION RATE (ESR): A blood test performed to identify general inflammation. An elevated ESR is commonly found in individuals with active SLE.

FATIGUE: A lack of energy or weakness. Fatigue is the most commonly experienced symptom of SLE, and may occur even when no other symptoms are present.

FEVER: An increase in internal body temperature that occurs when the immune system is trying to protect and repair the body. More than 60% of patients with SLE experience occasional, temporary fever, typically caused by infection.

FLARE: A sudden increase in disease activity. Sun exposure and pregnancy may cause flares in patients with SLE.

GASTROENTEROLOGIST: A physician who diagnoses and treats disorders of the digestive system.

GASTROINTESTINAL: Related to the stomach and intestines. Many gastrointestinal problems are associated with, but not specific to, SLE, including symptoms such as dry mouth, nausea, and vomiting.

GENETIC DISORDER: A disease that is related to changes in a person’s DNA and may be passed from a parent to a child. Although genetics are a contributing factor in the development of SLE, other factors may also cause the disease to develop.

HEART ATTACK: See myocardial infarction.

HEMATOLOGIC: Related to the blood or tissues that make blood. Patients with SLE may experience a wide range of blood disorders, such as low red blood cell count (anemia), low white blood cell count (leukopenia), or low platelet count (thrombocytopenia).

HEMATOLOGIST: A physician who diagnoses and treats blood disorders.

IMMUNE SYSTEM: System that consists of a group of cells, tissues, and organs that work together to recognize and fight foreign invaders and help keep the body healthy. Foreign invaders include viruses, bacteria, parasites, and fungi. In patients with SLE, the immune system functions abnormally and attacks the body’s own tissue.

IMMUNOLOGIC DISORDER: An impaired or abnormal functioning of the immune system.

IMMUNOSUPPRESSIVE: Capable of reducing the activity of the immune system.
INFLAMMATION: The body’s response after an injury or infection in order to repair and heal itself. Inflammation is commonly identified by redness, heat, swelling, and pain. In patients with SLE, inflammation may cause tissue damage over time.

KIDNEY: A major organ that removes waste products and maintains fluid and electrolyte balance. Kidney function is commonly affected in patients with SLE.

LEUKOPENIA: A decrease in the number of white blood cells. This abnormality, which may occur in up to 20% of patients, can result from SLE and may become more severe because of disease flares or the use of immunosuppressive drugs.

LUPUS: An inflammatory autoimmune disease that affects the functions of many different biological systems and occurs when the body creates antibodies that attack its own tissue. The 4 types of lupus are systemic lupus erythematosus (SLE), cutaneous lupus, drug-induced lupus, and neonatal lupus.

LYMPHOCYTE: A type of white blood cell that circulates in the blood. Lymphocytes help the immune system protect the body from foreign invaders, such as bacteria, viruses, and infected or cancerous cells.

LYMPHOPENIA: A condition in which levels of lymphocytes are lower than normal.

MACROPHAGE: A type of cell that removes old cells and other unwanted material from the blood.

MALAR RASH: Skin irritation or redness on the cheeks. This type of rash, also known as a “butterfly” rash, extends over the cheeks and the bridge of the nose. Malar rash may range in severity from general redness to severe irritation. It can become more severe with exposure to sunlight.

MEDICAL EXAMINATION: An examination of the body performed by a healthcare professional to diagnose, prevent, or cure a disease. This examination is completed as a preliminary assessment before the diagnosis of lupus or any other disease or condition is made.

MUSCULOSKELETAL: Related to the muscles and bones in the body. It is common for patients with SLE to experience conditions that affect the musculoskeletal system, such as arthritis.

MYALGIA: Muscular pain, commonly in the arms and legs. In patients with SLE, myalgia is a sign of musculoskeletal system involvement.

MYOCARDIAL INFARCTION: Also known as a heart attack, this occurs when there is a lack of blood supply to a section of the heart for a long period of time. Patients with SLE, even below the age of 35, may experience higher levels of heart attack than those without lupus.

NEPHRITIS: Inflammation of the kidneys. Lupus nephritis is a serious kidney disorder caused by SLE.

NEPHROLOGIST: A physician who diagnoses and treats conditions that affect the kidneys.

NEUROLOGIC DISORDER: An impaired or abnormal functioning of the nervous system.

NEUROLOGIST: A physician who diagnoses and treats conditions affecting the nerves and muscles.

NUCLEUS: A body inside a cell that contains most of the person’s genetic material (e.g. DNA).

OPHTHALMOLOGIST: A physician who diagnoses and treats conditions affecting the eyes.

ORAL ULCER: Ulcer of the mouth.

ORGAN: A part of the body that has a specific function, such as breathing air or digesting food. SLE may impact organs such as the lungs, heart, kidneys, and brain and can cause them not to function properly.

PERICARDITIS: Inflammation of the sac covering the heart. This cardiac abnormality is commonly observed in patients with SLE and is characterized by chest pain, shortness of breath, and abnormal fevers.

PHOTOSENSITIVITY: Increased sensitivity to sunlight; direct sunlight may cause a skin rash to form or become worse. Photosensitivity is common in Caucasian patients; however, all patients with SLE should avoid direct, prolonged exposure to the sun.

PLATELET: A type of blood cell that helps the blood to clot following an injury.

PLEURITIS: Inflammation of the inside lining of the chest space. Pleuritis is the most common respiratory manifestation of SLE.

PROTEINURIA: Presence of abnormally high levels of protein in the urine. Testing for protein in the urine may indicate whether a patient with SLE has kidney damage or renal disease.
PSYCHOSIS: Abnormal functioning of the mind, characterized by loss of contact with reality and impairment of the cognitive processes.

RASH: An eruption of the skin on the body. SLE patients commonly develop malar rash and may develop other types of skin rashes. Also see discoid rash and malar rash.

RAYNAUD PHENOMENON: A condition caused by narrowing of blood vessels in the fingers and toes when exposed to extremely cold temperatures or stress. This condition causes the extremities to become cold and pale or bluish in color. A tingling sensation or pain may be experienced when normal circulation returns. Raynaud phenomenon is common in patients with SLE, and symptoms can range from mild discomfort to development of painful skin ulcers.

REMISSION: A lack of signs and symptoms.

RENAL DISORDER: A disturbance or decrease in kidney function resulting from disease. Renal damage is one of the most common and serious conditions caused by SLE, affecting half of all patients with lupus.

RHEUMATOLOGIST: A physician who specializes in the study, diagnosis, and treatment of pain and conditions affecting the musculoskeletal system. A rheumatologist can determine whether a patient has SLE and can help manage the disease symptoms affecting the muscles and bones.

SEIZURE: A sudden onset of convulsions, loss of consciousness, or changes in the five senses due to abnormal electrical functions in the brain. SLE may cause seizures, which may affect up to 20% of patients.

SEROSITIS: Inflammation of the tissues that surround parts of the body. Types of serositis include pleuritis (inflammation of the inside lining of the chest space) and pericarditis (inflammation of the sac covering the heart), which are conditions associated with SLE.

SYMPTOM: An abnormal event or incident that is caused by a disease and reported by a patient to a physician. SLE is a unique disease because of the wide range of symptoms that patients may experience. Symptoms of lupus include facial rash, fatigue, or sensitivity to light.

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE): A chronic autoimmune disease that can affect nearly every part of the body, including the skin, joints, lungs, heart, kidneys, brain, and blood. SLE is also commonly referred to as lupus.

T CELL: A cell in the immune system responsible for recruiting other immune cells to protect the body against foreign invaders. In SLE, T cells do not function properly and contribute to the development of the disease.

THROMBOCYTOPENIA: An abnormally low number of platelets circulating in the blood. Platelets are needed to help the blood clot following an injury. Thrombocytopenia occurs in 25% to 35% of patients with SLE.

TISSUE: A group of specialized cells that perform a specific job in the body. In SLE, the body incorrectly identifies its own tissues as a foreign invader and signals the immune system to respond.

TITER: The amount of a substance, such as the level of antibodies in the blood. A screening test for ANAs is standard for assessing SLE; patients with lupus typically have high titers of ANAs.

ULCER: An inflamed wound on the skin or inner lining of parts of the body (mucosal membranes) caused by loss of tissue. Ulcers may be caused by SLE or other diseases and conditions. In patients with lupus, sunlight may cause this form of irritation to occur on the skin.

URINALYSIS: A test that analyzes urine and is used to diagnose kidney-related conditions. A healthcare professional may recommend this test to examine the health of the kidneys.

VIRUS: An agent that causes disease by infecting cells. A virus is a microscopic agent and is an example of a foreign invader that the immune system will try to destroy to protect the body.

WHITE BLOOD CELL: A type of cell circulating in the blood that fights foreign invaders and is an important part of the body’s immune defenses. Lymphocytes are one of the many different types of cells that can be classified as white blood cells. Certain conditions, such as SLE, can cause the level of white blood cells to be lower than normal.

X-RAY: A test used to obtain images of bones, joints, and other dense tissues. This test may be recommended by a healthcare professional to determine the extent of organ involvement in a disease.