

Medications

Q: I have done so much research on the effects of Imuran on fertility and I can't find a definitive answer. Most sites speak of the MALE fertility and not the female and how it is affected. These sites speak about pregnancy only, not the actual effects of this drug on fertility of a female. I am 40 years old and need to start Imuran or CellCept to get off high steroids. I do not have children and wish to know the answer to this ongoing question.

A: There is no study that can definitively answer the question about azathioprine (Imuran) and infertility. Many lupus patients do get pregnant after taking azathioprine, and it is not thought to be a major issue with this agent. CellCept falls in a similar category; however CellCept should definitely be stopped at least 90 days before attempting to conceive. Although most doctors are not enthusiastic about continuing azathioprine during pregnancy if this can be avoided, it has been used safely in some patients throughout pregnancy, and there are fewer worries if a patient becomes accidentally pregnant on azathioprine.

Q: Hi. I have read on this site and in other sources that patients with lupus should avoid sulfa drugs (sulfonamides). The example given is usually an antibiotic such as sulfamethoxazole. There are different subtypes of sulfonamides which include commonly used drugs such as glyburide, hydrochlorothiazide, brinzolomide and celecoxib. There is evidence to suggest although controversial that an allergy to an antibiotic sulfonamide does not increase your risk of having an allergy to non-antibiotic sulfonamide. Can you tell me if all sulfonamides should be avoided in SLE and if so what is the evidence that supports this?

A: Not all lupus patients need to avoid sulfa-containing antibiotics but there is a high incidence of skin rash and other side effects including lupus flares in patients with lupus. My advice to patients is that if you have tolerated them in the past you are probably OK. If you have never tried one, it may not be worth the risk, given so many other antibiotic choices. Not all sulfa-containing drugs are implicated in causing side effects in lupus patients. However, everyone is an individual, and it is not always predictable which medicines will cause allergic reactions or other side effects.

Q: What is IVIG and is it helpful for people who have weak immune systems with lupus?

A: It is normal for the immune system to make antibodies against infections and another name for these antibodies is immune globulin. IVIG stands for intravenous immune globulin, meaning a big dose of antibodies given in the vein as an infusion. There are several roles that these antibodies can play. First, they can protect against infections. Sometimes people

with lupus are on immune-suppressing treatments and could use some help to protect against infection. Also, people with lupus sometimes have too much of some kinds of antibodies, called auto-antibodies. This interferes with the healthy regulation of the immune system and can lead to inflammation. It seems that IVIG can actually provide some "regulating" antibodies and calm down an immune system that is causing too much inflammation under certain situations. IVIG is often used for patients who have certain types of lupus manifestations, especially when these do not respond to initial treatments. IVIG might also be used where there are concerns about the need for more immune suppression in a patient who has had a great deal of immune suppression already. IVIG is generally not given as a routine, continuing treatment in lupus, however although this does happen in other disorders. Although this treatment can be very effective, there are issues with shortages of IVIG and expense.

Q: My understanding is that lupus patients are at increased risk of heart disease and strokes. If this is correct, is it reasonable to start statin therapy?

A: Until we better understand the reason that lupus patients are at increased risk for strokes and heart attacks, we encourage doctors to treat all traditional cardiovascular risk factors such as high blood pressure, high cholesterol, smoking, etc. It is reasonable to use statins to decrease cholesterol levels.

Q: Does long-term prednisone use cause diabetes?

A: Cortisone and its analogues are "stress hormones" that prime the body for times of challenge. Thus, the rise in sugar in the body is a natural byproduct of a preparation for stress in tissues of the muscles, brain, and heart for example. This is why an increase in the stress hormone results in an increase of the body's stores of glucose. Long-term prednisone use can cause diabetes in someone who has a tendency to be diabetic. Moreover, the higher the dose of prednisone, the greater the likelihood that the blood glucose (sugar) level will rise. Obesity and a genetic background that includes diabetes also gives a person a greater chance of developing diabetes.

Q: Are there medications that can be harmful to my lupus and cause the disease to get worse?

A: There is no data to answer this question. Most medication interaction questions have never been studied. There are very few drugs that are absolutely contraindicated for lupus patients. Penicillin should be used with caution and sulfa drugs should be avoided. Even some drugs which cause drug-induced lupus have been successfully used for certain lupus patients who need them.

Clinical studies in lupus are lacking to answer general questions such as how do lupus patients (as a group) respond to specific treatments. Patients are encouraged to learn about all the potential side effects of medications that are prescribed for them, and to consider their own personal medical history in deciding (with their medical team) what combinations of medicines are best for them. Some of this will be to some extent trial and error, but it is always very important to have an established relationship with a medical team so that full knowledge about you, the individual, is factored into the plans.</FONT< p>

Q: I am taking 400 mg of Plaquenil daily and was wondering what if any are the interactions of taking Plaquenil and drinking alcohol.

A: Plaquenil is not particularly toxic to the liver. There is no known interaction between alcohol and Plaquenil. So there is no specific contraindication to an occasional drink. Of course, everything in moderation.

Q: Is it true people with lupus should avoid high blood pressure medicine, and look for more alternative approaches to build their overall immunity?

A: Absolutely not. Effective treatment of high blood pressure is an important measure in preventing heart attacks and strokes, which occur more commonly in lupus. In addition, high blood pressure can accelerate kidney failure in patients with lupus kidney disease. There are effective medications that lower blood pressure that should be used in patients with lupus who have high blood pressure. These medications do not have adverse effects on lupus activity or immune function.

Q: Can you please tell me about the efficacy and use of Rituximab in people with Systemic Lupus? I have had a recent severe flare which included brain involvement. We hope this tx will help with my CNS symptoms.

A: Rituximab is approved by the FDA for use in rheumatoid arthritis. Because it acts to suppress B cells, (a kind of white blood cell that has an important role in lupus), it makes sense that this agent is currently being tested now to see whether it is appropriate for use in lupus patients. There are some reports about the use of Rituximab for some patients with lupus or similar conditions, but it is not yet known how effective this is, we must wait for the results of current studies. It is never optimal to be taking treatments that are not fully studied for your condition. On the other hand, because there have been no new treatments approved specifically for lupus in decades, it is not unreasonable for doctors to try some of the new immune system suppressors that seem to work in rheumatoid arthritis, especially in patients with serious conditions for whom the more usual treatments are not working. However, all medicines that suppress the immune system have potentially serious side

effects. Only your doctors can determine whether the next step for you should be the use of this kind of treatment.

Q: Is it safe to take beta blockers if you have lupus?

A: Beta blockers have once in a while been put on a list of agents which might cause drug-induced lupus, usually in elderly people. However, this does not mean that they are not safe to use in most lupus patients. Many antibiotics are also on that list, and we use them too. Beta blockers are probably reasonably safe to use in most lupus patients. However, there are issues with people who have other medical conditions which sometimes co-exist in lupus patients, so of course the decision about an individual's risk needs to be weighed with their doctor.

Q: Can you take Premarin when you have lupus?

A: Premarin is usually safe in that it is not known to induce lupus flares. An study sponsored by the NIH and Office of Women's Health showed that there were not more serious flares among patients taking Premarin than in those taking a "placebo." However, Premarin may not be the best idea to start in a person with pre-existing heart disease. Lupus patients are at higher risk for heart disease (atherosclerosis) than the general population. So a person and their doctor need to weigh the risk for the individual in the decision to take Premarin or not. Interestingly, it might be that Premarin would be protective against a longer term risk of developing heart disease, although the information on that is not perfect. Premarin may also increase risk of blood clots, so a lupus patient who either has the Antiphospholipid Syndrome and/or a history of miscarriages or blood clots should not take it. In the NIH study mentioned above, people with significant levels of Antiphospholipid antibodies were not allowed to be in the study.

Q: What side effects can I expect from taking steroids?

A: Prednisone is a double-edged sword. It is a very effective anti-inflammatory agent in lupus, and it works fast. But over time, the side effects of higher doses of the medication can be significant. People taking steroids may have side effects that include weight gain (especially in the cheeks and over the back of the neck), acne, hair thinning on the scalp, new facial hair (on the chin or above the lips), mood swings and difficulty concentrating. Your doctor may also discover that your prednisone has caused higher blood pressure, higher glucose levels and higher cholesterol. Prednisone can also weaken bones and damage the blood supply to joints, which usually occurs first in the hips.