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Lupus and U.S. Minority Women

Contributors: Annette Madlock Gatison

Edited by: Mary Zeiss Stange, Carol K. Oyster & Jane E. Sloan

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Lupus is a noninfectious, chronic autoimmune disease that minority women suffer from disproportionately compared to white women. Lupus attacks joints, skin, the brain, kidneys, blood cells, the heart, and the lungs. This disease confuses the body's immune system by causing it to direct antibodies toward its cells and tissues as if the body's cells and tissues were foreign substances infiltrating the body and causing harm. Initially, it can be easy to misdiagnose lupus because the disease targets so many different parts of the body; it can mimic other diseases. The exact cause of lupus and why women of color suffer from this disease more often have not yet been determined by researchers and doctors. There are several varieties of lupus, of which systemic lupus erythematosus (SLE) is the most serious and the most common, as it makes up about 70 percent of all cases of lupus, according to the U.S. Department of Health and Human Services, Office of Women's Health. SLE is followed by cutaneous lupus erythematosus, discoid lupus erythematosus, subacute cutaneous lupus erythematosus, drug-induced lupus, and neonatal lupus. Some of the symptoms of lupus include photosensitivity, undiagnosed kidney problems, fatigue, weight loss or gain, painful and swollen joints, blood disorders, discolored fingers and toes, mouth sores, headaches, memory loss, hallucinations, dizzy spells, sadness and depression, unexplained fever, hair loss and skin rashes, unexplained fits or convulsions, and repeated miscarriages. The signs of lupus can range from mild to severe and vary by individual. Not every woman will get every symptom; it is important to recognize symptoms in combination with each other, or those that are experienced at the same time or within relatively close periods of time.

Lupus is a disease of flares and remission, and the symptoms will manifest differently in the same individual. A flare is experienced when the symptoms of lupus worsen and the individual feels ill. Remission is experienced when the symptoms of lupus improve or subside and the individual begins to feel better. The most prevalent symptom can be indicative of the type of lupus one might have. For instance, discoid lupus erythematosus (DLE), a type that affects the skin, is symptomatic of a red raised rash on the face, head, nose, and mouth that causes scarring. Subacute cutaneous lupus erythematosus, which mainly affects the skin, causes non-scarring skin lesions on parts of the body exposed to the sun. Drug-induced lupus occurs when certain medications cause lupus. Neonatal lupus is rare, and only 1 to 2 percent of babies born to mothers with the antibodies for lupus will contract this form of the disease. This should be a cause for concern for minority women in their childbearing years because they are at higher risk for the disease. In some cases, the mother is healthy and does not have the disease during pregnancy; however, it is possible that she will develop lupus in later years.

Approximately 90 percent of the people who contract lupus are women between the ages of 15 and 45; of this number, African American women are three times as likely to get lupus than white women, followed by Latinas, Asians, and Native Americans. Latinas and African American women tend to contract more severe forms of lupus at a younger age. The age at onset is significant for minority women in their childbearing years because lupus also increases the risk of other health problems such as heart disease, osteoporosis, and kidney disease, which are common in women, along with pre-eclampsia, a pregnancy-related illness. This is of particular importance to African American and Latina women because the incidences of seizures, strokes, and swelling of the heart muscle also are increased. The exact cause of lupus and why it more severely affects minority women is of great concern. Researchers are looking for a cure and are considering a variety of possible causes. Environmental factors such as sunlight, stress, smoking, certain medications, and viruses can trigger the onset of the disease. Additional studies related to the environment are looking at exposure to environmental hazards such as toxic waste sites and other pollutants that are prevalently found in poor, urban minority neighborhoods. Researchers also want to understand the role

that estrogen and other hormones have on this disease, because lupus affects women in their childbearing years and is the cause of some miscarriages. Another risk factor under investigation includes problems with the immune system and other autoimmune diseases. Finally, genetics are a risk factor because specific genes have been identified and associated with lupus, but they are not the only cause for someone getting the disease, as studies indicate that individuals with one or more of the genes associated with lupus actually have a small chance of ever developing the disease. In addition to finding a cure, researchers also are looking for better ways to diagnose the disease. Lupus is a disease of many faces, and the search for a cure is just as complicated as diagnosing the disease. Lupus is not cancer and it is not acquired immune deficiency syndrome (AIDS), but it is another disease that affects minority women more often than white women. Because there is not a single test that can tell a doctor if someone has lupus, it is important for women to keep track of their symptoms and their complete medical history, including a family medical history that identifies lupus or other autoimmune diseases.

Annette Madlock Gatison *Southern Connecticut State University*

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See Also

- [Environmental Toxins, Women's Health and](#)
- [Pregnancy Related Deaths in African American Women](#)
- [Reproductive Health, Environmental Effects on](#)

Further Readings

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). http://www.niams.nih.gov/Health_Info/Lupus/do_i_have_lupus.asp (Accessed January 2012).

Office of Minority Health. <http://minorityhealth.hhs.gov> (Accessed January 2012).

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