versed in its management can also treat SLE. In the absence of this expert knowledge, referral to a rheumatologist is recommended.

Patients with mild or asymptomatic lupus require periodic assessment of disease severity and activity. If the disease becomes uncontrolled or organ involvement develops, a rheumatologist should be consulted.

Complications such as fever are common in SLE. It is important to distinguish between fever caused by an SLE flareup and fever caused by an infectious process. Fever in the absence of signs and symptoms of lupus should be considered infectious. Cultures from blood, urine and sputum should be analyzed.

The prognosis for patients with SLE has improved significantly in recent years. More than 90% of patients live 10 years after the onset of symptoms.

An abundance of options is available for patient and provider education and support. A magazine called *Lupus Now* provides consumers and health care professionals with the latest medical information about the disease. A support program, the SLE Self-Help Course, is available through the Arthritis Foundation or Lupus Foundation of America to help with self-management activities.

More information on lupus and the magazine *Lupus Now* can be obtained at the Lupus Foundation of America Web site, www.lupus.org.1,6,7

The exact cause of lupus is unknown, but the disease may result when a specific set of susceptible genes is exposed to combinations of environmental factors.

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**Table 3**

**Differential Diagnosis List**

- Fibromyalgia
- Mixed connective tissue disease
- Rheumatoid arthritis
- Dermatomyositis polymyositis
- Primary Sjögren's syndrome
- Psychiatric disorder

- Systemic sclerosis
- Polymyositis
- Mixed connective tissue disease
- Drug-induced lupus
- Multiple sclerosis

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References