

Headaches in lupus patients not linked to disease activity study says

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Headache is common among patients with system lupus erythematosus according to new research published in *Arthritis & Rheumatism*, a journal of the American College of Rheumatology (ACR). The study found that 18% of lupus patients experienced headache at the onset of their disease with that number increasing to 58% after 10 years. While headaches were linked to a lower health-related quality of life, these episodes resolved over time independent of treatment specific to lupus and were not associated with disease activity or specific lupus autoantibodies.

Lupus is a systemic autoimmune disease where the immune system is overactive, attacking healthy joints and organs of the body including the nervous system. Studies suggest that up to 38% of neurological and psychiatric events in <u>lupus patients</u> are a result of the disease. However, the association between <u>headache</u> disorders and <u>lupus</u> is debatable, with prior research reporting prevalence rates that range from 24% to 72%.

Lead author, Dr. John Hanly from Dalhousie University and the Queen Elizabeth II Health Sciences Centre, Halifax, Nova Scotia Canada explains, "There is conflicting evidence that links headache, including migraine, and lupus disease activity. Much of the discrepancy in previous studies may be due the lack of uniform definition of headache, which is a common occurrence in the general population, especially among women."

The present study received core funding from the Canadian Institutes of Health Research (CIHR), and was performed by the Systemic Lupus



International Collaborating Clinics (SLICC), a research network of 30 international medical centers. Dr. Hanly and colleagues recruited 1732 lupus patients between October 1999 and September 2011. Study subjects were assessed annually for headache and other neuropsychiatric events. The mean age of participants was roughly 35 years, with 89% of participants being female and 48% were Caucasian.

Findings indicate that at the commencement of the study nearly 18% of participants had headache—61% with migraine, 37% tension, 7% intractable non-specific, 3% cluster and 1% intracranial hypertension. After 10 years researchers found that the proportion of patients who ever reported a headache increased to 58%, with only 2% of subjects reporting a "lupus headache" that is described by the Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI) as a "severe, persistent headache: which may be migrainous, but unresponsive to narcotic analgesia."

Researchers found no association between headache and specific lupus autoantibodies or lupus medications such as steroids, antimalarials, and immunosuppressives. "While lupus <u>patients</u> with headaches reported lower quality of life, the majority of cases resolved on their own without lupus-specific therapies," concludes Dr. Hanly.

In a related editorial, Dr. Michael Lockshin, with Weill Cornell Medical College and Hospital for Special Surgery in New York, agrees, "Hanly et al. strongly suggest that lupus headache is not a sign of disease activity, but may be linked to other neurological manifestations. The current headache SLEDAI criterion no longer seems to be useful and should be discarded as a method for evaluating lupus flares."

More information: "Headache in Systemic Lupus Erythematosus: Results from a Prospective, International, Inception Cohort Study." John G. Hanly, Murray B. Urowitz, Aidan G. O'Keeffe, Caroline Gordon,



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Editorial: "Splitting Headache." Michael D. Lockshin. *Arthritis & Rheumatism*; Published Online: October 28, 2013. DOI: 10.1002/art.38108

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