



Autoimmune Diseases & Women's Health

For 41-year-old Judy Pate, it started in June 2006 with nervousness, a pounding heart and shaky legs that were so weak it was so hard to climb the stairs to her Boston apartment. A few weeks later, having missed three days of work with what she thought was the flu, she finally received her diagnosis: Graves' disease, a form of hyperthyroidism, caused by an overproduction of thyroid hormone.

Catherine Thomas's diagnosis came 22 years ago, the day she woke up and found she couldn't walk without help. With three daughters under the age of six to care for, she was terrified. But when she heard the diagnosis, she was more mystified than fearful—lupus, something she'd never heard of.

Cindy Baglietto saw a podiatrist three times in the winter of 2006 before she finally got the right diagnosis for the excruciating pain in her hands and feet, pain so severe it felt as if every finger were broken: rheumatoid arthritis.

And Cindy Holzer, herself a health education and gym teacher, had to nearly lose her vision before she finally figured out what was going on in her body and went to the doctor. Her diagnosis: Type 1 diabetes.

While the four women have very different diseases, their conditions share one thing: They're all autoimmune diseases, caused by an out-of-whack immune system.

More than 80 autoimmune diseases have been identified so far, making the category as a whole the third most common major illness in the United States, affecting about one in 31 Americans.¹ And for reasons we still don't understand, women are far more likely to develop many of these diseases.²

"It's really shocking when you put all the numbers together," says Caroline Whitacre, PhD, professor in the department of molecular virology, immunology and medical genetics at Ohio State University in Columbus. She led a task force of autoimmune experts in 1998 that summarized what was currently known about sex differences in autoimmunity and developed an agenda for future research.

While women overall are 2.3 times more likely than men to develop an autoimmune disease, the sex disparities vary depending on the disease.¹ For instance, women are five times more likely to develop hypothyroidism, up to nine times more likely to develop systemic lupus erythematosus (SLE), three to four times more likely to develop Graves' disease, three times more likely to develop rheumatoid arthritis and scleroderma, and twice as likely to develop multiple sclerosis. Plus, nine out of 10 people with Sjögren's syndrome are women.^{1,3,4,5}

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Volume 28
Number 3

Published six times a year by
the National Women's Health
Resource Center
157 Broad Street, Suite 315
Red Bank, NJ 07701

1-877-986-9472 (toll-free)

www.healthywomen.org



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Most researchers agree on one thing: sex hormones must be involved. For instance, symptoms of multiple sclerosis and rheumatoid arthritis tend to improve during pregnancy, when levels of estrogen and progesterone are high. They also tend to improve when women take oral contraceptives, which moderate hormone fluctuations.² Autoimmune thyroid disease also may improve during pregnancy, then flare after delivery as postpartum thyroiditis.

Lupus, however, might sometimes flare during pregnancy while some other autoimmune diseases show no hormone-related disease changes.²

Another theory suggests that fetal cells from earlier pregnancies that remain in a woman's blood for years after giving birth may play a role in some diseases, particularly those that first develop or get worse after pregnancy.²

We also know that many immune cells have receptors for sex hormones, says Dr. Whitacre. When hormones bind, or attach, to these immune cells, they can affect the cell's behavior. In fact, women tend to have a stronger inflammatory immune response than men, and inflammation is a key component of many autoimmune diseases.²

"So it's that very close relationship with hormones that provides a clue that they play a big role in autoimmune diseases," says Dr. Whitacre.

While hormones may help explain why women are more likely to develop these diseases than men, they aren't behind the actual diseases themselves. For that, blame the immune system.

The immune system developed to protect us from a myriad of foreign invaders. Without its constant vigilance, we wouldn't last a minute. But its very complexity makes it more vulnerable to genetic hiccups that can lead to gene mutations or changes. In some people, those changes increase the risk of developing an autoimmune disease.

It takes more than a few rogue genes to develop an autoimmune disease, however; it may take an environmental trigger.⁶ In some instances, it seems, that trigger might be a virus, even a flu virus. When the immune system mobilizes to fight that virus, some genetic switch flips on or off and instead of slowing down after the virus is eradicated, the immune system keeps going, turning on your own cells. They could be insulin-producing beta cells, as in Type 1 diabetes, bone and joint cells as in rheumatoid arthritis, or thyroid gland cells, as in thyroid diseases. Next thing you know, you've got an autoimmune disease.

Here's a look at three of the most common autoimmune diseases in women: lupus, rheumatoid arthritis and Type 1 diabetes.

Systemic Lupus Erythematosus (SLE)

The rash started in 1984. "I was kind of nervous about it but afraid to do anything about it," recalls Catherine Thomas of Lake Charles, LA. Finally, she worked up the courage to see a dermatologist. He told her she had lupus but not to worry. So she didn't.

Until the day three months later when she couldn't walk unassisted. That's when the doctor biopsied the rash. Eventually this led to a diagnosis of systemic lupus—a far more serious disease than the dermatological version.

In systemic lupus, your immune system causes inflammation in your cells and tissues, leading to painful, sometimes disabling symptoms. The most commonly attacked tissues are the joints, skin, kidneys, heart, lungs, blood vessels and brain. It's a disease that flares up, disappears into remission then flares again. In addition to chronic pain and disability, it can lead to early heart disease in women and is sometimes life-threatening.⁶

Ms. Thomas's difficulties in getting a diagnosis aren't unique. Women often wind up going from doctor to

doctor before finally receiving a definitive diagnosis of lupus, says Joan T. Merrill, MD, medical director of the Lupus Foundation of America and head of the Clinical Pharmacology Research Program at Oklahoma Medical Research Foundation in Oklahoma City. That's because there isn't one specific test to diagnose the disease, although some combinations of symptoms and tests can rule it in or out.

Common symptoms include achy and swollen joints, fever, prolonged or extreme fatigue, skin rashes and anemia. Others include sun or light sensitivity, problems with the kidneys, seizures, mouth or nose ulcers and hair loss.⁷ The condition most often strikes women between the ages of 15 and 45,⁸ and is three times more common among African-American women than Caucasian women.⁸

Unlike some other autoimmune conditions, like rheumatoid arthritis, medications to treat lupus have been slow to come to market. One reason is that lupus is a hard disease to study, Dr. Merrill says, because it waxes and wanes on its own, making it difficult to determine if a potential drug has an effect.

But with more investment in lupus research, she expects to see new, more precisely targeted drugs within a few years. These drugs should be more effective and have fewer side effects than drugs currently available.

Ms. Thomas, 54, has been lucky; more than 20 years after her diagnosis, she hasn't suffered any serious organ or heart damage. Her lupus primarily affects her central nervous system, muscles

and joints. To reduce flares, she learned to watch her stress level, noting that "one thing I learned early on is that lupus is all about balance and knowing your limits."

Today she takes steroids and anti-malarial drugs to keep her disease in check and says she hasn't had a flare in eight years. But she remembers well the days when she took 19 different medications, spending more than \$1,000 a month in medical bills.

She's also learned to remain positive, something many of her friends find hard to believe. "I tell them that even though lupus changes your life, it doesn't have to change it for the worst. And when you learn that, you'll learn that you're in control of your disease."

Rheumatoid Arthritis

Scott Zashin, MD, has never enjoyed his job so much. The Dallas-based rheumatologist, who is a clinical assistant professor at the University of Texas's Southwestern Medical School, finally has an entire arsenal of effective drugs to treat the pain and disability that affects his rheumatoid arthritis patients.

The drugs come in two categories: traditional disease modifying anti-rheumatic drugs (DMARDs) like methotrexate, sulfasalazine (Azulfidine), leflunomide (Arava) and hydroxychloroquine (Plaquenil); and, for those who don't respond to DMARDs, biologic agents like TNF blockers adalimumab (Humira), etanercept (Enbrel) and infliximab (Remicade), or the newer biologic agents abatacept (Orencia) and rituximab (Rituxan), which block specific components of the immune system involved in inflammation. The drugs are very

expensive, however, making them difficult to afford for people without insurance or with high co-payments.

"The drugs have changed the outlook for patients with rheumatoid arthritis," says Dr. Zashin. "They're not without potential side effects, but they took people with tremendous amounts of inflammation, who couldn't work or enjoy their lives, and within a month or two that pain just melted away, and these people were living normal lives."

Without treatment, rheumatoid arthritis is a progressive disease that quickly damages bone, joints and tendons, leading to tremendous disability. That's why early treatment is so important, says Dr. Zashin. "We know that within the first two years (after diagnosis) at least half of those with the disease may have damage in their joints on x-rays."

Unlike its sister disease, osteoarthritis, rheumatoid arthritis typically strikes young adults between the ages of 20 and 50 and is particularly prevalent in women of childbearing age. Like most other autoimmune diseases, there is no single laboratory test for its diagnosis, although a laboratory test that identifies antibodies to cyclic citrullinated peptides (CCPs) is showing promise.⁹ Generally, however, diagnosis is based on a variety of indications, including morning stiffness and arthritis in three or more joints, high levels of rheumatoid factor antibodies and changes seen on x-rays.

That's how Cindy Baglietto was first diagnosed. She began exhibiting symptoms in early December, finding it hard to walk

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in the morning or if she'd been off her feet for a while. "It felt like the bottom of my foot was severely bruised," she said. Soon thereafter, her hands started hurting so badly she couldn't open doors with a key. As a Realtor based in Plano, TX, that made doing her job difficult, as did the crushing fatigue. Finally, after discussing her symptoms with her aunt, who is a nurse, she made an appointment with a rheumatologist and was diagnosed with rheumatoid arthritis.

Today she's doing great on first-line drug therapies of methotrexate and the anti-malarial drug Plaquenil. She also drinks a juice made from the Brazilian acai berry, a potent anti-inflammatory that has enabled her to stop taking prescription non-steroidal anti-inflammatories. She's had no side effects from the drugs, she says, and knows she's very lucky. The drugs do have side effects, however. Plaquenil can, rarely, cause retinal damage; while methotrexate can, also rarely, reduce the level of white blood cells and lead to inflammation of the lungs.

"I don't know what the future holds for me as far as this disease is concerned, but so far it has not changed my life in the way I feared it would," Ms. Baglietto says, although she admits she hasn't had the disease very long. Starting treatment so early should help her live life relatively free of disability, says Dr. Zashin.

Type 1 Diabetes

Kathi Hozler refuses to let diabetes hold her back. The 48-

year-old woman from Jackson Hole, WY, was diagnosed with what many consider to be a childhood disease when she was 40. Despite having to test her blood sugar more than 10 times a day and take regular injections of insulin, a typical summer day for her consists of a two-hour bike ride, a couple of hours training for a water skiing tournament, a game of tennis with her husband and an early evening run with her daughter.

She manages this level of physical activity by being, in her words, over vigilant about her blood sugar and her disease, taking an active role in both. "Diabetes is a disease where you have to become the doctor," she says.

Many people might be surprised to learn that Type 1 diabetes is an autoimmune disease. Although Type 2 diabetes, in which an individual's cells become resistant to insulin, is more prevalent in this country, Type 1, in which the immune system destroys insulin-producing beta cells, comes on more suddenly and can be more dangerous.

For instance, no amount of diet or exercise ever eliminates the need for insulin in someone with Type 1 diabetes as it can in someone with Type 2, and the typical complications of diabetes—nerve, eye and kidney damage, as well as heart disease—tend to strike earlier and more severely.

Interestingly, the fact that Type 1 is an autoimmune disease may lie behind its eventual cure, says Francine Kaufman, MD, professor of pediatrics at the Keck School of Medicine of the University of Southern California

Resources

American Autoimmune Related Diseases Association
1-800-598-4668

www.aarda.org

Provides patient information and resources.

Lupus Foundation of America
202-349-1155

www.lupus.org

Nearly 300 chapters in 32 states provide support groups and other services.

American Diabetes Association
1-800-342-2383

www.diabetes.org

Provides information on and support for all types of diabetes.

Arthritis Foundation

1-800-568-4045

www.arthritis.org

Offers resources on all types of arthritis.

Sjögren's Syndrome Foundation

1-800 475-6473

www.sjogrens.org

Provides information, including support activities.

The Thyroid Foundation of America

1-800-832-8321

www.allthyroid.org

Provides information, support and physician referrals.

The National Multiple Sclerosis Society

1-800-344-4867

www.nationalmssociety.org

Provides programs for the newly diagnosed and those living with MS.

in Los Angeles. "Right now in some patients who are newly diagnosed with Type 1, we know there are some beta cells still alive that, over time, will be destroyed. To save them, we have to unlock the mysteries of the immunological system and try to induce tolerance," so the immune cells won't attack beta cells. Efforts to do that are already under way.

Dr. Kaufman is used to seeing older patients like Ms. Holzer and notes that Type 1 diabetes

can occur at any age. Some people, she says, may have had low levels of autoimmunity throughout their life until something like a virus flips that genetic switch and sends the immune system into overdrive. Yet many doctors diagnose these patients with Type 2 diabetes—even though they don't fit the typical profile of the

overweight, sedentary person who develops Type 2.

That happened to Ms. Holzer. When she first went to her doctor with symptoms of diabetes, including significant weight loss, enormous thirst and urine output and vision loss, he assumed she had Type 2 diabetes and tried to treat her high blood sugar levels with the oral

medication often used for that disease. She knew she needed insulin, however, and drove two hours outside her small town to find a diabetes specialist. Since then, she says, she's been through several doctors before finally finding one who "treats me as a whole person."

Like other women interviewed here, Ms. Holzer

emphasizes the importance of a positive outlook when it comes to a chronic disease like diabetes. "You have to make the best of a tough situation," she says. She also notes how important it is that women learn to advocate for themselves with health care professionals and become educated about their diseases. ✕

MAJOR AUTOIMMUNE DISEASES IN WOMEN*

Autoimmune Disease	Description	Common Symptoms	Primary Treatment
Ulcerative colitis³	Immune system attacks bacteria in the colon. ¹⁰	Blood, diarrhea, pain, urgent bowel movements, joint pains and skin lesions.	Anti-inflammatory drugs and corticosteroids.
Multiple sclerosis¹¹	Immune system attacks cells in the central nervous system.	Numbness, weakness, tingling in one or more limbs, impaired vision and eye pain, tremor, lack of coordination.	Immune-modifying drugs such as Avonex, Rebif, Betaseron and Copaxone, and immunosuppressant medications such as Novantrone (mitoxantrone).
Myasthenia gravis¹²	Autoimmune attack against the cells at the junction of nerves and muscles, leading to significant muscle weakness.	Muscle weakness and fatigue, including weakness of the eye muscles.	Anticholinesterase agents such as Mestinon (pyridostigmine), corticosteroids and immune system suppressors such as Imuran (azathioprine) and intravenous immunoglobulins. Surgical options include removing the thymus gland to suppress the immune system or removing abnormal antibodies from blood plasma.
Psoriasis	Immune system triggers an increased growth cycle of skin cells, leading to overgrowth of cells and lesions.	Patches of raised, reddish skin covered by silvery-white scales that form on the elbows, knees, lower back and scalp. About 10 to 30 percent of people with psoriasis develop psoriasis arthritis. ¹³	Phototherapy, topical medications including Drithocrema (anthralin), Dovonex (calcipotriene), salicylic acid, coal tar, Tazorac (tazarotene) and topical corticosteroids. Biologics and systemic drugs including Amevive (alefacept), Raptiva (efalizumab), Enbrel (etanercept) and Remicade (infliximab). ¹⁴
Scleroderma³	Immune cells produce scar tissue in the skin, internal organs and small blood vessels.	Swelling and puffiness of the fingers and hands, skin ulcers, joint stiffness in the hands, pain, sore throat and diarrhea.	D-penicillamine to decrease skin thickening; other symptoms treated as needed.
Sjögren's syndrome³	Inability to secrete saliva and tears.	Dry eyes and mouth, swollen neck glands, difficulty swallowing or talking, unusual tastes or smells, thirst, tongue ulcers and severe dental caries.	Over-the-counter eye and mouth moisteners. The prescriptions Lacriserts (hydroxypropyl cellulose) for dry eyes and Salagen (pilocarpine hydrochloride) and Evoxic (cevimeline) for dry mouth. Anti-inflammatory drugs, steroids and immune suppressants are also used. ¹⁵
Vitiligo¹⁶	Immune system destroys skin cells that contribute to skin coloring, leaving unsightly pale patches.	Pale skin patches that get larger. May affect the eyes in some cases.	Phototherapy, often in combination with topical treatments like psoralen melagenine (an extract from human placenta), psoralen and corticosteroids or newer biologics such as Elidel (pimecrolimus) and Prograf (tacrolimus).

*More than 80 autoimmune diseases affect women. Diseases described above are some of the more common ones.

Women & Thyroid Disease

You'd think Judy Pate, 41, would have recognized the symptoms of hyperthyroidism, or Graves' disease, when she developed them last winter. After all, she's been the administrative director at the Thyroid Foundation of America in Boston since March 2005.

But, in a sign of how insidious symptoms of this autoimmune condition can be, it took months before her thyroid was identified as the cause of her problem. At first she attributed her nervousness, tremors and thicker neck to job stress or a virus. But when she started feeling shaky and spent three days on the couch in June, with her heart pounding, feeling as if she had the flu, she finally sought help. Since her diagnosis in June, she's started taking treatment with Tapazole to reduce her thyroid levels and Inderal to slow her heart rate. She is beginning to feel better but still requires treatment. "I'm still shaky, but I'm able to make it to work," she says.

With Graves' disease, your immune system stimulates your

thyroid cells to make too much thyroid hormone. With too much of the hormone, your body's metabolism speeds up. Symptoms can be as varied as nervousness, shaky hands, increased sweating, lighter menstrual periods, feelings of being hot all the time, and heart palpitations. Graves' disease accounts for 60 to 80 percent of hyperthyroidism.¹⁷

Most cases of hypothyroidism occur when the immune system attacks thyroid cells, damaging them so they don't make enough thyroid hormone. It is the most common autoimmune disease in the country. Common symptoms are heavy menstrual bleeding, memory problems, depression, tingling in your hands and feet, weight gain, pounding heart, dry skin, hair loss, brittle nails, always feeling cold, weakness, fatigue, constipation and hoarse voice.¹⁸

Experts estimate that half of those with hypothyroidism aren't properly diagnosed. That's why the American Thyroid Association recommends measuring blood levels of thyroid-stimulating hormone (TSH) in women every five years beginning at age 35.¹⁹

The Thyroid Foundation of America would like to see automatic measurements in pregnant women, too, says its founder, Lawrence C. Wood, MD, an internist who practices in the Boston area. "About five percent

of pregnant women have hypothyroidism," he says, which can increase the risk of miscarriage, premature delivery, low birth-weight babies and hypertension (toxemia) at delivery. He also recommends that women with a family history of autoimmune diseases have their thyroid hormone levels checked annually.

Treatment for hypothyroidism is relatively straightforward—supplemental thyroid hormone, typically thyroxine. Treatment for hyperthyroidism can be more complex, however, depending on the cause and severity of the disease, age and other medical conditions.

Beta blockers like Inderal (propranolol) are the first-line treatment to help with the fast pulse, tremors and shakiness. Antithyroid drugs that slow the production of thyroid hormone are also commonly used. These include Tapazole (methimazole) and PTU (propylthiouracil). The most common treatment in the United States is radioactive iodine, which is used to damage thyroid cells, so they don't produce so much hormone. Alternatively, doctors may recommend surgery to remove the thyroid gland.

Whatever the treatment, sooner or later you will probably need to take synthetic thyroid hormone.

Given the success of treating hyper- and hypothyroidism, Dr. Wood has this advice if you are diagnosed with either: "Don't be nervous. Understand that it's fixable. Consult a physician early and get a second opinion from a thyroid specialist if necessary." ✕

By the Numbers

You'd think testing for thyroid hormone levels would be relatively simple. It's not. You have two types of thyroid hormone: T4, or thyroxine, and T3, or triiodothyronine. Most screening tests measure T4, which will usually be low if you have hypothyroidism and high if you have hyperthyroidism. But since 99 percent of T4 is bound to carrier proteins that carry the thyroid hormone around in your body, levels constantly change. Thus, the most sensitive test for thyroid function is TSH, which measures a hormone released by your pituitary gland that, in turn, tells your thyroid to release thyroid hormone. Hyperthyroidism is usually diagnosed when TSH levels are below 0.4 mU/L, or milliunits per liter; hypothyroidism is usually diagnosed when levels are above 4.5 mU/L.^{5,19,20}

Commonly Asked Questions about Autoimmune Diseases

Q I've just been diagnosed with lupus, and my family practitioner is certain she can remain as my primary doctor. Do I need to see a specialist?

A Lupus is a complicated and unpredictable illness, and you should be monitored on an ongoing basis by a well-trained, experienced health care team. Family practice physicians or other primary care providers can serve as a critical part of that team, particularly in areas of the country where there may be a shortage of rheumatologists, the specialists who typically treat lupus. I recommend you consult a rheumatologist and see whether you can put together a team approach, with your primary care doctor directly involved to ensure consistent and comprehensive care.

—Joan T. Merrill, MD
Medical Director, Lupus Foundation of America
Head, Clinical Pharmacology Research Program
Oklahoma Medical Research Foundation
Oklahoma City, OK

Q Are there any alternative remedies you recommend for lupus or rheumatoid arthritis?

A If you're interested in supplements or herbs to help your arthritis, you must first realize that none are FDA-approved. As a result, they haven't undergone rigorous scientific studies to assess their benefits or risks. That said, there is some scientific support for some alternative supplements and certain foods in the treatment of rheumatoid arthritis including tumeric, ginger, Boswellia and bromelain (an enzyme from pineapple). Some investigators, including myself, are looking into using concentrated amounts of specific foods to help improve arthritis pain. Make sure you discuss any alternative remedies you're taking with your doctor. Some can interact with medications you may be taking.

Q Why are corticosteroids so often prescribed for autoimmune diseases, and what are their risks?

A Corticosteroids are potent anti-inflammatory medications. They are used for autoimmune conditions like lupus and rheumatoid arthritis because they are effective in dampening the immune response that contributes to the symptoms of these diseases. Unfortunately, while they're very helpful to patients, these medications also have potential side effects including, but not limited to, weight gain, elevated blood sugar levels, osteoporosis and increased risk of infection. It is recommended that these drugs be used at the lowest effective dose for the least amount of time.

—Scott Zashin, MD
Rheumatologist, Clinical Assistant Professor
University of Texas Southwestern Medical School
Dallas, TX
Author of Arthritis without Pain:
The Miracle of TNF Blockers

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Autoimmune Diseases Demand a Low-Stress Lifestyle

Whenever I see a woman with an autoimmune disease in my office, one of the first things I ask her is how she's handling the stress in her life, and if she's finding time to rest.

That's because I know—and research shows—that stress can bring on a flare in diseases such as multiple sclerosis, rheumatoid arthritis, lupus and psoriasis. One study found, for instance, that the daily stress of everyday living affects how women with lupus feel more than major life stresses like moving or starting a new job.¹⁹ I also know that fatigue is a major component of many of these diseases.

Women, this is no time to put yourself last. You have a chronic, lifelong disease that can be held in check by medication and lifestyle changes—if you incorporate both into managing your condition.

So here are some things I recommend:

- **Take a walk.** It doesn't have to be long, and it doesn't have to be fast. But get outside or to an indoor mall or museum and walk for at least 20 minutes. Studies find such moderate exercise can help with the stiffness and pain of autoimmune diseases and improve your mood.^{22,23,24}
- **Take an hour a day to rest.** You don't have to nap if you don't want to, but just lying in a quiet room reading or meditating can be amazingly restorative. Don't be embar-

rassed about this. Tell your boss, children and partner that this one hour is what enables you to remain productive and energetic the rest of the day.

- **Learn at least one technique to reduce stress hormones in your body.** Notice I didn't say reduce stress—I know that's impossible. But studies find that things like deep breathing, meditation and visualization can reduce levels of stress hormones in your body. These hormones are inflammatory—contributing to the inflammation behind many autoimmune diseases.
- **Find a support system.** This might be your family, or it might be friends. It could even be a support group of other people with your condition. Whoever you choose, you need supportive people in your life who understand why you have days when you can't lift the laundry basket or make it through a grocery shopping trip, and who are there to help you on such days.
- **Learn to slow down.** Women who cope well with chronic autoimmune diseases say they've learned to slow down. Some change to less stressful jobs or work part-time; others readjust their expectations of what they

can accomplish on and off the job. Instead of making your disease fit your life, readjust your life to fit your disease. You'll feel better and will find you're able to cope better.²⁵

- **Participate in your care.** If your doctor doesn't listen to you, minimizes your complaints, refuses to discuss integrating alternative approaches into your care or doesn't recommend other approaches to cope with the side effects of treatment (like osteoporosis drugs to minimize the effects of steroids on your bones; medications to reduce fatigue, etc.), it's time to find another doctor. You should be working as a team with your health care professional to identify what works and what doesn't. Remember who is in charge: you, the patient.
- **Understand you are on a journey without end.** Living with a chronic illness isn't like having a stroke or even cancer, which can be "cured." When you have a condition like rheumatoid arthritis or lupus, your life is a series of two steps forward and one step backward. Learn to accept this new rhythm in your life. Instead of focusing on a cure, focus on having as many good days as you possibly can.✕