Lupus is an autoimmune disorder that is about 10 times more common in women than in men. It occurs most often in women between the ages of 15 and 44. In lupus, the immune system, which normally protects against infections, produces an inappropriate immune response against its own tissues. This immune response can cause inflammation and damage to many areas of the body, including the skin, joints, blood vessels, and internal organs, especially the kidneys, heart, lungs, and brain. Some women with lupus may have only vague, mild symptoms while others can experience various troubling symptoms that come and go over time. Women with lupus have a higher risk of other health problems including heart disease, kidney disease and osteoporosis.

Diagnosis of lupus can be challenging, especially because of its wide range of symptoms that can flare up and subside and change over time. A healthcare practitioner must rely on laboratory test results, clinical symptoms, and a woman’s medical history for diagnosis.

**Meet Crystal**

“I started feeling really old, there is no better way to describe it”, says Crystal. After the birth of her son Jonathan, she started experiencing symptoms, such as having difficulty getting up in the morning, fever, night sweats, painful spots on her legs, and her face swelling. She thought she had rheumatoid arthritis, but lab tests indicated that she had lupus. After the birth of her daughter, she went into full remission thanks to the lab tests that indicated which medication was working.

“Without lab results, I would not have the right diagnosis or an effective treatment plan. Lab results helped my doctor create an approach tailored to my needs. When my doctor was trying to find the right combination of medications to control my flares, it was the lab results that served as key indicators to whether or not she was on the right path. So in essence, the lab was like a GPS for my treatment.”
ANTINUCLEAR ANTIBODY AND anti-dsDNA TESTS TO HELP DIAGNOSE LUPUS

Normally, antibodies protect against infection, but if you have lupus, your immune system may produce antinuclear antibodies (ANA) when it fails to distinguish between “self” and “non-self.” These autoantibodies can mistakenly attack your body’s own cells, specifically the nucleus of cells, and may cause wide-ranging inflammation and damage.

The ANA test detects these autoantibodies in the blood. It is one of the primary tests for helping to diagnose lupus. Women with lupus are almost always positive for ANA. However, ANA can be positive with other autoimmune disorders and with other conditions. A negative ANA result makes lupus an unlikely diagnosis.

Anti-double stranded DNA antibody (anti-dsDNA) is one of the ANA. The anti-dsDNA test may be used to help diagnose lupus if you have signs and symptoms and a positive ANA test. A high anti-dsDNA level strongly suggests lupus. A very low anti-dsDNA level is considered negative but does not exclude a diagnosis of lupus. About 15-35% of people with lupus do not have anti-dsDNA. Several additional tests for other autoantibodies and general laboratory tests may be used to evaluate a woman who has signs and symptoms of lupus.

To learn more, visit www.labtestsonline.org and read the article on Lupus.