

## ABSTRACT

### AN EVALUATION OF PSYCHIATRIC DISORDER IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Systemic Lupus Erythematosus (SLE) is a multisystemic autoimmune disease that is known to produce symptoms of altered mental function.

This study sought to characterise the psychiatric disorders found in forty five (45) (SLE) patients and compare the findings to two groups - one of patients with chronic debilitating illnesses similar to SLE in terms of chronicity and treatment and the other of normal individuals with no history of SLE or psychiatric illness. A brief evaluation of cognitive function was also undertaken in the three groups. The Structured Clinical Interview for DSM III-R (SCID) was utilized for the psychiatric diagnoses and the Mini Mental State Examination (MMSE) for the assessment of cognitive function. The relationship of steroid therapy to the presentation of psychiatric symptoms was also investigated.

Both the SLE and the chronic illness group were found to have significant psychiatric illness (44.4% and 38.6% respectively) when compared to the normals. However, there was little statistical difference between the SLE and the chronic illness groups. ( $X^2=0.31$ ,  $p<0.75$ ). Major depression was the most common diagnosis among the SLE group (26.7%) as well as the chronic illness group (22.7%), schizophrenic-type psychosis occurred only in the SLE group (6.7%), this was not statistically significant when compared to the chronic illness group, however when bipolar disorders (4.4%) are included, psychotic illness in the SLE group does become significant relative to the chronic illness group ( $X^2=5.18$ ,  $p<0.05$ ).

Evaluation of cognitive function revealed no significant differences between the three groups although the SLE patients had significantly more subjective complaints of memory loss and feelings of deteriorating cognition.

#### ACKNOWLEDGMENTS

It appears that the psychiatric disorders in SLE seem more related to the effects of a chronic debilitating illness than due to SLE itself. Steroid treatment was not significantly implicated as a source of psychiatric symptomatology.

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Psychotic episodes however, may be a more likely consequence of the neuropathological effects of SLE as 6.7% of SLE patients had schizophrenic type psychotic disorders while none of the controls had these disorders. This becomes more evident when bipolar disorders are summed with the schizophrenic type psychosis as the difference between the SLE group and the chronic illness group does then become statistically significant ( $X^2 = 5.18, p < 0.05$ ).

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Interviews revealed that there was a lack of comprehensive education about the disease. There were also reported great difficulties in interpersonal relationships and a resulting lack of social support, this was true for both SLE and chronic illness groups but the SLE group had more complaints.

It is recommended that SLE patients be seen in one multidisciplinary clinic. Inputs from psychiatry would be needed to facilitate the patients coping with their illnesses and the psychosocial difficulties that may arise therein as well as with the direct psychiatric sequelae of SLE neuropathology. This approach would also improve patient compliance and enable a more comprehensive form of treatment delivery.