The high prevalence of major depression in individuals with systemic lupus erythematosus (SLE)—estimated in various studies to be between 11% and 40%—is likely explained by biological effects of the illness and the limitations imposed by the illness in combination, according to Dr. Fabiano Nery of the University of São Paulo in Brazil.

In a recent study, Dr. Nery and his associates evaluated 71 consecutive SLE patients for the presence and intensity of major depressive disorder, psychosocial stressors, functional disability, SLE disease activity, and cumulative damage. 16 (23%) met DSM IV diagnostic criteria for a current major depressive disorder (Comprehensive Psychiatry 2007;48:14-19).

Patients with SLE (left) have fewer trackable white matter fibers within the whole brain, compared with healthy controls (right), on DTI tractography.

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Dr. Nery: Depressive symptoms that are associated with overt neuropsychiatric symptoms are a possible side effect, so they may not be delayed or denied because the clinician thinks the symptoms result from SLE or are a natural reaction to having SLE. In general, a psychiatric referral should always be made in case of suicidal ideation, severe agitation, delusions or hallucinations, and refractoriness to treatment. All SLE patients with depression, whether their depression is caused by any kind of brain involvement or not, need support and understanding to deal with the pain, loneliness, and disability caused by their condition. Support groups and psychotherapy should also be considered in the treatment of SLE patients with mood disorders.

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