Letter

The Silent Struggle: Raising Awareness About Systemic Lupus Erythematosus in Pakistan

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Received: 24 September, 2025; **Accepted:** 5 October, 2025

Keywords: Systemic Lupus Erythematosus, Women, Rheumatology, Awareness, Autoimmune Disease, Pakistan

Dear Editor,

A chronic multisystem autoimmune disease, systemic lupus erythematosus (SLE) remains significantly under-recognized and frequently misdiagnosed in Pakistan. The SLE poses a significant health risk, especially in females between the ages of 15 and 45 (1, 2). However, many SLE patients feel isolated and remain without adequate health care due to various reasons, including lack of disease awareness, weak social support systems, and limited access to specialized healthcare in a developing country such as Pakistan. The SLE is often misidentified as tuberculosis, malignancy, rheumatoid arthritis, or other diseases due to overlapping clinical features, including fever, fatigue, skin rashes, and joint pain (1, 2). Consequently, the diagnosis of SLE is usually delayed by months or even years, resulting in irreversible organ damage. Further exacerbating this diagnostic gap is the shortage of rheumatologists, especially in rural areas, and the cost of specialized diagnostic tests, which are typically available only in tertiary hospitals of major urban centers (3, 4).

The SLE disproportionately affects women, particularly in Pakistan, where the social and physical consequences of this disease are often overlooked. Many SLE patients struggle with isolation, social stigma, and difficulties maintaining employment (5, 6). Physically, the disease can cause severe fatigue, chronic pain, facial rashes, and hair loss, making daily life even more challenging (5, 6). Despite its seriousness, lupus remains poorly understood. In many communities, superstitions and misinformation surround the condition, and it is often not recognized as a legitimate illness (7, 8). In some cases, it is even treated as a moral or spiritual failing rather than a medical issue.

Shockingly, public awareness remains minimal. Government and healthcare institutions have not prioritized lupus or other chronic autoimmune diseases. Public health education on the topic is scarce, and there are significant gaps in medical training, infrastructure, and specialization, particularly in rheumatology (8, 9). Most public health resources are still heavily focused on non-communicable diseases like diabetes, cancer, and heart disease. In contrast, lupus and similar conditions continue to be marginalized in public health planning (9, 10).

Advocacy for lupus patients is not just important; it is essential. While organizations like the Pakistan Arthritis Care Foundation have made commendable efforts to raise awareness, their outreach remains limited without broader institutional and societal support (11, 12). The message that lupus is not contagious, not a punishment, and most importantly, not unbeatable must be amplified through coordinated efforts among non-governmental organizations (NGOs), government bodies, and the media. In a country where the burden of non-communicable diseases is steadily rising, lupus can no longer afford to remain on the margins. It is time to bring SLE out of the shadows, stand with those fighting this disease, and work toward a healthcare system that

How to Cite: Butt N I, Waris B, Khizar I. The Silent Struggle: Raising Awareness About Systemic Lupus Erythematosus in Pakistan. J Health Rep Technol. 2025; 11 (4): e166662. https://doi.org/10.5812/jhrt-166662.

doesn't just treat but also supports, educates, and empowers.

Footnotes

Authors' Contribution: Study concept and design: N. I. B., B. W., and I. K.; Drafting of the manuscript: N. I. B., B. W., and I. K.; Critical revision of the manuscript for important intellectual content: N. I. B., B. W., and I. K.; Administrative, technical, and material support: N. I. B.; Study supervision: N. I. B.

Conflict of Interests Statement: The authors declare no conflict of interest.

Funding/Support: The present study received no funding or support.

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