Selena Gomez Knows All Too Well About Lupus and Kidney Disease

By Jamie Wells, M.D. — September 14, 2017

Singer Selena Gomez just published to her Instagram account that she was the recipient of a kidney transplant. The 25 year-old previously revealed her Lupus diagnosis and attributed this latest development to complications of that condition. Last year, she told People [2] other side effects she struggled with included depression, anxiety and panic attacks.

Her story must resonate to many as these facts alone provide some insight into the chronic and complex nature of this disease. I will shortly address the complicated clinical course of patients with more severe disease along with the wide spectrum of severity individuals experience.

But, first, in Selena Gomez’s own words (that were accompanied by photos of her surgical scars as well as her donor and her side-by-side in hospital beds, view here [3]):
“I’m very aware some of my fans had noticed I was laying low for part of the summer and questioning why I wasn’t promoting my new music, which I was extremely proud of. So I found out I needed to get a kidney transplant due to my Lupus and was recovering. It was what I needed to do for my overall health. I honestly look forward to sharing with you, soon my journey through these past several months as I have always wanted to do with you. Until then I want to publicly thank my family and incredible team of doctors for everything they have done for me prior to and post-surgery. And finally, there aren’t words to describe how I can possibly thank my beautiful friend Francia Raisa. She gave me the ultimate gift and sacrifice by donating her kidney to me. I am incredibly blessed. I love you so much sis. Lupus continues to be very misunderstood but progress is being made. For more information regarding Lupus please go to the Lupus Research Alliance website: www.lupusresearch.org/ [4] -by grace through faith”

What is Lupus?

Lupus is an autoimmune disease. Such a condition involves one’s body attacking itself and generating destructive inflammation. The degree to which damage is done is highly variable as one patient might have minimal issues with rare flare-ups and another more severe problems that inevitably warrant kidney transplant or profound heart disease, for example. The symptoms and extent are far from uniform.

Depending upon the site of the inflammation, any organ system can be adversely impacted. There are different forms of the disease, for instance, a drug-induced type traditionally requires cessation of the medication for reversal. The more common forms are managed, not cured — this includes Systemic Lupus Erythematosus (SLE) which is the most frequent.

What are the problems associated with SLE?

Like most disorders, it all comes down to real estate: Location, location, location. When the damage is widespread, the complications are too. The usual suspects for SLE include the brain, kidneys, lungs, blood and blood vessels, skin and joints.

Symptoms vary along with severity. They can be vague and general even with years between flare ups. Or, they can occur often and be unrelenting. The following are among them: anxiety, malar rash (a so-called “butterfly” rash extending across both cheeks), joint pain and arthritis, fatigue, depression, psychosis, kidney insufficiency and failure, heart and lung issues, shortness of breath, fevers without obvious origin, oral ulcers, sensitivity to the sun, vasculitis, anemia, impaired immunity.

What is the prognosis?
There is no one-size-fits-all as the condition itself has diverse impacts. The earlier it is diagnosed the better, given the ability to intervene and the usual lack of progression of organ damage. There are many treatments now and preventive efforts that can be implemented to stave off complications and promote good health. Adherence to therapies can be challenging given strong side effects including immune suppression and dangers to the infant since they need to be halted during pregnancy. Those with good access to care, who are compliant and eligible for effective treatments fare better.

Premature death is typically prompted by organ failure, advanced cardiovascular disease and infections. The therapies (and disease itself) can weaken a patient’s immunity and predispose him to acquiring infections and challenge his ability to combat them. As per the National Resource Center on Lupus [5], 10-15% perish prematurely “however, due to improved diagnosis and disease management, most people with the disease will go on to live a normal life span.”

Who gets Lupus?

According to the Centers for Disease Control and Prevention (CDC) [6], women get Lupus more than men at an estimated range from 4-12 women per every 1 man. Higher rates occur in minority groups, 2-3 times more prevalent in women of color [5]. All ages can be affected, with females aged 15-44 at greatest risk.

In summary…

Due to the variability of signs and symptoms, other conditions can mimic Lupus; this is why diagnosis can be delayed. Being properly diagnosed and treated by specialists (e.g. rheumatologists, nephrologists) is essential to promoting optimal health and longevity. A person’s clinical course depends upon which organ is harmed and how extensive the damage is. Preserving function is a mainstay of treatment. Avoiding stress and triggers is important as is a healthy, active lifestyle.

Lupus routinely injures the kidneys. For those progressing to require transplant, ensuring there is no rejection is a major focus. Therapeutics intended to avoid rejection (e.g. immune suppression) can pose risks as well, as can those that treat the active underlying Lupus. Corticosteroids, for example, can raise a person’s blood sugars putting them at risk for developing diabetes and can weaken an immune system as well. To appreciate the trajectory of remission or eliminating a symptom by trading one disease for another, read You Might Be 'Cured' – But That's Not The Whole Story [7].

Additionally, some with Lupus have other co-morbidities [8]. Thankfully, many experience infrequent flare-ups or little substantial disease. The spectrum is vast. Fortunately, Selena Gomez is getting treatment and appears to be followed closely, is using her platform to educate others while demonstrating how it is possible to thrive with a chronic disease. Her openness about her illness and personal battles helps her as well as those suffering in silence. We at ACSH wish her an uneventful, speedy recovery and continued good health. She is a champion for the cause and brings much needed attention to an often misunderstood disease.