Lupus Awareness

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Beyond the suffering - conquering the invisible illness

By SAMANTHA RINA

WHEN Phillipa Sariri celebrated her 21st birthday in 2018, life was pretty good.

She possessed the vigour, vitality and enthusiasm associated with youths and was always on the go.

That her life would be significantly slowed down on the first day of her transition into adulthood is something she never envisaged.

"The day after my 21st birthday I woke up to swelling in my feet," she shared.

The next two years would be a journey punctuated by sickness, pain, sadness, fear, helplessness, mood swings and depression.

A cocktail of emotions, hospitalisation and medication - and yet her illness would have no name.

She yearned to know the cause of her disease, thinking it would give her a 'closure' of sorts.

However, when doctors eventually diagnosed her with lupus in 2020, Phillipa lost all hope.

They told her it made her immune system damage organs and tissue throughout your body, but it was the caution against pregnancy that she found more heartbreaking.

Phillipa heard in great detail how difficult and risky it would be to have children.

As the days turned into months, she began to come to terms with the fact she would not have a family of her own.

And then, sweet surprise!

She found herself pregnant the very next year.

Today, as a married mother of two reflecting on her journey as a lupus warrior, she says of all the lessons she has learnt along the way, one stood out.

It would be that lupus was not final.

"God definitely has the last say.

"My life now is one where I manage lupus through medication and a very good family support system, bringing lupus somewhat under control.

"It has been a journey of faith, healing and miracles."

Phillipa Sariri with her daughter Magdalene Yalani in Navua. Picture: LITIA RITOVA

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‘It’s lupus, not witchcraft’

Aunty Una perseveres in memory of son

By **SAMANTHA RINA**

LUPUS Foundation of Fiji Executive Director, Unaisi Tuitubou, in an interview with the Fiji Times in Suva. Picture: ELIKI NUKUTABU

UNAISI Tuitubou was preparing to see her son get married in December 2016. Aged 27, Lawrence Fung was a budding young lawyer with his whole life ahead of him. He loved life, and it showed in everything he did.

But when he died suddenly in September that year, everything about Una’s outlook on life changed. Aunty Una, as she is fondly known by those close to her, struggled to come to terms with the loss, believing it could have been prevented.

On the back of that loss and her suffering, she decided to take her remaining son’s advice and make something of the tragedy. Something that would prevent premature death in children, and save parents from having to watch their children die young.

And so was born the Lupus Foundation of Fiji, founded by aunty Una as a tribute to the son she lost.

“Lawrence was a month and a half shy of being 28,” she said.

“He died in September 2016, and was supposed to have been married in December that year. He actually paid for his wedding.

“I arrived in the country on the morning of Saturday, September 24th, and he died 14 hours later.”

At first, she said she felt the world had cheated her of her son but almost a decade later, she says his death has not been in vain.

“Lawrence had an autoimmune disease when he was two years old. He was admitted for three weeks but he was not positively diagnosed with any particular disease. He had asthma from infancy but the paediatrician attributed it to him being born prematurely. He never outgrew that.”

By early 2015, she said he had suffered hair loss, and had rashes and swollen joints, and was going between private and specialist hospitals.

“Everyone was missing the signs. He was admitted in February 2016 for a few days and sent home. He got very sick again in September and his dad took him to a private hospital. They did his blood tests and he was already showing thrombocytopenia (low platelet count in blood).”

She said he was transferred to CWM Hospital that same night after the private hospital said it lacked expertise to deal with the illness.

“By day five he was positively diagnosed with lupus. Lawrence died from complications of lupus and his death brought the light on the stigma around the disease.”

She said the lack of rheumatologists in the country was an issue.

“We do have doctors in internal medicine who know how to treat some of the symptoms of lupus.

“But because of the lack of knowledge about the symptoms and treatment, missed diagnosis and misdiagnosis are common.

“Lupus mimics other diseases however, a rheumatologist can easily pick up the symptoms if they can connect the dots.”

Aunty Una says while they have saved lives by creating awareness through the Lupus Foundation of Fiji, this work also had its challenges.

Lawrence Fung with his mother Una Tuitubou.
Picture: SUPPLIED

> “Lupus is connected to witchcraft or *kalounidraki* in the Fijian communities. Everywhere we have gone, this has been evident in the conversations we’ve had.
>
> – Unaisi Tuitubou –

“Lupus is connected to witchcraft or kalounidraki in the Fijian communities. Everywhere we have gone, this has been evident in the conversations we’ve had.

“The minute you say kalounidraki you should see the fear that takes over people. They’d say, ‘We’re surprised you are telling us kalounidraki is actually lupus. We thought it is connected to the vanua’.

“I usually ask them what the signs and symptoms of kalounidraki are and they’ll mention about four. I tell them there are actually 11 to 14 symptoms of lupus and the only reason people see four is because victims are not alive to be able to manifest the other symptoms.

“For those who say it’s their sickness, I ask them how they have the power to create sickness. And I tell them you are killing people by not taking them to the hospital. They need to be treated and there is medication that can manage the disease.”

With over 30 years of experience as an ultrasound and x-ray technician, and with her son George Fung’s background as an economist, the mother-son duo decided to develop a strategy for a specialist hospital.

“People can live with the disease and still lead productive lives. Like all autoimmune diseases, lupus is inflammation. If we treat inflammation, we treat lupus.”

Parents, she said, did not need to bury their kids prematurely.

“But it takes a whole lot of us including faith-based organisations to work together because there’s also a spiritual aspect to living with and managing lupus.”

Senior consultant physician Dr Shrish Acharya says patients living with lupus must be consistent in taking their medication.
Picture: LITIA RITOVA

Lupus more common in Fiji

By SAMANTHA RINA

FIJI has one of the highest reported incidence rates of lupus globally, says an internal medicine physician.

It also has the highest known rate of lupus nephritis in the Pacific – significantly surpassing other Pacific countries, says Dr Vishal Kumar.

Research conducted on lupus nephritis in Fiji, he said, showed that there are about two and half cases of lupus for every 100,000 people each year.

"Lupus nephritis is significantly more common in Fiji than other countries, including the United Kingdom, Denmark, the United States, and even nearby Pacific nations like French Polynesia," he said.

"While some of this may be due to genetic predispositions shared with Maori and Pacific communities, health system limitations also play a major role.

"These include delayed diagnosis, difficulties accessing specialist care, and limited availability of certain tests and treatments."

Dr Kumar said Fiji's treatment success rate was lower than global averages, and kidney failure and mortality rates were higher.

"The data makes it clear: earlier diagnosis and expanded healthcare support are key to improving survival and quality of life."

9 lupus fatalities in 2024

By SAMANTHA RINA

A TOTAL of nine lives were lost to lupus in 2024.

This was confirmed by Dr Shrish Acharya, a senior consultant physician with the Colonial War Memorial Hospital in Suva.

"In 2024, there were 88 hospital admissions related to lupus," he said.

"(Of these), there were nine deaths."

Dr Acharya voiced his concerns about the consistency by patients in taking their medication.

"One of the areas of concern has been patients' adherence to their medications and follow-up.

"Once they feel better and normal, most of them seem to stop medications and do not come for their follow up clinics.

"Patients with good family and social support do better," he said.

Positive and negative outcomes

Dr Acharya said he had seen both positive and negative outcomes in lupus patients he had worked with.

"I have quite a few of my patients that I remember.

"One with a positive outcome was a female in her 20s. She was admitted with multiple organ failures including liver, kidney and heart, and had low blood counts. She collapsed and her heart stopped beating so we had to resuscitate her and provide long-term treatment.

"This was about 15 – 16 years ago - She survived that severe stage of her disease and is still alive, has completed her studies, is married and has a good job."

In contrast, he said the consequences of not adhering to medication had ended fatally.

"One with a negative outcome was a female of 17 years. She got the toppers scholarship and was a smart young girl. She was admitted with paralysis in both her legs.

"We treated her and she walked out of the hospital on her two feet. After going home she stopped taking her medicine and didn't come for her follow-up clinic.

"She came a few months later with multiple organ failure - kidney, heart, brain - and died in hospital."

Normal is possible

He said it was possible for lupus patients to lead normal and productive lives and that having supportive families and social structures was important for patients to do well with the treatment and management of lupus.

"As an internal medicine specialist, lupus patients are referred to us for specialist care. These patients are usually young and have a whole life ahead of them.

"Seeing these young people suffer and succumb to this disease is emotionally challenging, but also my patients keep inspiring me.

"One such incident is when one of my lupus patients who was 15 years old and had advanced kidney failure refused to accept his brothers kidney for transplant, stating that he doesn't want his healthy brother to suffer and live with one kidney.

"My patients have been the ones that inspire me the most."

Busting the myths

Dr Acharya said there was still a lot of work to do in raising awareness of the disease especially with misconceptions being that lupus is spread through touch, using the same eating utensils or through intercourse.

"While Fiji has the ability to test and treat lupus, getting patients to comply with treatment and follow-up is challenging.

"Patients and family find it a challenge to understand the disease, its treatment and the risks of not treating and monitoring the disease.

"Lupus is a chronic disease and requires long-term treatment and follow-up of the condition. This also means that lupus is with the patient as they grow and move through the various phases and stages of their life."

He said sometimes patients were deceived into thinking they were cured.

"Sometimes lupus goes quiet (or in sleeping mode) and patients may think they are cured, only to realise it s not the case.

"As far as I am aware there is no cure of the disease and treatment is lifelong. Like may other non-communicable diseases, lupus stays with the person but can be controlled and managed with medicines."

Holistic approach a must

He said aside from hospital visits and treatment, patients spent more time in their homes and communities where awareness was needed.

"As a doctor, I can treat patients in hospital and see them in my clinic. One thought I had was how can lupus patients be supported outside of the hospital system.

"How can we create public awareness on this disease? I am pleased that now Fiji has an organisation like the Lupus Foundation Fiji which not only creates awareness on lupus, but also supports people diagnosed with lupus."

Dr Acharya says all sectors of society must work together to improve early diagnosis, encourage long-term treatment and follow-up, and provide appropriate social, family and economic support for lupus survivors.

"The tests, medications, admissions, follow-up clinics are all free and has been free for many years. Patients only have to pay for their transport cost to come to the hospital," he said.

Teen tells of silent suffering

By SAMANTHA RINA

EDUCATION systems play an important role in helping young people living with lupus cope better.

For Arieta Toga, 14, the support of her peers and teachers at St Joseph's Secondary School are crucial for her wellbeing.

Leaving behind the familiarity of her home and parents, the teen moved to Suva in pursuit of better education opportunities.

Late last year, she began experiencing lupus symptoms.

Drawing on original reporting and interviews conducted by this newspaper on 1 May 2025, this Q&A captures Arieta's struggles with lupus, and how the support and understanding of her school has made a difference.

Arieta Tuinasaqalau Toga, 14, with her mother Sainimere Tadulala at their home in Nakasi this week. Picture: JONACANI LALAKOBAU

The Fiji Times: When did you first start experiencing lupus symptoms and when were you diagnosed with it?

ARIETA: It first started last year, just before my annual exams. I was at home when butterfly-shaped rashes began to spread across my body. They started on my back and eventually appeared on my face. I also began to feel pain in my joints. My lips and face became swollen.

At one point, my menstrual cycle stopped for three months. I started losing weight rapidly. My family took me to the doctor almost every week, but each doctor gave a different explanation.

I began to feel the pain and noticed changes in my body between October and December - even to the extent of losing my hair. It was a different kind of pain - deep, strange, and hard to describe.

The Fiji Times: What are some of the things you went through as part of this experience? How did it affect you physically, mentally and emotionally?

ARIETA: Physically, my body changed with the symptoms, and as a 14-year-old girl, it was painful and frightening. I cried most nights because I was away from my parents. I live in Nakasi with my mother's brother and sister.

My parents are from Cakova Village in Lau. They sent me to Suva for high school, and my uncle enrolled me at St Joseph's Secondary School.

Living in Suva without my parents has been a big change. I don't get to enjoy the same privileges as when I was with them. I have to share everything with my little nieces and nephews. I started hiding my pain because I didn't want to burden my uncle and aunt. They've done so much for me already.

Silent illness... People can't always see what I'm going through, says Arieta Toga. Picture: SUPPLIED

Strong support system... Arieta credits her survival to her faith and the support of family, school and friends. Picture: SUPPLIED

But hiding the pain only made things worse. I suffered in silence, and by the time my condition was diagnosed in December, it had become serious. I ended up spending New Year's Eve in a hospital bed at CWM Hospital.

Mentally, I began to feel frustrated and confused. I blamed myself because I didn't know what was wrong with me. No one had given me a clear diagnosis. My Nau (grandmother) believed in the iTaukei explanation of *watini tevoro* - that I was possessed by or married to an evil spirit. She told me to pray harder so I could fight the demon inside me. My uncle thought I was pregnant because I hadn't had my period for months.

I explained that I had never been touched by a man. My aunt believed someone had cursed me, so she invited a pastor to pray for me and have visions. But nothing worked. My symptoms only got worse, and I began to feel depressed. Not knowing what was happening to my body affected me deeply - mentally and emotionally.

Emotionally, I reached a very dark place. I began to hate myself and, at times, wished I could die to escape the pain. I screamed for help and even cried out to God, asking Him to take me.

My knees were swollen, my hips were constantly tired and aching. I kept telling myself I didn't deserve this pain. I felt emotionally drained and completely exhausted.

The Fiji Times: How did you cope – between the symptoms you were experiencing and managing school and studies? What helped you survive your toughest moments with lupus?

ARIETA: It was during my annual exams that I faced all these symptoms and pain. Despite everything, my uncle encouraged me to go to school and sit for my exams under supervision.

He spoke with my form teacher about my illness so they could support me. I was suffering, but I channeled all my pain into my studies as a way to distract myself. I managed to sit all my exams and receive my results - I passed well.

It was through the prayers of my family, my own prayers, and unwavering dedication that I made it through. It was God all along who gave me the strength.

The Fiji Times: What is your current status in terms of lupus?

ARIETA: At the moment, my blood tests are clear, but I still attend regular reviews with my doctors. For lupus, I have been advised to continue taking my medication and to maintain a healthy diet in order to live a longer, healthier life.

My family has been my biggest cheerleader - they are constantly looking after my wellbeing and making sure I receive the right care and support.

The Fiji Times: What are some things you've learnt through this experience and what are some of the challenges you still face?

ARIETA: Through this experience, I've learned a lot about strength, patience, and the importance of family. I now understand that health is something we should never take for granted.

Lupus has taught me to listen to my body, to rest when I need to, and to always speak up when something doesn't feel right.

I've also learned how important it is to have a strong support system — my family, friends, and doctors have played a huge role in helping me get through the hardest moments. Some of the challenges I still face include the physical pain that comes and goes, fatigue, and the emotional toll it takes on me.

There are days when I feel tired even after a full night's sleep, or when my joints hurt so much, I can't move easily. I also sometimes feel isolated because not everyone understands what it's like to live with lupus.

It's a silent illness - people can't always see what I'm going through, which makes it harder to explain. But I try to stay positive and take it one day at a time.

The Fiji Times: Based on your experience with lupus, what message or advice would you like to share so people can better understand what life with lupus is like?

ARIETA: If you don't live with lupus, my advice is to be kind, patient, and understanding to those who do.

You might not see their pain because it's not always visible, but that doesn't mean it's not real. Lupus can make someone feel very tired or sick even if they look fine on the outside.

Try not to judge or make fun of someone if they miss school or can't do certain activities. Instead, be supportive and include them in ways that make them feel safe and valued.

And most importantly, be grateful for your health and use it to help others when you can. Thank you for taking my story to create awareness for young girls like me.

Arieta and her uncle, Ropate Valemei at the CWM Hospital in Suva. Picture: SUPPLIED

Take heed of the signs

By SAMANTHA RINA

A PARENTAL figure is urging parents and guardians to seek medical help as early as possible to allow for early diagnosis of illness in children.

Based on his experiences of seeing his niece being diagnosed with lupus last year, Ropate Valemei says it is imperative that parents and guardians pay attention to the smallest of signs.

"Never ignore the signs, even if they seem small or unusual," he said.

"Get second opinions if needed, and don't stop until you have answers."

He said life had changed completely since his niece, Arieta Toga's, diagnosis.

"Raising a child with lupus has added a layer of emotional, financial, and physical demands that we never expected.

"Our daily routine now revolves around medical appointments, managing medications, watching for flare-ups, and making sure she gets proper nutrition and rest.

"As a parent, there's a constant worry - it's like living on alert all the time."

He said their plans as a family changed often depending on his niece's condition.

"The emotional toll is heavy. It affects not only how we parent her but also how we care for our other children and manage the household.

"Everything becomes a balancing act."

Mr Valemei said the uncertainty of life with lupus was the hardest to deal with.

"Lupus doesn't follow a straight path - some days she looks fine, but inside she's in pain. Managing school attendance, ensuring she keeps up with her studies, while still trying to let her live as normal a childhood as possible is incredibly difficult.

"Financially, it can be tough too - medical bills, transportation costs for reviews, and time off work all add pressure. Emotionally, watching your child suffer and feeling helpless at times is heartbreaking.

"However, it takes a village to raise a child."

Mr Valemei said he taught his nieces and nephews to always be optimistic.

"We never treat her like a lupus patient. We don't want to plant in the minds of our other children that Arieta is different but is a normal child just like them.

"However, we are always cautious. We involved the school and we are grateful for the support we have from the head of school, right to her form teacher."

He emphasised the importance of providing emotional support for people living of lupus.

"Listen to them, believe them, and reassure them they are not alone. And don't be afraid to ask for help - whether it's from extended family, your community, or professional counselors."

He said faith and prayers had continued to help the family deal with lupus.

"We make sure she understands her condition and how to manage it, so she feels more in control.

"We also try to maintain a positive environment, focussing on what she can do rather than what she can't.

"For me as a parent, journaling, support groups, and speaking openly with trusted friends or professionals have helped me cope emotionally. We take things one day at a time and celebrate every small victory together."

You can survive anything

By SAMANTHA RINA

AT the peak of her illness last year, 17-year-old Sarah Grace Tikoinasau was forced to give up school as she fought bravely against lupus.

Surrounded by her three sisters — her primary support group — the young women forged on to support and care for their ill sibling while juggling studies, taking care of the home, and holding on to the hope of realising their career goals.

It was a season wrought with what seemed like never-ending challenges, but as the sisters shared their story from their home in Waila, Nausori this week, it was a season that also magnified their courage and resilience in the battle against lupus.

“I didn’t know I had lupus until I was at a point where I could barely speak,” said Grace, as she is affectionately known to her family.

“I had very bad migraines, body aches and arthritis, and I would stay locked in dark places.”

Because of her symptoms, Grace made frequent visits to see their family doctor who often prescribed basic pain relief medication and passed off her symptoms to school workloads and “a normal teenage thing”.

The medication barely helped when her arthritis crippled her to the point where she couldn’t walk and she depended heavily on her sisters to support her.

“At school, sometimes it felt like my head would burst because of the intensity of the migraines. Then there were the fevers as well.

“The teacher could be talking in class but my thoughts would drift away and sometimes it took longer for me to process things being taught.”

As the disease continued to attack her immune system, eventually the family doctor had to rush Grace to the CWM Hospital emergency room.

“When we got there, Dr Oripa took one look at my state and suggested I test for lupus. The next day, the results came back positive.”

Grace said she was prescribed medication to treat lupus and began to feel much better immediately after, and was discharged from hospital. That was in 2022.

By early 2024, she was back at CWM Hospital, but in a far worse state than she had been when she was first admitted.

“The second admission was really bad - I had seizures.

“This is because I had completely cut off medication when a pastor advised me to go by faith and not depend on the medication.

“By the time I got to the hospital, I was told the disease had reached my lungs and if they (doctors) didn’t do something quickly, I was going to die.”

She said doctors had advised her family of the need for a biopsy in 2022 however it didn’t happen because her mother didn’t consent to one.

“Because of that, they gave me medication and sent me home but didn’t know how far the lupus had progressed then.

“When I went back in 2024, they got the biopsy done and found out it was getting to my lungs. From there they started me on chemotherapy, a total of six cycles.

“I was also receiving antibiotics which were very painful. But I got better, although I had to take 2024 off school.”

> “I didn’t know I had lupus until I was at a point where I could barely speak,” said Grace, as she is affectionately known to her family. I had very bad migraines, body aches and arthritis, and I would stay locked in dark places.
>
> – Grace Tikoinasau –

Survivor... Grace Tikoinasau underwent six cycles of chemotherapy due to lupus in 2024. Picture: JONACANI LALAKOBAU

With her sisters in school, her two brothers took turns staying at the hospital to care for her.

Her sisters took turns preparing home-cooked meals and visiting their youngest sister at the Colonial War Memorial Hospital.

“I had to be in total isolation for the cycles which honestly made me lonely because I'd be separated from the friends I made there.

“I also had my diet changed which took a long time for me to follow because of the sudden adjustments from meat to just plain vegetables.”

Grace said the suffering was psychologically intense.

“I had a lot going on mentally because I'd be worried about getting back to school and catching up and thought stuff like how my classmates would probably judge me if they saw me walking into school with little to no hair because of how the chemo made my hair fall.

“All these kinds of things would cross my mind. But I constantly reminded myself that I needed the chemo so I could get better and if I could get through this (the entire admission) then I should be able to get through the harsh comments and glares.”

She acknowledged the support of friends who were always ready to encourage her.

“They would send me Bible verses or say stuff like you need to come out of there alive and well because we're yet to discover life together.

“I also had support from this pastor I considered a dad who would just call at random times of the day to pray for me and this was more than enough to keep me hopeful during these times.”

Prior to her diagnosis, Grace said she hoped to become a pilot.

“I wanted to work in aviation but when I was told the radiation would be a challenge, I decided I would become a missionary instead and spread the gospel of Christ and use my story of my journey with lupus as a testimony.

“When no one could understand the pain and suffering I was facing, Christ was with me through it all – comforting me and giving me strength. My faith is honestly what truly kept me going.

“When I'd be in pain, I would listen to sermons and healing scriptures on YouTube which usually brought this sense of peace upon me. When I had a lot on my mind I'd usually pray and ask God to keep my thoughts still and He would just calm me.”

Grace says what surprised her most was she would get random visits and calls from people and from churches praying for her too.

“This is where I saw the hands of God move because He brought people into my life who were willing to pray for me and are now closer than family to us - one of them being Aunty Una.”

Grace says she takes three different medication to manage the disease and recent reviews by the doctors indicate low disease activity.

“There is nothing I would change about this because this sickness has made me tough inside and out.

“I've learnt what it truly meant to fight on your own and after surviving all the pain I went through, I'm sure there are people who have given up because of the intensity of the pain.”

Grace still holds the hope of working in aviation one day.

“My doctors say that if I stay true to my medication, eat healthy and just live a healthy lifestyle, I should be able to pursue aviation.

“I hope I remain patient with my medications and everything else so I can finally pursue aviation.

“My advice to other ‘lupies’ is just because you're stuck with this doesn't mean you have to limit yourself from doing things you love. You're surviving lupus and you should be able to do anything.”

Sister strong... The Tikoinasau sisters' story is filled with bravery, courage and resilience. . Picture: JONACANI LALAKOBAU

Juggling jobs, studies, and lupus

By SAMANTHA RINA

NAOMI, Litia and Cema Tikoinasau have made countless sacrifices – all at the expense of lupus. But it is not something they complain about, instead, the young women stepped up to care for their sister in the absence of their mother who works abroad to support them financially.

The young women have taken on every possible challenge from caring for their sister to juggling jobs, committing to studies and taking care of the home front. The sisters talked about their lived realities after learning their youngest sister Grace has lupus.

Cema Tikoinasau, 18

"Last year was difficult for us. I felt sad and worried about her – I would go to school and worry about schoolwork and projects, and at the same time I was worried about her, like how she's doing, or what is she eating in the hospital.

"Every afternoon when I come from school she's at home asking me how my day was, ever since she was admitted, it was hard that she wasn't at home.

"So I had to build up self-esteem just to go to school and complete my projects, and also preparing and cooking meals for when we visited her in the hospital. We visited her and she was always happy to see us.

"Even though I was really worried and sad, I thank God for allowing me to keep going and to visit her and care for her."

L-R: Naomi, Cema, Grace and Litia Tikoinasau.
Picture: JONACANI LALAKOBAU

Litia Tikoinasau, 20

"Last year I was in Form 7. When you're in school and thinking of a sibling in hospital, it's not easy. I had to juggle school, and taking care of my sister. I would sometimes take a day off school to visit her, or finish school then go and see her. Not just school, there's church too and the career you're hoping to have.

"Sometimes when you're working hard it can be overwhelming when not everyone notices. It was difficult to see my sister like that. I was studying for big exams, then I had projects, and sometimes my mum would get mad at me, and as an older sister, you can't say anything to that.

"Sometimes Grace would appear weak in front of us, you can't appear weak too. So I would just try and brush it off, and say listen to the doctor, and trust God. It's one thing to have your faith in God and to also trust people in the medical field.

"There's a reason why these people work hard and become physicians – to help the people around them. When my sister would be in pain, I would not appear weak because she needs strength so I would keep encouraging her: hold on to your faith and trust that the doctors will help you too.

"There was a lot of things going on at home. All in all, we're grateful we had each other, and gave each other hope and strengthened each other. If you have someone who has a serious sickness, sometimes it's the patient that feels they should give up on life. We should never make them feel like a burden or that they have no place in the world.

"Sometimes you fight alone in these battles but you will be found and people will listen to you. Do not make them feel like there's no hope – that's what showing up is all about – to give them strength."

Naomi Tikoinasau, 22

"Last year was a quite hectic experience especially when mum is not around.

From what we've experienced so far, I've learnt a lot about the unity as siblings and the responsibilities that come with it.

"When the news came that she was admitted, it was a struggle dealing with studies and caring for her at the same time.

"There was a time when mum called and wanted to return then I had to remind her, if you fall, we fall so please stand your ground and be strong because you are the foundation of our family.

"You have to hold on.

"I thank God for giving us the strength to go through that season. To get to the promised land, you have to go through the wilderness and that was a big wilderness for us. If we didn't go through that experience, we wouldn't be where we are today.

"It taught us about the importance or unity and working together to achieve greater things. And bringing us closer as siblings. I know there are many families too where parents are not physically present but God reminded us we had each other.

"That experience affected my studies too – my first two years in uni I failed all of my units because I was cooking and going on visiting hours, then I took a break from studies and worked but this year I plan on going back to complete my studies. But I thank God for allowing us to go through that experience and teaching us a lot of lessons.

"As kids, sometimes when we go through these situations, we tend to focus on our needs only and don't think about what we do and how it affects those around us. This experience has taught us what life is all about.

"This experience also taught me about what mothers go through. To sit back and reflect and realise that we as kids we complain and demand a lot, not realising the sacrifices mums go through just to cater for their kids needs and see them happy.

"So made me not only focus on myself, but also to be considerate and realise what mothers and others go through and deal with in life. Our father may not be here as well but we've got God."

Litia Tikoinasau.
Picture: JONACANI LALAKOBAU

Study highlights gaps in care

By SAMANTHA RINA

NEARLY half of lupus patients observed in a study conducted from 2016 – 2020 either progressed to kidney failure or died within two years.

While most patients received standard treatment, only 43 per cent of the 33 cases in the study achieved complete remission within a year.

The study, conducted by a cohort of doctors including Dr Vishal Kumar, an internal medicine physician at the Labasa Hospital, revealed that many deaths were due to infections, highlighting gaps in supportive care.

"Noting the lack of local data on lupus nephritis, I initiated this research to better understand its burden in Fiji and to advocate for improved, equitable care for all affected communities," he said.

"The condition mostly affects young women, with a median age of 25.7, and predominantly those of iTaukei descent.

"Notably, for many patients, kidney disease was the first sign of lupus."

Dr Kumar said low adherence to medication linked to cost, access, and health literacy was associated with worse outcomes.

"Laboratory tests revealed all patients had specific immune markers, and most showed clear signs of kidney inflammation. Among those who underwent a kidney biopsy, the majority had advanced disease."

He said most patients in the study were of iTaukei ethnicity and under 30 years old.

"This study, the first of its kind from a Pacific island country, offers valuable insights to shape policy and guide regional collaboration and the trends suggest the need for targeted education, early screening, and culturally responsive care strategies.

"Lupus and lupus nephritis reflect broader challenges in managing long-term diseases in Fiji. Like diabetes and cancer, they require timely diagnosis, consistent care, and health system support."

Don't wait till it's too late

By SAMANTHA RINA

HEALTH is not prioritised in the traditional structure of iTaukei villages and communities, says a medical professional.

Lupus Foundation of Fiji chairman Dr Mecuisela Tuicakau said as a result, health-seeking behaviours among the iTaukei remained unchanged.

"Our Indo-Fijian brothers and sisters are good with this," he said.

"For our iTaukei communities, health is least prioritised. The church can come first, followed by education, and health is at the bottom.

"Usually when someone is sick, we don't go straight to the nurses or doctors. We go to our friends first, or our parents seek other forms of healing – either spiritual healing or they go to a talatala first or if they know someone with the same sickness, they prefer traditional healers and then when they're stuck they go to the hospitals."

Dr Tuicakau said a holistic approach was needed to address this.

"It will take the involvement of all of society including faith-based organisations, and village and community leaders to change this.

"If there is an illness, there's a health facility you can visit. Sometimes when they go to these facilities, they don't bother returning if they don't get a cure so they go to other areas including the talatala.

"Our beliefs of hospitals – some of us see it as valenimate – there's still a lot of stigma and fear of hospitals, injections, and this is a reflection of our upbringing. We frighten our kids when it comes to injections so they live with this trauma into their adult years."

Dr Tuicakau said the issue must be addressed in every aspect of leadership to effect change in health-seeking behaviours among the iTaukei.

"This is what we're trying to do as part of the Foundation's awareness work.

"If there's a nasi ni koro or turaga ni koro, and they see someone with symptoms such as a skin rash to at least encourage or take them to the nearest nursing station or health centre.

"That's what we want to see happening – that people are proactive about taking care of their health and taking the initiative to help someone who might need medical help."

He said it was good to see some villages had health committees in place to provide support.

"That committee funds transportation to the medical facility. That's a good initiative and it strengthens all villages to have such committees."

Great Council of Chiefs chairman Viliame Seruvakula said data had been presented to the council at its last meeting confirming that the iTaukei only sought medical help or consulted a medical doctor when their health condition worsened.

"There is evidence to prove that line of thought – that iTaukei communities and people only go to a doctor when things are serious and that is a weakness among our communities," he said.

"Unfortunately, we may have lost lives that could have been saved as a result of this."

Mr Seruvakula said there were several factors behind why the iTaukei did not seek medical help early.

"One is financial reasons. Two is they decide they'll stay home even as a person is getting weaker and their condition is deteriorating because they would have gone to a hospital and had to wait about three hours so they prefer to stay home.

"When they don't have the means to go to a private doctor for a quick turnaround of service, all they can do is wait, and eventually, they give up."

He said they couldn't blame anyone and with the medical system being stretched, people usually resorted to seeking help from traditional doctors and healers to avoid the long wait at public health facilities.

"At our meeting in November 2024, data was presented to the GCC showing that iTaukei people only see a doctor when their illness is serious.

"We had discussions with Pacific Specialist Healthcare asking if there was a possibility of them reducing costs and making it affordable for people. They've done so and have put in place measures to help people access and afford healthcare services by specialists."

Dr Mecuisela Tuicakau in an interview at Twomey Hospital in Tamavua, Suva. Picture: ELIKI NUKUTABU

> "There is evidence to prove that ... iTaukei communities and people only go to a doctor when things are serious and that is a weakness among our communities.
>
> – Viliame Seruvakula
> Great Council of Chiefs
> Chairman

Get medical treatment, doctor pleads with families

Dr Anis Ta'eed.
Picture: JONA KONATACI

By SAMANTHA RINA

FAMILY members opting for herbal or natural treatments for lupus need to understand the seriousness of the disease and the significance of getting medical treatment.

Kidney specialist Dr Anis Ta'eed said he had come across cases where lupus patients understood the severity of their condition and wanted to pursue medical treatment but senior family members sometimes resisted this.

"It always ends badly," he said.

"Sometimes young people feel like they need to go through it alone, or they even face barriers and difficulties, even within families of getting access to treatment."

Dr Ta'eed came to Fiji five years ago, and said in his first few months in the country, he noticed there were more referrals of lupus cases.

"More than my experience in Australia," he said.

He said the group of lupus of patients in Fiji may be small but it was a significant group.

"These are young people who have had this disease suddenly come on to them and without the right treatment, it can have dire consequences.

"There's a high rate of kidney failure, and even death, if the disease is not managed and treated correctly."

He said while he has treated patients of all age groups for lupus, the most commonly affected age group were those in their early teen years, 20s and 30s.

"The most severe cases I've seen, unfortunately, are patients who developed kidney failure and died from the disease. Death in anyone is difficult but it's heartbreaking when it's really young patients, and seeing young children or young adults experience a very difficult disease and have a very poor outcome."

Dr Ta'eed said he had seen changes in the last few years in terms of making tests and treatments accessible in the public sector.

"When I first arrived here, there were limits to what we had available through the Ministry of Health but in the last few years we've been able to place some of the core treatment on the essential drug list in Fiji and should be available for free now."

He said while there remained some limitations with diagnostic tests in public hospitals, they were actively worked towards this to make it more available.

Phillipa Sariri on one of her many visits to the hospital, Picture: SUPPLIED

Effects of lupus... Swelling of the face and body is a symptom of lupus. Picture: SUPPLIED

Left: Foundation of love... Phillipa Sariri and her family, husband Michael Yalani and daughters Eleanor and Magdalene Yalani. Picture: LITIA RITOVA

Stronger than Lupus

By SAMANTHA RINA

WHEN doctors told Phillipa Sariri it would be difficult and very risky to have children, she lost hope of ever having a family.

Then 23, she no longer anticipated having children because her doctor had given her a thorough breakdown of what to expect in the next chapter of her young life.

After two years of blood tests and hospital visits, she was diagnosed in 2020 with Systemic Lupus Erythematosus (SLE), a chronic autoimmune disease that can affect multiple organs.

Her life took an unexpected turn, one marked by hospital admissions, lifestyle changes, and constant health monitoring.

A life of medication that would not be good for unborn babies.

How it all started

"The day after my 21st birthday, I woke up to swelling in my feet," she said.

"That was the beginning of my two years of sickness from a mystery illness.

"Then finally in 2020, the blood test results confirmed I had lupus.

"I was shocked because no one in my family has had lupus and so it was something completely new and unknown."

"It was quite depressing as well being told how this disease was going to alter my life significantly.

"I was at an age where I was supposed to be having fun and experiencing new things in life - but here I was learning to live with lupus."

Life changes

Fast forward to 2025 and the Vunamoli native who lives in Wainiveidio, Navua, is happily married with two children.

A visiting Australian nephrologist at the time she was diagnosed became her primary doctor, and under his care, her condition gradually stabilised.

Dr Anis Ta'eed helped her through some of the toughest situations.

"Ever since I met him, my life has been on track again."

"When I began taking medication, my body started swelling - my face, neck and stomach.

"He had to start me on a high dosage of medication to keep the lupus under control.

"When things normalised, the dosage was reduced and I'm now taking the minimum."

Among the adjustments she had to make was changes in her diet.

The doctor also told her it would be hard to get pregnant, to have children.

Lost hope

Most women with lupus don't survive when they give birth.

Or throughout their pregnancy, there's often a lot of complications.

"I come from a family of three and it was always my dream to at least have five children," she said.

"It was the most dreadful and depressing news ever.

"I lost all hope of having children and was not preparing myself for a family."

Life had other plans

In 2021, she fell pregnant.

While the discovery should have been a completely joyous moment for Phillipa and her husband, Michael Yalani, it was laced with the dread of risks associated with lupus.

"I went straight to my doctor and told him. He immediately switched my medications and gave me something mild to take me through my pregnancy.

"The popping of pills increased as I had to take blood thinners every day throughout my first pregnancy.

"Because I was new to lupus, my blood would clot, so every day I was at the hospital to get an injection for blood thinners and prevent clotting."

Because of the COVID-19 outbreaks at the time, the hospital visits were daunting.

"I had to be very careful – get in, get the shot, and out again. Every time I went in, the room was emptied to minimise contact with others."

At eight months of her pregnancy, she went to the hospital for her usual clinic.

"My blood pressure was very high – over 200 because of lupus. They had to admit me and I was swabbed about three times.

"I was kept away from all the other patients – positive patients in one ward, negative in another, and I was in another room by myself because my test results were inconclusive."

Little miracle

A week later, she gave birth to her first child via normal delivery.

"My doctor was very surprised when I gave birth and baby Ellie was healthy. I had no major complications apart from high blood pressure. He closely monitored me after the birth and I kept coming for clinics and everything was fine."

She later delivered her second baby, Magdalene, via normal birth at eight months of pregnancy for the same reason – high blood pressure, a complication of lupus.

Flare Ups

Living with lupus impacted her ability to work, so Phillipa remains vigilant for signs of flare-ups, such as fever or swelling, and ensures immediate hospital visits when necessary.

Her most recent hospitalization, in late 2024, was due to pneumonia, which she attributes to missed medication doses.

"So, I know when I'm flaring up, when I get a fever.

"Because if you have lupus and you get a fever, that's a major red flag."

Recently there hasn't been any flare up, which she attributed to dietary changes and following the doctors instructions

Faith journey

Prayer has gotten many through their most difficult periods in life.

And for Phillipa, she credits her survival and continued strength to her unwavering faith and the support of her family.

"My family started fasting for me when they found out.

"Prayers helped me make peace with myself, to not argue with the doctors and listen to them."

Supportive husband

"When I met him, I already knew I had lupus, and he accepted me for who I was.

"He's been the most helpful. He helps take care of them if I have to go to hospital when I get flare-ups.

"He stays home with the kids and it's very comforting for me that he's supportive, to know my kids are safe because he takes good care of them."

She said even on medication, she still had bad days where she cannot get out of bed.

" I'll just be very tired, can't even get up to have breakfast and will be sleeping all day for two to three days.

"I can be on medication and don't do anything at all and I still feel tired."

Family love

"My family has always been my strongest support system.

They rally around her through every health crisis, including donating blood when she needed transfusions.

"Every time I'm in hospital, no matter where in the world they are, they'll either call or get there."

She also found strength in a wider community.

Through the Fiji-based Lupus Foundation, she connected with others living with the disease, including support from the group's founder, Una.

"There's also a group on Facebook called Lupus Warriors, where we're all connected."

The future

"I've already had more than one near-death experience.

"But my mother, my late father, and sisters have been strong prayer warriors for me. That's what pulled me through."

Her family fasts together every Wednesday and offer prayers with her health as a central intention.

"So I've learnt and I know that I need to keep God in the center of my life and I need to do what the doctor says.

"Doctors are there because God has blessed them with the knowledge to help us."

She also says the best thing anyone can do for people with such illnesses is to be supportive.

"We just all need to be mindful. If you don't know what other people are going through don't say things that trigger pressure.

"Lupus has a lot to do with pressure which is killing a lot of people so be mindful of what you say."

Illness of modern times

LUPUS has been described as an illness of modern times. However, articles describing what we now know as Lupus can be traced back to the ancient Greek physician Hippocrates.

Hippocrates was born in 460 BC and his name is the origin of the 'Hippocratic Oath', which all modern doctors still adhere to. Hippocrates wrote about the severe red facial rash which we now recognise as a classic symptom of lupus.

The word lupus is Latin for wolf. There are conflicting accounts for the origin of the term lupus, which was first coined by the physician Rogerius in the 1200s, who used it to describe erosive facial lesions. According to one account, the distinctive butterfly rash associated with lupus resembles the bite marks of a wolf attack. The other theory says that the frightening facial marks on people's faces were similar to the distinctive marks on a wolf's face.

Lupus in the 1800s

Research on lupus in western medicine began in earnest in the 19th century. In the mid 1800s, leading Viennese physicians Ferdinand von Hebra and his son-in-law Moritz Kaposi wrote the first treatises recognising that the symptoms of lupus extended beyond the skin and affected the organs of the body too.

In 1894, Dr Thomas Payne, a physician in St. Thomas' Hospital London, recognised that chloroquine might have more general healing powers in lupus, for example to treat joint pain & fatigue. This discovery paved the way for a century of 'antimalarial' use in various forms of lupus.

The term "lupus erythematosus" was first used in 1851 by a French physician named Pierre Cazenave. "Lupus" is the Latin word for "wolf," and "erythema" is the Greek word for "redness" or "blush." As physicians saw more of the disease and understood more about it, Moriz Kaposi used the terms "lupus disseminated" and "lupus discoid" for the first time in the mid-1800s to describe the skin disorders.

Between 1895 and 1903 Canadian physician Sir William Osler wrote the first complete treatises on lupus erythematosus. For the first time he showed that, in addition to classic symptoms such as fevers and aching, the central nervous system, muscles, skeleton, heart and lungs could potentially be part of the disease.

Dr Osler also identified that lupus could be 'systemic' i.e. that it could affect the entire body, not just one part. He also noted how lupus could relapse, and then 'flare' some months later periodically.

Lupus in the 20th Century

In the 1920s and 30s work began on defining a pathological (disease-oriented) description of Lupus. A major breakthrough came in 1941 when pathologists at the Mount Sinai Hospital in New York City wrote detailed pathological descriptions of lupus. Dr Paul Klemperer and his colleagues coined the term "collagen disease", which led ultimately to our modern classification of lupus as an autoimmune disorder.

In 1946 Dr Malcolm Hargraves, a pathologist from the renowned Mayo Clinic published a description of the lupus erythematosus or LE cell. This important development identified the systemic inflammatory part of the disease, and allowed doctors to diagnose the disease faster and with greater reliability.

In 1949, also at the Mayo Clinic, physician Dr Philip Hench demonstrated that a newly discovered hormone called cortisone that could treat rheumatoid arthritis. Cortisone was used to treat SLE patients and immediately showed a dramatic ability to save lives.

In the 1950s the LE cell was shown to be part of the ANA (antinuclear antibody) reaction. This led directly to the development of a series of tests for antibodies, which allowed doctors and researchers to identify and define the disease in a more rigorous way. These are the so called 'fluorescent tests', which detect the antibodies that attack the nucleus of cells - the ANA.

Further research on antibodies established that the blood of lupus patients have other antibodies present. Some of these were found to bind to the DNA itself (DNA is the unique strand of proteins that are the 'blueprint' which the body uses to build and maintain itself). This ultimately led to a test for the anti-DNA antibodies themselves, which has proved to be one of the best tests available for diagnosing SLE. The anti-DNA test for SLE is still used widely today. There are now a wide variety of other antibody tests used in clinical practice and these are useful in subsetting patients in order to give the best advice especially when planning pregnancy.

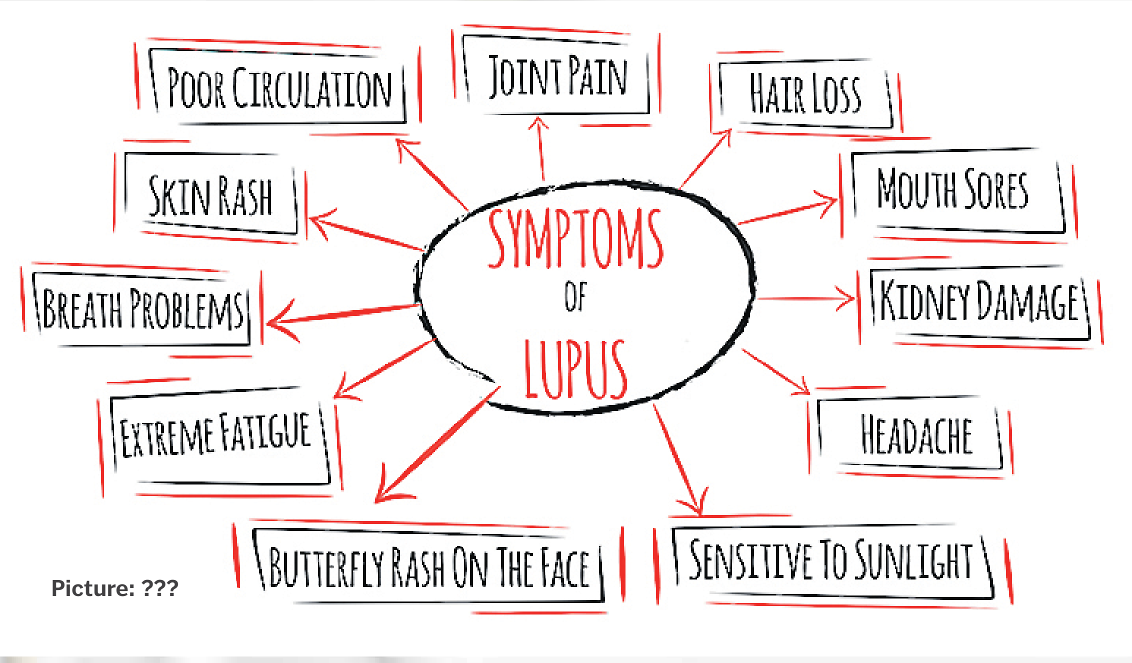
9th March 2011 Benlysta (Bellumimab), the first new treatment developed to treat systemic lupus in over 50 years, was approved by the FDA (US Food & Drug Administration).

Benlytsa is the first in a new class of drugs called BLyS-specific inhibitors, which work by targeting a naturally occurring protein believed to play a role in the production of antibodies which attack and destroy the body's own healthy tissues. It was developed by Human Genome Sciences, a biotechnology company based in Rockville, Maryland, together with London-based pharmaceutical company GSK (GlaxoSmithKline).

The National Institute for Health and Clinical Excellence (NICE) would not approve the use of the drug in the UK on cost grounds until May 2016 when Benlysta was approved by NICE for limited use in the NHS. NICE guidelines say treatment with Benlysta can be funded by the health service, for patients meeting specific criteria under a managed access agreement between GSK and NHS England, which will provide the drug at a discounted price and on the condition that data is collected to help address remaining questions over its efficacy.

In November 2017 GSK received FDA approval for a single-dose prefilled pen (autoinjector) presentation, administered as a once weekly subcutaneous injection of 200mg. This enables patients to self-administer their medicine at home, after initial supervision from their clinical team if considered appropriate. The subcutaneous version of the medicine adds to the existing intravenous (IV) formulation.

■ **Source: LUPUS TRUST**



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— Types of Lupus —

The cruel

Systemic Lupus Erythematosus (SLE)

WHEN people use the term "lupus," they usually refer to systemic lupus erythematosus, or "SLE." SLE constitutes the most common form of the disease. Systemic lupus is so-named because it affects many different organ systems in the body.

It is marked by chronic inflammation, especially of the kidneys, joints, and skin. The cardiovascular and nervous systems can also be affected.

Lupus Limited to the Skin

The term "chronic cutaneous lupus erythematosus" refers to a specific form of lupus that is limited to the skin. This form of lupus can exist in people who do not have systemic lupus.

However, five per cent or more of the people with this form of lupus may develop SLE later in life. Three types of skin lupus exist: chronic cutaneous lupus erythematosus (CCLE) (also known as Discoid Lupus Erythematosus [DLE]), subacute cutaneous lupus erythematosus (SCLE), and tumid lupus.

A skin biopsy is usually obtained to diagnose skin lupus, and each form possesses its own characteristic lesions and pattern.

Drug-Induced Lupus Erythematosus

Certain drugs can actually cause lupus-like symptoms in people who do not have SLE. However, this form of lupus is temporary and usually subsides within months of the time that the medication is stopped.

Malar rash associated with lupus. Picture: MEDICAL NEWS TODAY

In addition, many drugs that cause this form of lupus are actually losing favour among physicians.

Medications known to induce lupus-like symptoms in some individuals include the blood pressure medications hydralazine and methyldopa, a heart medication called procainamide, and a drug called D-penicillamine, which is used in cases of metal poisoning.

Other causes of drug-induced lupus include minocycline (used to treat acne) and anti-TNF (used to treat rheumatoid arthritis).

Neonatal Lupus Erythematosus

A certain form of lupus known as neonatal lupus may affect the babies of women with certain autoantibodies, namely anti-Ro, anti-La, and anti-RNP. About 1 in 1000 perfectly healthy women possesses either anti-Ro or anti-La, and a mother who gives birth to a child with neonatal lupus may not have lupus herself.

In fact, only about 40 per cent of women bearing children with neonatal lupus actually have lupus, but lupus or Sjogren's (dry eye) syndrome may occur later in life. Usually neonatal lupus involves only the baby's skin and subsides on its own, even without treatment.

However, 1-2 per cent of infants with

Picture: https://www.health.com/

Mouth Sores: Ulcers or sores in the mouth, often painless, can occur. Picture: SUPPLIED

Chronic cutaneous lupus erythematosus refers to a specific form of lupus limited to the skin. Picture: SUPPLIED

mystery

A skin biopsy is usually obtained to diagnose skin lupus. Picture: MEDICAL NEWS TODAY

neonatal lupus experience congenital heart block. This can be treated by the implantation of a pacemaker, and generally these children go on to lead healthy lives.

Yet, rare deaths can occur from congenital heartblock, especially if major heart damage occurs in utero.

Childhood Lupus

The lupus that occurs in children affects the body in the same manner as adult lupus.

However, boys are more likely to get childhood lupus than men are to get adult lupus, and usually childhood lupus affects certain organs, such as the kidneys, to a greater degree. The incidence of kidney disease in childhood lupus is about two times greater than that of adult lupus.

Childhood lupus generally requires more aggressive therapy than adult lupus, yet physicians must keep in mind the risks of the long-term use of certain medications (e.g., prednisone).

Symptoms of Lupus

General symptoms;

❍ Fatigue: A persistent feeling of tiredness and lack of energy is a common symptom experienced by many people with lupus;

❍ Fever: Low-grade or intermittent fevers can occur, sometimes as an indicator of a flare-up of the disease;

❍ Skin Rashes: A butterfly-shaped rash across the cheeks and nose is a classic sign, but rashes can also occur elsewhere on the body;

❍ Joint Pain and Swelling: Inflammation in the joints can cause pain, swelling, stiffness, and sometimes arthritis;

❍ Hair Loss: Hair loss or thinning can be a noticeable symptom; and

❍ Sensitivity to Sunlight: Sunlight can trigger or worsen skin rashes and other symptoms.

Other possible symptoms;

❍ Mouth Sores: Ulcers or sores in the mouth, often painless, can occur;

❍ Swollen Glands: Swollen lymph nodes, particularly in the neck, armpits, or groin, can be a sign;

❍ Chest Pain: Chest pain, especially when taking a deep breath, can be a symptom of pleurisy (inflammation of the lung lining);

❍ Raynaud's Phenomenon: Fingers or toes turning blue or white in response to cold or stress;

❍ Swelling: Swelling in the legs, around the eyes, or in other areas can be a sign of kidney or other organ involvement;

❍ Headaches: Headaches can be a common symptom, sometimes accompanied by dizziness or confusion;

❍ Kidney Problems: Lupus can damage the kidneys, leading to protein in the urine, high blood pressure, and swelling, according to Kidney Research UK; and

❍ Mental Health Changes: Some people with lupus experience anxiety, depression, memory problems, or confusion.

SOURCE: JOHN HOPKINS CENTER

> The lupus that occurs in children affects the body in the same manner as adult lupus.
> However, boys are more likely to get childhood lupus than men are to get adult lupus, and usually childhood lupus affects certain organs, such as the kidneys, to a greater degree. The incidence of kidney disease in childhood lupus is about two times greater than that of adult lupus.

Living against the pace

By SAMANTHA RINA

Anareta Matainadroga shares her experience to this newspaper in Suva on Wednesday, 30th April 2025.
Picture: KATA KOLI

FOR more than 10 years, Anareta Matainadroga lived a life completely dependent on medication. Frustrated, she decided to take a risk and go off medication in 2019 for two years.

That experience, says the 27-year-old from Nahigatoka, Nadroga, didn't end well.

"I was fed up of living on medication," she said.

"Out of nowhere, my life was always about medicine. I tried to go off it once and it didn't end well. It ended badly for me.

"I went through withdrawals - joint pains more severe and constant, the fatigue was heavier, the brain fog thicker. Even then, I was still hell bent that I could live without medication."

Withdrawal symptoms

Anareta said it wasn't until she started getting painful skin infections that triggered fevers that she decided to go back on medication.

"Everything else I was experiencing was almost as if I was just living through a flare-up, yet somehow when the boils started to appear and the scarring, I couldn't live with that discomfort and that's when I checked myself back into a hospital."

She said she didn't realise then she was experiencing withdrawal symptoms.

"The fatigue, joint pain, mental fog - I was so used to that being my 'normal' that I just kept pushing through. But it wasn't just a flare-up.

"It was my body adjusting to suddenly being without the meds that had been keeping it stable. The scary part is, the symptoms felt familiar but they were actually signs that things were going downhill fast.

"It's like I had normalised suffering to the point where I couldn't tell the difference anymore."

At her own pace

Another challenge she had to deal with was moving at her own pace.

"The frustrating thing about having a chronic illness is having to take things slow in a fast-moving world. I can be enjoying something I'm doing but because of this illness I have to take it slow.

"I had to sit out exams because the stress was too much so I couldn't finish my courses. I would have loved to graduate faster and start life earlier but everything has to move at my pace."

Having lived with lupus for 15 years since being diagnosed in 2010, Anareta says she's still trying to cope.

"I can't say I've figured it out, but I can say I've learned to manage it better," she said.

"I know now to not stress over things. That's the most important thing I've learnt to do - to pace myself and not stress over anything."

"After being diagnosed, it didn't hit me then that I had a chronic illness.

"I thought it was very normal and that most other adults live like this. I didn't realise it was not normal to be constantly tired."

Invisible illness

She said sometimes she would catch herself having to act sick to prove she was not well even though she didn't look sick.

Prior to being diagnosed with lupus, Anareta said she had been diagnosed with asthma, anaemia, leukaemia, and haemolytic anaemia.

"Life in the hospital was very normal for me - to be in and out of the hospital. The symptoms can easily be dismissed but I was very lucky to be diagnosed at a young age.

"I couldn't take part in sports when I was in school because I would get chronic fatigue. I struggled with brain fogs and confusion especially on big days that required a lot of activity.

"This brain fog, people associate it with me being slow which is not fair."

Her biggest frustration, she said, was the unpredictability of lupus.

"I can't anticipate my symptoms. Today is a good day for me, I have a bit of swelling although you can't see it. That's the thing with lupus – it's an invisible illness. Everything happens inside. With lupus, most of us look fine but you can never tell.

"Some mornings it's hard to get out of bed. We have no choice, we have to push ourselves. It's a fast-paced world we live in and we can't choose to stay in bed.

"I'm lucky I have a very good support system. They've seen me with this from a very young age so when they see I don't get up in the morning, no questions are asked. And I'm very grateful for that."

More awareness

Anareta is urging government to invest more in awareness and education efforts on lupus and is also calling on employers to be understanding towards employees living with illnesses such as lupus.

"I would encourage them to educate themselves on what the person is going through and show compassion and kindness.

"I know other patients who are doing well – we have engineers living with lupus and I wonder how they cope.

"We take immunosuppressants because our immune system is very hyper and it attacks us so we need to calm it down."

Anareta still takes a few risks from time to time.

"Stress and sunlight are personal triggers. For me, an hour in the sun means I start getting rashes, dizzy and that's a terrible way to live when you live in a hot country and there's no way of avoiding the sunlight.

"But what am I to do? Sometimes I just go and do things – I live in a hot country.

"So I take the risk, I don't want this illness to always dictate me. When I want to, I go out and spend the day in the sun knowing it will trigger a flare-up later. That's what it's like living with a chronic illness."

Life in the hospital was "very normal" for her, says Anareta Matainadroga. Picture: SUPPLIED

> "
>
> I had normalised suffering to the point where I couldn't tell the difference anymore.
>
> – Anareta Matainadroga, Lupus Warrior

The story behind the picture: "On this morning, I was in so much pain. We were in Sydney on our way to Fiji to celebrate Jeremiah's 1st birthday. I had to take painkillers to be able to carry JJ to take the picture. I had lost alot of hair and had severe joint pain. I also had to force a smile." Picture: LILY BOLAITAMANA/SUPPLIED

Family support ... Lily Bolaitamana credits her survival to her faith, husband and mother. Picture: SUPPLIED

Lily Bolaitamana. Picture: SUPPLIED

— A long fight to discover it was Lupus —

A mother's struggle

By SAMANTHA RINA

FOR a whole year, Lily Bolaitamana was unable to hug her one-year-old son no matter how hard she tried. Her body had become a prison, and she, its unwilling victim.

Racked with pain from the mystery illness that had plagued her for months and left her wandering desperately in and out of hospital emergency rooms in the United Kingdom in search of answers, there were none to be found.

As the months wore on, far from the comfort of home and family in Fiji and with a husband on work deployment, the young mum spiraled into depression.

"In March 2023, I woke up with pain in my joints. Thinking it was the result of the cycling activities the previous day, I shrugged it off and went about my daily routine," she said.

"However, days progressed and so did the pain. Soon rashes started to appear on my face, arms and legs. My hair started falling and fatigue was a common occurrence."

Soon, she was struggling with simple daily tasks.

"Twisting faucets, reaching for items in high cupboards, dressing myself and not to mention, walk – these became extremely challenging to do.

"What broke my heart the most was not being able to carry my son when he needed to be consoled or cared for the way I usually would."

Refusing to burden anyone with her suffering, Ms Bolaitamana said she masked any indication of her ill health whenever her husband or mother called.

"I couldn't afford to have him (husband) distracted while away. He needed to get home safely to our son, should anything have happened to me.

"That was my reasoning too each time my mum would call from Fiji. She had lost my dad the previous year, and I preferred not to add to her grief.

"So I battled in silence, hoping that just as the symptoms appeared, they would miraculously disappear."

After consulting 10 different doctors, not one could diagnose her symptoms and she relied on painkillers to numb the excruciating pain she was suffering.

"I became accustomed to managing my symptoms until I got pneumonia. I found myself coughing uncontrollably and it felt like piercing daggers at my chest when I would breathe.

"I developed mouth ulcers and found it difficult to ingest food. When I did eat, however, I threw everything up. I rapidly lost weight and had bouts of fever throughout the day.

By January 2024, I had already made three trips to the ER and doctors still had no clue as to what was happening to me. Upon my husband's return from deployment, he requested a transfer to a non-deployable role in order to care for us.Our days became nights and vice versa, as my husband tirelessly cared for our son and I in the evenings before heading to work during the day."

This routine, she said, continued for two months.

"My husband's mum had suddenly passed, and he was faced with the decision of journeying to Fiji by himself. Leaving us behind was not an option for my husband.

"Looking back, I'm so thankful he didn't."

That decision marked the build-up to the turning point in the family's future.

Ms Bolaitamana said on their arrival in Fiji, family and friends rallied around them to provide needed support and prayer, as she continued to experience muscular and joint pains, and her health steadily declined.

"One rainy morning, at the pinnacle of my illness, the good Lord sent Una Tuitubou and Luisa Moce to my doorstep.

"They came in unannounced and insisted on taking me to the CWM Hospital in Suva, to see a doctor. I hesitated, recalling the countless medical appointments back in the UK that amounted to disappointment."

The two women offered an alternative, suggesting they visit a certain doctor at his home.

"To this day, I wonder what thoughts ran through the doctor's mind when he woke up to four ladies, a toddler and a dying duck (me) in his living room.

"That moment, however, was pivotal to my recovery."

After mapping out the tests she needed to undergo, Ms Bolaitamana visited the hospital on the same day.

"That same evening, he (the doctor) confirmed Una's suspicions - that I was displaying common symptoms of Systemic Lupus Erythematosus, otherwise known as lupus.

"Long story short, I took the prescribed medication and in less than 12 hours I was up and about doing things that I barely managed to attend to in previous months.

"One of the first things I did was pick my two-year-old up and hugged him so tightly. It was something that I could not do for a year and an opportunity that I now never take for granted."

When the family returned to the UK, Ms Bolaitamana visited a rheumatologist and asked to be weaned off all medication. Although hesitant at first, the doctor agreed.

"It's been nine months since I've been off all the medication. There is no indication of any illness present and I haven't experienced any signs of lupus.

"Even my rheumatologist cannot fathom my miraculous turnaround."

Reflecting on her experience, Ms Bolaitamana said every lupus warrior's experience was different.

"I personally found it difficult to get out of bed because of joint pain and swelling. Light would hurt my eyes and so I would curl up in bed with the curtains drawn. Fatigue and unexplained fevers were also symptoms that I experienced.

"It's so easy to spiral into depression when you're in this vulnerable state. While in bed, I would listen to testimonies of people who were healed of sickness. I also listened to audio healing scriptures from the Bible.

"As I listened, my hopes rose, my faith increased, and I envisioned my health being restored. That's how I got through those dark days."

Today, Ms Bolaitamana shares her story of her experience with lupus to advocate and raise awareness of the disease, while raising funds for the Lupus Foundation of Fiji via GoFundMe.

"Many people living with Lupus in Fiji and neighbouring island countries do not have the same opportunity I did. They continue to suffer in silence without the needed support.

"Tragically, many have lost their lives due to misdiagnosis and limited or no access to the necessary medical treatment.

The great news is - you can change this. Just as one person's donation allowed Una to visit me at my lowest point, your contribution has the power to impact another life."

For her fellow lupus warriors, Ms Bolaitamana says, "Keep pushing through. Your pain serves a purpose. If I can get through it, so can you."

Julia and Ben Whippy with lupus ambassador Lenora Qereqeretabua at this year’s Lupus Foundation of Fiji Walkathon. Picture: SUPPLIED

Fighting the war within

By SAMANTHA RINA

FORCED to choose between her life and that of her unborn child, Julia Whippy found herself at the worst crossroads imaginable and at the mercy of a disease she had just been diagnosed with – lupus.

Her body had betrayed her, slowly turning on her one symptom at a time, and gradually worsening as she carried precious new life in her womb. But it ended in tragedy, with Mrs Whippy having to make the heartbreaking decision to terminate her pregnancy in 2009.

“It was one of the most painful decisions of my life,” she said.

“It was necessary - for my survival.

“It was an incredibly difficult period. I was admitted to the hospital for several months so the doctors could manage both my pregnancy and the onset of lupus, which had become quite aggressive.

“Unfortunately, due to the severity of my condition and the urgent need for strong chemotherapy medications to control the disease, I had to terminate the pregnancy.”

Lifestyle adjustments

In the wake of her diagnosis, Mrs Whippy made complete changes to her diet, focussing on foods that supported her immune system and helped reduce inflammation.

“I committed to taking my medications regularly and making my health a top priority.

“Most importantly, I worked on maintaining a strong and positive mindset. My faith played a huge role in this journey - I firmly believed, and still believe, that God will heal me from this dreadful disease in His time.”

With the support of her husband, Ben Whippy, they researched lupus in their effort to understand what they were dealing with and how to manage it.

“We looked into the types of food I could and couldn’t eat, and we educated ourselves on the symptoms, triggers, and long-term effects of the disease. Learning more about lupus helped us feel more in control and prepared for the road ahead.”

Search for a donor

In 2015, Ms Whippy travelled to India for a kidney biopsy due to complications with lupus. Following blood tests, doctors revealed her kidneys were already failing she urgently needed a kidney transplant instead of a biopsy.

“My mother was my primary caregiver and volunteered to be my donor. She underwent a series of tests to determine her compatibility.

“Unfortunately, she failed one of the most critical tests, and the doctors had to halt the donor screening process for her.

“My husband was the next to be considered as a donor. The hospital called him and informed him he would need to donate. Initially, he told the doctor we weren’t a match.”

To the couple’s surprise, they discovered the hospital could perform a specialised procedure known as an incompatible kidney transplant which allowed transplants between individuals with different blood types.

“That’s how my husband became my donor. For my body to accept his A+ kidney - since I am B+ - I had to undergo a medical procedure called plasmapheresis.

“This process involved removing my own B+ plasma from my blood and replacing it with plasma compatible with the A+ kidney. It was an intense process, but it was necessary to prevent my immune system from rejecting the transplant.”

A decade of remission

Next month will mark 10 years since the transplant took place.

“Every year is a blessing, and I’m incredibly grateful for the sacrifice, love, and support that both my husband and my mother have shown me throughout this journey.”

Mrs Whippy said she has been in remission since the transplant, and remains in a stable condition to this day.

“The transplant marked a major turning point in my journey with lupus. Before that, I endured years of uncertainty, flare-ups, and ongoing treatments.

“The procedure, though daunting, gave me a renewed sense of hope and a second chance at living a more normal and manageable life.

“Since then, I have continued to follow a disciplined treatment plan, maintain a healthy lifestyle, and attend regular medical check-ups to monitor my condition.”

Being in remission, she said, didn’t mean the end of the journey. “But it has allowed me to regain a sense of stability and peace of mind,” she said.

Hope for change

Mrs Whippy said when it came to lupus in Fiji, there were still many challenges with accessing proper healthcare and services.

“Many individuals face significant delays in proper diagnosis due to limited access to specialist care, particularly rheumatologists, as well as inadequate laboratory testing facilities.

“These delays can have serious consequences, as early detection and timely intervention are critical in managing lupus and preventing long-term organ damage.

“One of the most important changes I would like to see in hospitals and across government services in Fiji is the strengthening of diagnostic capacity for autoimmune diseases such as lupus.”

She said as the first point of contact for patients, general practitioners and nurses required more training and understanding of lupus.

“Increasing their awareness and understanding of autoimmune symptoms will help ensure patients are referred appropriately and receive the care they need without unnecessary delays.

“I would also like to see more government support and investment in awareness campaigns to educate both the public and healthcare professionals about lupus. This disease is still widely misunderstood and often overlooked.”

End the stigma

While acknowledging the work of the Lupus Foundation of Fiji, she said more government collaboration and funding was needed to broaden the reach and impact of these efforts.

“It is also essential that families of lupus patients are educated about the disease. Family understanding and support play a vital role in a patient’s emotional and physical recovery.

“When families are informed, they can provide the right kind of care, empathy, and encouragement that lupus patients need to navigate the challenges of this chronic illness.”

She said it was tragic to hear of young people dying as a result of the misconceptions of lupus.

“It's incredibly upsetting that such cases still happen, where a lack of awareness leads to avoidable tragedy. These misconceptions must be addressed.

“It's time to put an end to the stigma and misinformation surrounding lupus and other autoimmune diseases.

“This is not witchcraft. It is a medical condition that can be managed with the right treatment and support.”

In sickness and in health

People with lupus are incredibly strong and need our support and understanding, says Ben Whippy, pictured with his wife, Julia at the 2023 Lupus Foundation of Fiji walk. Picture: SUPPLIED

> Being a living donor is a profound act of love, and while it comes with some sacrifice, the reward of seeing your loved one thrive is priceless.
>
> – Ben Whippy, former chairman of the Lupus Foundation of Fiji

By SAMANTHA RINA

BE kind, be informed and don't judge what you cannot see – that's the message from a husband who didn't hesitate to give up his kidney when his wife urgently needed a transplant.

Ben Whippy's calling to advocate for lupus is one he has embraced with passion and commitment. It is a work founded on love, care and respect for his wife Julia Whippy ever since her lupus diagnosis in 2009. That was also the year the couple lost their unborn child as a result of the complications of lupus.

"Caring for my wife since her lupus diagnosis has been tough at times, but it's also brought us closer," he said.

"There have been challenges - hospital visits, medications, and seeing her in pain - but I've learned to be stronger and more patient.

"It changed our daily life, but it also made me appreciate every moment we have together."

From Nakabuta, Wainunu, Bua, Mr Whippy said it hadn't always been easy but the support of family made a difference.

"When I was first told about the possibility of donating a kidney to my wife, I didn't think twice. I knew I wanted to do everything in my power to help her.

"But when we found out we had incompatible blood groups, it was heartbreaking. It felt like our hopes had been dashed."

Thankfully, he said, doctors in India explained that incompatible transplants were possible. "That gave us a new sense of hope. I didn't hesitate - if there was a chance to help her, I was ready."

He said he felt emotionally overwhelmed on finding out the kidney transplant procedure could proceed.

"I felt a mix of emotions - hope, anxiety, and determination. I kept thinking about her future, our future, and how this surgery could change everything for the better.

"During the procedure and the days after, I stayed focussed on the outcome: her getting better. I trusted the doctors completely and stayed positive throughout. What surprised me most was how smooth everything went."

Mr Whippy said the experience had only brought them closer as husband and wife.

"It reminded me how strong love can be. I'm grateful to the medical team who guided us through the process with such care and expertise.

"I hope more people learn about the possibilities of incompatible transplants - there is often more hope than you think. And to anyone considering donation: it's a gift that can change a life, and you might be amazed at how quickly and fully you can recover."

Within five days of the transplant, Mr Whippy said he was discharged from the hospital and recovered quickly without complications.

He said this was a reflection of the care he received and how well the procedure went.

"If you have the opportunity to save someone you love, don't hesitate. Medical science has come so far, and what once seemed impossible can now be done safely and successfully.

"Being a living donor is a profound act of love, and while it does come with some sacrifice, the reward of seeing your loved one thrive is priceless."

Following his wife's diagnosis with lupus, Mr Whippy became involved in raising awareness of the disease and became the first chair of the Lupus Foundation of Fiji board.

"Learning about lupus has opened my eyes to how invisible and misunderstood chronic illnesses can be. It's made me more empathetic - not just toward my wife, but toward others who may be quietly struggling with health issues.

"I've become more patient, more aware, and more willing to speak up about the importance of support and understanding in workplaces and social settings. It's taught me not to judge anyone's situation at first glance and to always offer kindness.

"People with lupus are incredibly strong, and they need our support and understanding."

Ben Whippy, wife Julia Whippy (back) and board members of the Lupus Foundation of Fiji. Picture: SUPPLIED

Julia and Ben Whippy with their nephew Denzel. Picture: SUPPLIED

Donating an organ is a gift that can change a life, says Ben Whippy. Picture: SUPPLIED

In 2020, a group of 25 children participated in a cycling fundraiser for the Lupus Foundation of Fiji. Picture: SUPPLIED

Lupus advocates ... Lusia Vosailagi and her family. Picture: SUPPLIED

Young supporters at the cycling fundraiser in Sacramento, California, US. Picture: SUPPLIED

The Lupus Foundation of Fiji is an advancement in improving health, says Vosailagi. Picture: SUPPLIED

More than $50,000 was raised at the cycling fundraiser in 2020. Picture: SUPPLIED

Give and save a life: Vosailagi

By JAKE WISE

NO ONE has ever become poor by giving.

In a modest home thousands of miles from Fiji, Lusia Vosailagi spoke deeply to this newspaper, about a personal tragedy that inspired a wave of compassion and action stretching across oceans.

Known affectionately to many as "Marama," she is not a medical professional or a health activist by trade.

She is a caregiver in the United States, a mother, and a Fijian deeply rooted in community.

But when her family lost a young life to a disease they barely understood, she became an unlikely but vital supporter of a growing health movement, the fight against lupus in Fiji.

For Marama, the disease only entered her radar in 2019 when her cousin Una Tuitubou's 25-year-old son was suddenly hospitalised because of Lupus.

Lupus, a chronic autoimmune disease, is often misdiagnosed and misunderstood, particularly in regions with limited access to specialised healthcare.

Despite medical interventions, he died just days after his mother flew in to be by his side.

"The diagnosis came very late. We were taken by surprise because we did not know anything about this disease."

Devasted in her grief, Una founded the Lupus Foundation of Fiji and continued to raise awareness about Lupus.

A Helping Hand

The tragedy, however, sparked a resolve among her family and friends to act.

Marama and her children, still reeling from the loss, took the first steps toward raising awareness and funds for a disease that had taken so much from them.

"We were very passionate about this new disease that we knew nothing about.

"We started learning about it."

That learning quickly turned into action.

In California sometime in 2020, Marama rallied a group of 25 children, her own and their friends, to organise a cycling fundraiser.

"We raised, I believe, around $50,000 Fijian to help kick off the foundation in 2020.

"Yes, it was very nice to do that for the Lupus Foundation of Fiji, to give them a boost, to help them raise awareness."

She said it was the kind of boost, that was needed to make a change in communities and bring about a greater sense of what Lupus actually is.

"I don't necessarily want to take credit for all that.

"But just having the foundation access those funds to help kick off the awareness campaign, especially in the rural parts of Fiji, I'm grateful for that.

"So for Fiji, this foundation, in my opinion, is an advancement in improving health and it needs to be recognised for that."

Though not directly affiliated with the Lupus Foundation of Fiji, Marama has remained a close supporter of its work.

Early Detection

Like any other disease, Lupus is one that needs to be detected early before its too late.

Speaking with this newspaper, Marama shared the importance of early and accurate diagnosis, something that was sorely missing in her cousin's case.

Her personal and professional experience as a caregiver in the U.S has taught her how rare and complex lupus can be, even in developed healthcare systems.

"In over 20 years working as a caregiver in the United States, I have only come across one case of lupus.

"So I did not know that it was a very hard disease to diagnose here in the islands, that's what I was told.

"I believe there were no experts on the disease at the time."

The Lupus Foundation of Fiji has since made strides, Marama said, in spreading awareness and pushing for better healthcare access.

However, she also recognises that challenges remain, chief among them being funding and access to medical specialists.

"If they had more access to funding from the government, and the right doctors with expertise in lupus, that would help the foundation more."

Stigma and Misinformation

Another barrier is stigma and widespread misinformation.

According to Marama, in Fiji, lupus is sometimes mischaracterised as "Kalou ni draki" a term colloquially used for skin diseases.

"That's one of the misconceptions.

"Lupus affects people differently. Some might just have rashes, but others experience extreme fatigue, weakness, or more severe internal symptoms."

She said such misconceptions not only delay treatment but contribute to the social isolation of those living with lupus.

Future Strides to Awareness

That's why Marama and her extended network continue to push for greater education.

She has tried to establish links between the Lupus Foundation of Fiji and similar organizations in Sacramento, hoping they might exchange ideas, resources, and best practices.

Though such partnerships are still developing, the intention is clear: to empower the Fijian foundation with tools to grow.

"There's a lot we can do to help raise funds and awareness for this disease.

"Whatever you can do, whether it's donating, buying a ticket to a fundraiser, or simply talking about lupus—you are saving a life."

Maramas children are a testament to this transformation.

Once unaware of lupus, they are now engaged, informed, and passionate about the cause.

"My kids and their friends, they probably didn't even know anything about lupus like they do now.

"They are grateful to be part of this."

Hold on to Hope – Marama

As the Lupus Foundation of Fiji continues its work, Marama remains hopeful that more people will learn to recognise the signs, whether it's chronic fatigue, unexplained rashes, or general malaise.

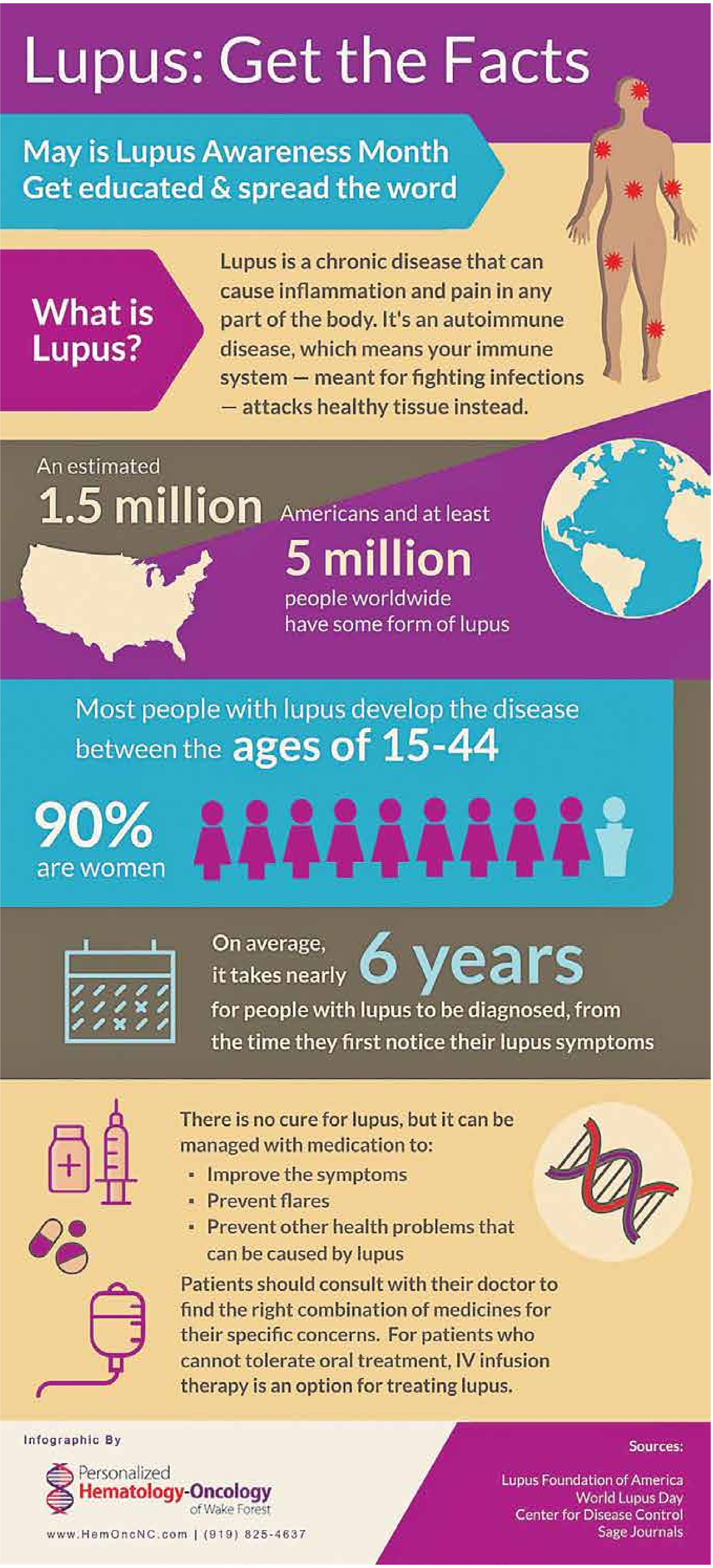
"If you find you're having symptoms you cannot recognize, ask for a lupus test.

"Even if you're not sure, just ask."

Her message to the public is one of empathy, urgency, and empowerment: learn, act, and support.

In her words, "You're helping raise awareness so that you're able to save a life."

The fight against lupus in Fiji is still in its early stages, but with voices like Maramas amplifying the call, it is gaining strength, visibility, and most importantly, hope.



Lupus: Get the Facts

May is Lupus Awareness Month
Get educated & spread the word

What is Lupus?

Lupus is a chronic disease that can cause inflammation and pain in any part of the body. It's an autoimmune disease, which means your immune system — meant for fighting infections — attacks healthy tissue instead.

An estimated **1.5 million** Americans and at least **5 million** people worldwide have some form of lupus

Most people with lupus develop the disease between the **ages of 15-44**

90% are women

On average, it takes nearly **6 years** for people with lupus to be diagnosed, from the time they first notice their lupus symptoms

There is no cure for lupus, but it can be managed with medication to:

- Improve the symptoms
- Prevent flares
- Prevent other health problems that can be caused by lupus

Patients should consult with their doctor to find the right combination of medicines for their specific concerns. For patients who cannot tolerate oral treatment, IV infusion therapy is an option for treating lupus.

Infographic By

Personalized
Hematology-Oncology
of Wake Forest

www.HemOncNC.com | (919) 825-4637

Sources:

Lupus Foundation of America
World Lupus Day
Center for Disease Control
Sage Journals

Disease with a thousand faces

What is Lupus?

Lupus is a chronic and complex autoimmune disease. It can affect any part of the body causing widespread inflammation and tissue damage in the affected organ. The most commonly impacted areas are the joints, skin, brain, lungs, kidneys and blood vessels. Here are some basic facts about the disease, its symptoms, diagnosis and treatment.

What causes lupus?

The cause of lupus remains unknown, but there is solid evidence that genetics, epigenetics (changes in chromosomes that affect gene activity), environmental factors, viruses and infections play a role. Further study of these variables is expected to improve our understanding of causes, which should lead to improved diagnosis, prognosis, prevention and treatment.

Who is most likely to get lupus?

While anyone can get lupus, the disease most often affects women. In fact, women make up about nine out of 10 adults with the disease. It's also more common in women of African American, Hispanic, Asian, and Native American descent than in White women.

Does lupus run in families?

According to the most recent research, genes play an important role and may be a risk factor, but genes alone do not determine who gets lupus. It's likely that many factors trigger the disease.

What are the serious health risks of lupus?

The most serious health risks are cardiovascular disease, kidney disease and stroke. Specifically, people with lupus are at an increased risk for atherosclerosis (the deposition of fats and cholesterol [plaque] along the lining of the arterial wall). In some people, inflammation can occur in the heart itself (myocarditis and endocarditis) or the membrane that surrounds it. Endocarditis can damage heart valves, which can result in heart murmurs. When the disease affects the kidneys, it's called lupus nephritis, and patients generally require intensive drug treatment to prevent permanent damage. Lupus also may attack the brain or central nervous system, which can cause seizures or stroke.

How is lupus diagnosed?

There is no single test to definitively diagnose lupus, and it could take months or even years to be sure. Typically, your doctor will conduct a complete medical history and physical exam, including blood tests. The doctor may also perform skin and kidney biopsies (extracting tissue samples that are then examined under a microscope) to make a diagnosis.

Is there hope for a cure?

Researchers have made great progress in identifying people at risk for lupus and the molecular markers (something found in cells that can predict lupus flares) that appear before the onset of symptoms. From these advances, scientists hope to generate early intervention or even disease-prevention strategies. For people with established lupus, research is focused on designing new clinical trials that test drug candidates, which, if successful, could be combined with existing therapies. The Lupus Research Alliance is funding the most innovative research in the world, with the hope of finding better diagnostics, improved treatment and, eventually, a cure.

What makes lupus so complex?

Lupus is a serious autoimmune disease, which means your immune system attacks healthy cells by mistake. It's also chronic, meaning it lasts a long time and requires long-term treatment. Lupus is one of the most complex autoimmune diseases there is. It affects each person differently with symptoms that are sometimes hard to detect and differ from patient to patient. This makes the disease hard to diagnose and arriving at effective treatments very challenging. It's even been called "the disease with 1,000 faces." But there are many more faces and minds determined to cure lupus.

SOURCE: LUPUS RESEARCH ALLIANCE

Hundreds campaign

Amado Atalifo participates in the Lupus Foundation walkathon in Suva. Picture: ELIKI NUKUTABU

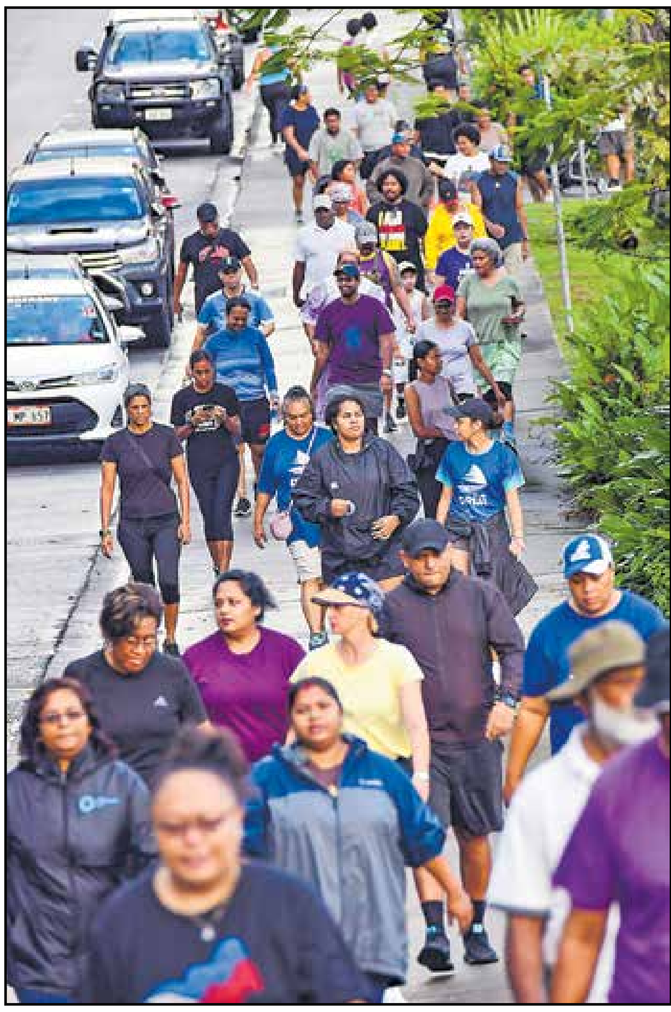
Participants of the Lupus Foundation walkathon brave the early morning drizzle in Suva. Picture: ELIKI NUKUTABU

Walk for a cause... Vasemaca Sigabalavu (middle) and Malia Tuqa at the LUPUS Foundation walkathon in Suva. Picture: ELIKI NUKUTABU

Right: **Lupus Foundation founder Unaisi Tuitubou (middle) is flanked by Kaliova Turagaiviu (left) and Tiko Toganivalu at the Lupus Foundation walkathon event in Suva.** Picture: ELIKI NUKUTABU

Below: **Assistant Minister for Foreign Affairs, Lenora Qereqeretabua (right) and Kaliona Turagaiviu at the Lupus Foundation walkathon in Suva.** Picture: ELIKI NUKUTABU

with a walkathon



Rain or shine... Supporters showed up in numbers for the Lupus Foundation walkathon in Suva. Picture: ELIKI NUKUTABU

Dr Joeli Veitayaki at the Lupus Foundation walkathon in Suva. Picture: ELIKI NUKUTABU

Share and care ... Participants during the Lupus Foundation walkathon in Suva. Picture: ELIKI NUKUTABU

The young and old participate in the Lupus Foundation walkathon in Suva. Picture: ELIKI NUKUTABU

Lupus Nephritis in Fiji

Incidence, Treatment and Outcomes (2016-2020)

BACKGROUND

- Goal: Characterise lupus nephritis epidemiology and outcomes in Fiji.
- Population: Adults diagnosed the national referral hospital (2016 - 2020)

33

cases studied

INCIDENCE

Crude Annual Incidence
2.44 per 100,000
(95% CI 1.73–3.43)

Age-standardised Incidence
2.37 per 100,000 population
(95% CI 0.65–4.09)

PATIENT DEMOGRAPHICS

Median Age

25.7 years

Ethnicity

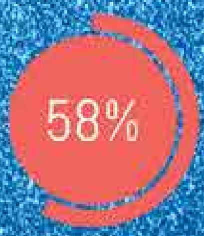
67%

(24/33 iTaukei)

Biopsy performed
(24 patients)

Lupus nephritis Class III
(10 patients)

Lupus nephritis Class IV
(14 patients)



28 patients (85%) underwent induction immunosuppression

43%

Complete response in 12 patients after 12 months

7%

Partial response in 2 patients after 12 months

OUTCOMES AT 2 YEARS

13 patients (39%) developed kidney failure, 6 of whom commenced dialysis, and 13 patients (39%) died.

*Data sourced from: Challenges of Managing Lupus Nephritis in an Emerging Nephrology Centre: A Fijian Cohort Study