



Autoimmune Diseases

Frequently Asked Questions

This document has been developed by [ASCIA](http://www.allergy.org.au), the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA information is based on published literature and expert review, is not influenced by commercial organisations and is not intended to replace medical advice. Patient and carer support organisations are listed at www.allergy.org.au/patients/patient-support-organisations.

Q 1: What are autoimmune diseases?

Autoimmune diseases are a broad range of more than eighty related disorders, that range from common to very rare. They affect around 5% of people, and are an important health issue in Australia and New Zealand:

- Common autoimmune diseases include thyroiditis, rheumatoid arthritis, and diabetes.
- Less common autoimmune diseases include systemic lupus erythematosus (SLE), also known as lupus, and vasculitis disorders (inflammation of blood vessels).

Q 2: What causes autoimmune diseases?

The main role of the immune system is to fight foreign invaders such as bacteria, moulds and viruses.

In autoimmune diseases the immune system produces antibodies that attack the body's own cells, tissues and organs, resulting in inflammation and damage.

The causes of autoimmune diseases are unknown. In many cases there appears to be some inherited tendency. Other factors such as infections and some drugs may also play a role in triggering autoimmune diseases.

Q 3: How are autoimmune diseases diagnosed?

Autoimmune diseases are usually diagnosed using a combination of clinical history, blood tests (autoantibodies, inflammation, organ function), and other investigations such as x-rays. Sometimes a biopsy of affected tissues may be required for diagnosis.

Q 4: What are localised (organ specific) autoimmune diseases?

Localised autoimmune diseases mainly affect a single organ or tissue, but the effects frequently extend to other body systems and organs. These diseases are often managed by organ specific medical specialists such as endocrinologists, gastroenterologists, neurologists or rheumatologists.

Examples include:

- Addison's disease (adrenal)
- Autoimmune hepatitis (liver)
- Coeliac disease (gastrointestinal tract)
- Crohn's disease (gastrointestinal tract)
- Diabetes Mellitus Type 1a (pancreas)
- Grave's disease (thyroid)
- Guillain-Barre syndrome (nervous system)
- Hashimoto's thyroiditis (thyroid)
- Multiple sclerosis (nervous system)
- Myasthenia gravis (nerves, muscles)

- Pernicious anaemia (stomach)
- Primary biliary cholangitis, formerly known as primary biliary cirrhosis (liver)
- Sclerosing cholangitis (liver)
- Ulcerative colitis (gastrointestinal tract)

Q 5: What are systemic autoimmune diseases?

Systemic autoimmune diseases affect many body organs and tissues at the same time. They can be broadly classified into rheumatological disease and vasculitis disorders. These diseases are often managed by clinical immunology/allergy specialists and/or rheumatologists.

Examples of rheumatological disease include:

- Antiphospholipid antibody syndromes (blood cells)
- Dermatomyositis (skin, muscles)
- Mixed connective tissue disease
- Polymyalgia rheumatica (large muscle groups)
- Polymyositis (skin, muscles)
- Rheumatoid arthritis (joints, less commonly lungs, skin, eyes)
- Scleroderma (skin, intestine, less commonly lungs, kidneys)
- Sjögren's syndrome (salivary glands, tear glands, joints)
- Systemic Lupus Erythematosus (skin, joints, kidneys, heart, brain, red blood cells, other)

Q 6: What are the treatment options for autoimmune diseases?

Currently there are no cures for autoimmune diseases, although there is a wide range of treatment options, which depend on the stage and type of autoimmune disease.

The main aims of treatments for autoimmune diseases are to relieve symptoms, minimise organ and tissue damage and preserve organ function.

Treatment options include:

- Replacement of end organ functions (such as insulin in diabetes and thyroxine in autoimmune thyroid disease).
- Non-steroidal anti-inflammatory medications (NSAIDs).
- Corticosteroid anti-inflammatory medications (such as prednisolone).
- Immunosuppressive medications.
- Therapeutic monoclonals (such as TNF inhibitors).
- Immunoglobulin replacement therapy.

Q 7: What can people living with an autoimmune disease expect?

There are many different autoimmune diseases with a range of treatment options and outcomes. Therefore, it is important to find out as much as possible about your condition by asking your doctor.

© ASCIA 2024

Content updated March 2024

For more information go to www.allergy.org.au/patients/autoimmunity

To support allergy and immunology research go to www.allergyimmunology.org.au/donate