

## Joint Pain and Fatigue: It Could Be Anything

► See related article on page 284.

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It had been more than two weeks and I could not seem to shake off the tiredness and joint pain I felt. Being a wife, mother of three children, and physician, I was always on the run. Taking care of patients and teaching residents and medical students at work, and then coming home to cook dinner and teach and take care of our children, was my routine. I had done this for many years without much hassle. The usual aches and pains or the fatigue after spending hours up at night delivering babies did not slow me down. I was like the Energizer Bunny. This time, however, I did not have enough energy for anything. I never called in sick, but I barely made it to work. When I came home, I crashed. My joints felt as if I had run a marathon or been through a long day of heavy physical labor. I could not even play the piano or paint. I took over-the-counter pain medication until my stomach hurt, with only temporary relief. The fatigue was not getting any better. I kept checking my pulse, listening to my own heart and lungs, and feeling my lymph nodes to see if I could find an explanation.

I felt guilty for not having the energy I needed to spend time with my husband and daughters. Eventually, I sought advice from a colleague who is my family physician. Initial testing showed low white blood cell and platelet counts and was positive for antinuclear antibodies, which led to many more tests and a referral. A few weeks later, I finally got a diagnosis from my rheumatologist. I had lupus. I was quite shocked, but also somewhat relieved. At last there was an explanation for all of those aches and pains and the lack of energy! My journey with this illness has just begun, and its course may get more tortuous, but at least I know what it is and can prepare to deal with the changes.



### COMMENTARY

Aches and pain are common symptoms in patients presenting to the family medicine office. Laboratory testing and a visit to the rheumatologist confirmed that my colleague had systemic lupus erythematosus. It was not easy to convince her of this diagnosis, even though she could easily have recognized the findings in her own patients. It is often hard for physicians to assume the role of patient because we are used to being the person who provides care. My patient responded positively after starting hydroxychloroquine and has had significant improvement in joint pain after two months of treatment.

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### RESOURCES

**For patients**

American College of Rheumatology  
<http://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Lupus>

Lupus Foundation of America  
<http://www.lupus.org/>

**For physicians**

Guidelines for referral and management of systemic lupus erythematosus in adults. American College of Rheumatology Ad Hoc Committee on Systemic Lupus Erythematosus Guidelines. *Arthritis Rheum.* 1999;42:1785-1796.

Lam NC, Ghetu MV, Bieniek ML. Systemic lupus erythematosus: primary care approach to diagnosis and management. *Am Fam Physician.* 2016;94(4):284-294. ■