

MEDfacts

An Educational Health Series From National Jewish Health®



Undifferentiated Connective Tissue Disease

Undifferentiated connective tissue disease, or UCTD for short, is a systemic autoimmune disease. This means that the body's natural immune system does not behave normally. Instead of serving to fight infections such as bacteria and viruses, the body's own immune system attacks itself. In UCTD, autoimmunity may cause the immune system to attack specific parts of the body, resulting in a variety of problems.

The phrase "connective tissue disease" is used to describe the diseases of the immune system that are treated primarily by rheumatologists. These represent systemic autoimmune diseases that often involve the joints, cartilage, muscles, and skin. They can also involve any other organ system such as, the eyes, heart, lungs, kidneys, gastrointestinal tract, bone marrow, nervous system, and blood vessels. Examples of connective tissue diseases include systemic lupus erythematosus ("lupus"), scleroderma, rheumatoid arthritis, Sjogren's disease, myositis and vasculitis.

There are many people who have features of connective tissue disease. However, they do not fulfill the diagnostic criteria established for any one disease. In such circumstances, it is often considered to have "undifferentiated" connective tissue disease. Over time, people with UCTD may evolve into one of the more specific connective tissue diseases, such as lupus, Sjogren's, or scleroderma.

What are Some of the Symptoms of UCTD?

Because UCTD can affect so many different parts of the body, UCTD often has many symptoms. Common symptoms include:

- Weight loss
- Fatigue
- Low-grade fevers

REGISTER NOW

to Receive **FREE** Health
Tips, Research Findings,
Ways to Support Our
Mission, News &
More in Your E-Mail Box

Visit njhealth.org/e-news
for more information.

Follow us online!

facebook

facebook.com/NJHealth

YouTube

youtube.com/NationalJewish

twitter

twitter.com/njHealth

- Joint pain
- Joint swelling
- Color changes of hands and feet with cold exposure (known as Raynaud's disease)
- Dryness of the eyes
- Dryness of the mouth
- Lymph node swelling
- Muscle weakness
- Muscle pains
- Difficulty swallowing
- Heartburn
- Cough
- Shortness of breath
- Chest pain

Who Gets UCTD?

People of all races and ethnic backgrounds develop UCTD. It occurs more commonly in women and rarely occurs in children. Typically, UCTD begins when people are between the ages of 30 and 55.

What Causes UCTD?

Although the cause of UCTD is not known, we do know that UCTD is an autoimmune disease. The abnormal immune response may lead to inflammation and damage of the various organs that are involved in a given individual.

How is UCTD Diagnosed?

It is often difficult to diagnose UCTD. A specialist in autoimmune diseases, known as a rheumatologist, is usually required to establish the diagnosis.

The diagnosis of UCTD is based on the careful analysis of many factors. A thorough history and physical examination are essential for the diagnosis. There are certain laboratory studies that are helpful when considering the diagnosis of UCTD. However, it is important to know that the diagnosis cannot be made based on any one specific blood test. Often times, the evaluation includes X-rays of the chest and involved joints; CAT scans of the lungs, heart testing and evaluation for problems with the esophagus.

As mentioned above, people with UCTD may evolve into one of the more specific connective tissue diseases, such as lupus, Sjogren's, or scleroderma.

How is UCTD Managed?

It is important to recognize that there is no cure for UCTD. Therefore, early recognition and treatment of the disease is essential. In addition, because it is a chronic disease, people often require medical therapy for many years.

Before any specific therapy can be recommended, it is essential to establish the nature and extent of any organ damage. There are many medication options for people with UCTD. Most people require immunosuppressive medicines to control the inflammation

and damage caused by the abnormal immune response. Some medicines that can be effective in treating UCTD include prednisone, hydroxychloroquine, methotrexate and azathioprine. Each of these medicines has its own side effect and toxicity profile. Each often requires regular blood testing and clinical monitoring to ensure safety.

Many people require treatment for gastroesophageal reflux disease, (GERD or "heartburn"), rashes, Raynaud's, eye diseases and heart and lung problems. All are part of the underlying disease.

In addition to medical therapy for UCTD, many people require physical therapy and rehabilitation. Under the guidance of rehabilitation therapists, people with UCTD learn how to appropriately rest, exercise and strengthen the various muscle groups and joints affected by UCTD.

What is the Role of National Jewish Health?

National Jewish Health is one of the world's leaders in the study and management of immune diseases such as UCTD. National Jewish Health also specializes in Interstitial Lung Disease (ILD), a lung condition that is often seen in patients with connective tissue disease. The National Institutes of Health has designated and funded National Jewish as a Specialized Center of Research for ILD.

Our health care providers have vast experience in treating people with the various connective tissue diseases. We provide the expertise needed for the comprehensive evaluation and management of people with UCTD. We aim to design an individualized treatment plan best suited for each person with UCTD.

In addition, in order to provide for comprehensive care of our patients with UCTD, National Jewish Health also provides physical, occupational, and recreational rehabilitative services in our rehabilitation department.

For more information or to schedule an evaluation with one of our Rheumatologists, call LUNG LINE® at 1.800.222.LUNG.

Note: This information is provided to you as an educational service of LUNG LINE® (1.800.222.LUNG). It is not meant to be a substitute for consulting with your own physician.

©Copyright 2004, 2005, 2008, 2010, 2016. NATIONAL JEWISH HEALTH.
PTE.219