

Unmasking Lupus: Analysis of Diagnosis Trends and Demographics at The University of Kansas Medical Center

Claire Samuel, MS-1, Kristina Bridges, Ph.D.

The University of Kansas School of Medicine-Kansas City, Kansas City, Kansas, Department of Family Medicine and Community Health

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Introduction. Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that can affect many body systems. This study examines diagnosis patterns at The University of Kansas Medical Center (KUMC). As part of a community initiative project, we aimed to identify disparities in lupus diagnoses and symptom presentation.

Methods. Data from the HERON database were analyzed, focusing on lupus ICD-10 diagnosis codes and their subsets over the past five years and the most recent year. Patient demographics—including age, race, and gender—were assessed to identify disparities. Symptom presentation was cross-referenced to determine the most commonly diagnosed features of lupus in affected populations.

Results. The dataset included 2,319 patients diagnosed with SLE, 2,105 (90.8%) were female and 1,519 (65.5%) were white. Women of color were disproportionately diagnosed with severe SLE subsets, including tubulo-interstitial nephropathy (44.4%) and pericarditis (56.52%). When analyzing the most associated lupus symptoms, white women had higher rates of unspecified joint pain (64%), fibromyalgia (70%), fatigue (62%), and thrombocytopenia (51%), compared to 36%, 30%, 38%, and 33% in women of color, respectively. Despite these findings, women of color comprised only 20.8% of the total SLE patient population at KUMC, highlighting potential disparities in diagnosis and disease recognition.

Conclusions. Although women of color represent only 20.8% of total SLE cases at KUMC, they experience more severe disease manifestations and exhibit common lupus symptoms at higher rates than their diagnosis suggests. Further studies could determine why women of color are frequently presenting with SLE symptoms yet remain significantly underdiagnosed.