Dry Mouth? Dry Eyes? There's a Name for That.

Written by Board Certified Rheumatologist
Leann Bassing, MD

Sjogren's syndrome is one of the more common systemic autoimmune diseases I come across in my practice as a Rheumatologist. The prevalence of Sjogren's is estimated to affect up to 4% of the general population, with the majority of those affected being women (1). In fact, in a group of 400 people with confirmed Sjogren's syndrome, 93% were women (2).

We do not completely understand what causes Sjogrens, however, most experts believe it occurs in people who are already genetically susceptible to developing an autoimmune disease, then are exposed to a yet unidentified environmental stimulus, resulting in the development of this disease with its symptoms.

Sjogren's syndrome typically presents with symptoms of dry mouth and dry eyes (the medical terms for these symptoms are xerostomia and xerophthalmia, respectively). Over 90% of patients with Sjogren's will have symptoms of dryness. This can feel like grittiness in the eyes, or needing to take frequent sips of water to facilitate speaking or chewing. Some patients will have problems with developing several tooth cavities, because saliva naturally provides antimicrobial activity and helps prevent dental decay. Persons with Sjogren's syndrome lack adequate salivary production, and can find himself or herself in the dentist's office frequently as a result.

The salivary and lacrimal glands are not the only parts of the body that can be affected by Sjogren's syndrome. Up to 75% of patients will experience joint pain or swelling, less commonly the lungs can be affected, and in less than 10% of patient's there can be symptoms of tingling or numbness in the extremities (peripheral neuropathy).

So how is Sjogren's syndrome diagnosed? A combination of signs and symptoms along with blood tests are typically used to make the diagnosis.

The degree of eye dryness can be difficult to quantify, however we can use a relatively easy method in the office to measure this. Schirmer's test strips are small sterile strips of filter paper. By placing one of these small pieces of paper beneath the lower eyelid for five minutes, the amount of tear production can be measured by accounting for the amount of paper moistened. Uncommonly, we may pursue a formal small biopsy of a minor salivary gland taken from the lip, which when observed under the microscope can confirm distinct tissue changes consistent with Sjogren's.

Treatment for Sjogren's syndrome primarily involves treating the symptoms of dryness. Over-the-counter products for dry mouth can provide relief. Chewing sugar-free gum or sucking on sugar-free candy can promote salivary gland stimulation. Saline eye drops can also provide some benefit. Prescription eye drops also can be more effective for dry eyes. Eye doctors can insert a small plug into the 'drain' of each eye in an effort to help tears last longer. I often encourage women to use vaginal lubricants for intercourse because mucous membrane dryness in this area can also be of concern.

There are a couple prescription medication options that can be effective in salivary and lacrimal gland stimulation, namely 'muscarinic agonists' called pilocarpine (Salagen), or cevimeline (Evoxac). These are tablets taken typically several times a day. They are not used commonly because of potential side

Dry Mouth? Dry Eyes? There's a Name for That.

Written by Board Certified Rheumatologist
Leann Bassing, MD

effects. Patients who have underlying glaucoma of the eyes should not take these medications. Another prescription medication called hydroxychloroquine (plaquenil) can also be used to help with associated joint pain or fatigue, especially in patients who have a positive ANA blood test.

Lastly, it is important to point out Sjogren's syndrome can be primary, or secondary, meaning it can be its own entity, or it can be associated with another autoimmune disease process. For example, it is not uncommon for patients with Systemic Lupus Erythematosus, or patients with Rheumatoid Arthritis, to have secondary Sjogren's syndrome. If you or someone you know is experiencing symptoms of Sjogren's, it would be wise to pursue further evaluation by a Rheumatologist for this reason.

References:

1) Kruszka, P & O'Brian R. Diagnosis and Management of Sjögren Syndrome. Am Fam Physician. 2009 Mar 15;79(6):465-470.

2) 4. García-Carrasco M, Ramos-Casals M, Rosas J, et al. Primary Sjögren syndrome: clinical and immunologic disease patterns in a cohort of 400 patients. Medicine (Baltimore). 2002;81(4):270–280.

For more information or to schedule an appointment please call 605-665-1722.