Things that may be helpful

- Take frequent sips of water or mineral water without sugar.
- Chew sugarless gum or suck sugarless sweets occasionally.
- Keep a glass or jug of water by your bed for drinking during the night or when you wake up.
- Drink frequently while eating. This will make chewing and swallowing easier and may improve the taste of foods.
- Avoid sticky, sugary foods, salty and spicy foods and always brush immediately after eating.
- Avoid caffeine-containing coffee and tea.
- Avoid smoking.
- Artificial tears in drops and sprays can provide relief but must be used regularly.
- The use of contact lenses may need to be discontinued.
- A humidifier used at home may help to ease discomfort associated with dry conditions.
- Looking after your teeth is very important. Brush your teeth and use dental floss daily. Use alcohol free mouth washes and toothpaste. Saliva replacements and oral care products may be useful.
- See your dentist at least twice a year for cleaning and for early treatment of any cavities. If the amount of saliva in your mouth is decreased, there may be an increase in dental decay.
- Protective sunglasses (such as the wrap around ones available from the Cancer Council) can help shield eyes from irritating dust, wind and strong light.
What is Sjögrens Syndrome?

Sjögrens syndrome is an illness of unknown cause in which the immune system attacks the lacrimal and salivary glands decreasing the production of tears, saliva and moisture production in the body. This causes the most common symptoms of Sjögrens syndrome namely dryness of the eyes and mouth, “SICCA complex”.

Sjögrens can be a stand-alone condition where SICCA dryness symptoms are the only problem. However, Sjögrens is common in people with other autoimmune illnesses such as Lupus, Scleroderma and Rheumatoid arthritis. While these conditions are rare, they are important to identify because they are likely to need specific treatment.

Many non-prescription drugs, also anti-depressants and anti-histamines can cause similar symptoms, as can diabetes, viral infections, allergy to eye solutions and anxiety.

Sjögrens is very common in the general population.

How is it diagnosed?

Diagnosis can sometimes be made purely on presence of symptoms but sometimes further investigation is required.

The typical features of dryness of the eyes and mouth in association with glandular swelling are often all that is required to make the diagnosis.

A reduction in tear production can be confirmed by a Schirmer’s test, where a small piece of blotting paper is inserted under the lower eyelid for a period of five minutes and the degree of wetness measured.

A reduction in salivary production can be tested by simply measuring saliva in the mouth after chewing an absorbent sponge for a set period of time.

Occasionally biopsy of the minor salivary glands of the lower lip is performed under local anaesthetic to see if inflammatory cells in the gland can be seen under the microscope.

Blood tests such as full blood count can show inflammation and other abnormalities are helpful in making the diagnosis of Sjögrens syndrome. Biochemical studies are usually performed to look for involvement of the liver, the kidneys and muscle. Immunological test looking at antibodies (ANA) particularly SSA and SSB are often positive in Sjögrens.

What are the signs and symptoms?

The major symptoms of Sjögrens syndrome are a result of inflammation of the glands that secrete moisture. Symptoms usually develop over a period of several years and can vary in severity from day to day. These symptoms can involve:

- **Lacrimal (tear) gland** - Inflammation causes dryness due to a reduction in tear production. Other symptoms can include irritation, itching, sensitivity to the light and accumulation of thick, ropey mucus filaments, particularly on waking. Dryness may lead to increased infection and also the development of damage to the eye surface.

- **Parotid or Salivary gland** - Inflammation causes an under production of saliva and cause a dry mouth, trouble with swallowing and breaking down food, food sticking to the mouth, changes in taste and difficulty speaking for prolonged periods of time. The lack of saliva may also lead to the development of dental decay as well as bad breath.

- **Glandular enlargement** - Inflammation of the parotid glands, found just in front of the ears, and of the lacrimal gland, found in the upper outer eye corner, can cause swelling. This swelling can come and go however can be severe. Swelling of the glands is often associated with pain, tenderness and redness.

- **Persistent swelling needs to be checked by your doctor regularly as there is a rare chance that you may develop a condition called lymphoma.**

- **Upper airway dryness** - Dryness in the upper airways will lead to dryness of the nose and throat and can cause a persistent dry cough, small nose bleeds and also infection.

- **Vaginal dryness** - Vaginal dryness is common and may cause pain, particularly on intercourse. This can also lead to the development of more infections such as thrush.

- **Skin manifestation** - Dry skin is a common symptom which can have itching and burning sensations associated. Small blood vessels in the skin can become inflamed and lead to a condition called “vasculitis” which looks like groups of pinhead sized lesions, which can occasionally ulcerate.

Lung disease – Occasionally a condition known as pulmonary fibrosis can develop. This leads to reduced elasticity of the lungs which can lead to shortness of breath.

Gastrointestinal features - GI problems can develop as a result of reduced moisture secretions in the intestine. This can result in abdominal pain and alteration in bowel habit.

Nervous involvement - Occasionally the nerves can become inflamed leading to a condition called sensory neuropathy where altered sensation and loss of muscle power can develop. Very rarely, patients develop inflammation of the central nervous system causing symptoms similar to a stroke or multiple sclerosis.

Depression and anxiety issues, can be common in people with Sjögrens as well as changes in the ability to think clearly and complaints of poor memory and poor concentration, occur occasionally.

Arthritis – pain in the small joints of the hands and feet is quite common. This form of arthritis is usually intermittent and does not lead to deformity. Treatment of arthritis includes practical management such as the use of heat and cold therapies. If necessary, your doctor may prescribe non-steroidal anti-inflammatory medications to relieve pain and inflammation.

Myositis - Inflammation of the muscles causing pain and weakness.

Fatigue - Tiredness, lethargy and a lack of general wellness may be due to the disruption of sleep patterns caused through chronic inflammation and dryness. Developing good management techniques can help regain good sleep habits.