



Autoimmune Resource and Research Centre

Information Sheet

Eating Healthy When You Have Sjogren's Syndrome

While eating a healthy diet is important for everyone, it is especially important for someone with Sjogren's syndrome (and any other chronic disease). To fight a disease like Sjogren's syndrome, the body needs protein, carbohydrate, fats, vitamins and minerals. But there's another reason why practising sound nutrition is so important for the Sjogren's patient. It can help fight off other diseases like cancer, heart disease and osteoporosis. Although many Sjogren's patients might not think about such conditions, they are just as vulnerable to them as anyone else – and sometimes even more so because of medications or lack of activity.

Here we answer some dietary questions commonly asked by many Sjogren's patients.

Q. "I have heard about vitamins and herbs that are supposed to "boost the immune system".

A. Let's look at this question in two parts. First, herbal, vitamin and other so-called "nutritional" products such as co-enzyme A-10 that promise to boost the immune system simply cannot live up to their promise, according to the Food and Drug Administration. Co-enzyme Q-10, for example, can cause serious problems in people with poor circulation. Herbs may contain dangerous contaminants, some of which have been deadly (such as the chaparral herb). Such products are also expensive, robbing people (especially the chronically ill and elderly) of billions of dollars per year.

Secondly, you really can't boost the immune system, or make it more active, with diet. What you can do with a healthy diet is to strengthen the other disease-fighting abilities of the immune system. But do that with healthy foods, like fruit and vegetables, not with herbs and nutritional supplements.

Q. If some vitamins are good, does that mean taking extra is even better?

A. No – overdosing on vitamins may even be dangerous. Unfortunately, many people, especially people with chronic illness, jump on the vitamin bandwagon and carry a good thing too far by taking more than the recommended amounts of vitamins and minerals (called Recommended Dietary Intakes, RDIs). But this overzealousness can be downright dangerous. Consuming more than the RDI may cause toxic side effects, or interfere with the absorption or metabolism of other nutrients. For some vitamins and minerals, amounts many times the RDI are necessary to cause undesirable side effects, but sometimes levels just slightly higher than the RDI are dangerous. The best advice:

Try to obtain all vitamins and minerals from your eating plan. If you are concerned with your intake, consult a Dietitian. However, you can obtain generic brands of multiple vitamins from your local chemist and supermarket, and take just one a day. (There's one exception to this rule: patients taking methotrexate are often told to take a folic acid supplement).

Q. Are there foods a person with Sjogren's should avoid?

A. This depends on the individual and the severity of the dry mouth problems. In general, foods that aggravate the dry mouth should be avoided. Caffeinated drinks and alcohol have a drying effect on the mouth: acidic foods (tomatoes, citrus) and spices can be irritating to a dry, sore mouth. Dry foods, such as cereals, crackers and snack foods may be difficult to swallow. Sugar and sugar-containing products should be avoided as much as possible, since a decrease in saliva can increase the rate of tooth decay, and extra sugar may contribute to that. However, many of the above foods may not affect everyone in the same way. Advice – try and record the effects and modify your diet accordingly.

Q. What kind of diet should a person with Sjogren's follow?

A. The same healthy diet that every Australian is advised to follow: a diet low in saturated fat and rich in complex carbohydrate foods such as whole grain products, breads, cereals, legumes, vegetables and fruits and a moderate intake of protein foods, i.e. meat, fish, chicken, pork, lamb etc. The other key characteristic of a healthy diet is variety. Try to include at least 10 different foods daily, striving for 15 different foods each day. Ideally, aim to include at least five and hopefully nine different fruit and vegetable servings daily (where a serving is ½ cup or one piece of fruit). If swallowing is a problem, convert meats and vegetables into soups, stews and casseroles. Alternatively, experiment with low fat cream sauces or gravy for meats and vegetables.

Q. Should I avoid all red meat?

A. There's absolutely no reason that beef and pork can't be part of a healthy diet. The key is in how much you eat and how you prepare it. It's true that most Australians eat too much protein. While many people eat up to 350g of beef or other meat at one meal, the healthier amount is just 100-150g per day. A 60g portion is approximately the size of a deck of playing cards, or a small fist. Prepare your protein foods by first trimming all visible fat, grill or fry in a little olive or canola oil. Spray oils limit the amount you use. The best advice about types of protein food is again to think variety: rotate chicken, turkey, fish, beef, pork and cheese/low fat cheese for your protein foods at dinner. Other sources of protein are legumes, lentils and dried beans/peas. Try to include these in your eating plan. There are a number of recipe books available online that show how to prepare and cook these foods.

Q. What if I'm too ill to cook? Are there any frozen foods that are okay to eat?

A. Tread carefully through the frozen food aisle. Frozen foods are fat and salt landmines that can wreak serious havoc on fluid retention and your waistline. Read the nutrition information label carefully. Choose frozen meals that have 10g or less of saturated fat per 100g and no more than 600 milligrams of sodium per 100g. Examples: some Healthy Choice meals – remember read the label. In addition to frozen food, you might consider having some of the lower-fat, lower-sodium soups on hand. Choose varieties with chicken or beef, so that you get some protein. Low fat yoghurt is also a good food to keep on hand – it's not too high in sodium and a great source of protein. If you like it, low-sodium vegetable juice cocktail helps you get essential vitamins and minerals when you don't feel like fixing a vegetable.

Q. Is it safe for a Sjogren's patient to drink alcohol?

A. Because every Sjogren's patient is unique, and is on varying medication (some of which don't mix with alcohol), you should check with your physician about the safety of consuming alcohol. As previously mentioned, alcohol has a drying effect on the mouth.

Q. Is there any way to keep from gaining weight when I have to go on prednisone or when my dose increases?

A. You're very smart to think about how not to gain any more weight. Losing weight can be difficult for everyone, especially if you are taking prednisone.

Unfortunately, the increased appetite you experience when you're taking prednisone (or other forms of cortisone) is not just a figment of your imagination – it's real. Be aware that you will feel hungry when you're not, simply because your body doesn't supply you with the internal clues necessary to tell you to stop eating. That's why it's important to design a healthy eating plan (consulting with a Dietitian is a great idea for people with Sjogren's, especially those who take cortisone) and then follow it. This way, you're relying on a sound nutrition plan rather than appetite signals (which aren't reliable) to decide what to eat. Other tricks to try when your steroid appetite demands food:

- Drink a large glass of low-sodium vegetable juice cocktail or water
- Snack on a plate of raw vegetables, dipped in low fat dips
- If you can, go for a walk
- Drink a cup of decaffeinated, flavoured coffee with milk
- At meal times, serve your plate from the kitchen bench and leave the rest of the food on the bench to reduce temptation to eat more than you need
- Fruit is lower in fat than biscuits
- Remember activity and exercise are important for weight control
- Don't drink too much fruit juice or soft drink.

Q. Are there any other nutritional problems associated with taking cortisone?

A. To feel the best and avoid complications when taking cortisone, patients should also reduce sodium or salt intake and check with a Dietitian and a physician about how to get enough calcium. As anyone who has taken cortisone knows, it can make you retain fluid. While it's not possible to prevent all fluid retention, it is possible to reduce it by cutting down on sodium. It's not enough just to push away the salt shaker, though. Here are general guidelines that will help limit sodium/salt intake:

- Avoid processed and convenience foods when possible, choosing instead fresh foods such as fruits, vegetables and whole grains.
- Read the nutrition label for package/convenience foods.
- Choose fresh or frozen vegetables over canned: if you used canned, buy sodium free. Sodium <500mg per 100gm.
- Buy pasta and add tomato based sauces rather than cream based sauces.
- Remove the salt shaker from the table, or empty it of salt and replace with sodium-free herbs: also add a bottle of lemon juice to the table.
- Leave out all of the salt when you're cooking and add herbs instead.

Q. I have high cholesterol. Can diet bring it down?

A. In most people, yes. But, contrary to what most people think, limiting dietary cholesterol isn't the key to reducing blood cholesterol. In fact, dietary cholesterol is relatively insignificant to your final blood cholesterol reading, as a small proportion of it is absorbed (the rest simply passes through the intestinal tract unabsorbed). Most of the body's cholesterol is made by the liver. The key is in controlling how the body

recycles cholesterol. The most important dietary manoeuvre in this regard is reducing total fat intake, especially saturated or animal fats.

Saturated fat is indeed the main dietary culprit in raising blood cholesterol levels. How? In addition to making cholesterol, the liver is responsible for filtering cholesterol from the blood. It does this via thousands of proteins that jut from the surface of each liver cell, which basically snare cholesterol particles as they flow by. Saturated fats somehow gum up the works, either by reducing the number of cholesterol receptors or impairing their efficiency. The result: blood cholesterol levels rise.

On the other hand, moderate amounts of monounsaturated fats (such as olive, canola and peanut oils) and polyunsaturated fats (such as corn oil) can lower blood cholesterol levels. But remember that even too much of these better fats defeat the purpose can actually raise cholesterol levels as well. Remember all fats are fattening, therefore limit all the fats you use.

Wholegrain foods supply plenty of fibre and B vitamins, both being helpful in lowering the risk of heart disease.

Plant sterol spreads have been shown to lower cholesterol. All you need is 1 tablespoon each day. That's enough for 4 slices of wholegrain bread.

A handful of nuts each day has been shown to lower the incidence of heart attack. A variety is always a good idea.

Q. What about omega-3 nutrients?

A. These are the types of fats found in oily fish and some vegetable oils. They are protective against heart disease and are also helpful in many autoimmune diseases including rheumatoid arthritis. The National Heart Foundation recommends that all Australians increase their intake of omega-3 fats.

Omega-3 fats are found in salmon, sardines, mullet, fresh tuna and other oily fish. They also occur in walnuts, legumes, lean red meats, green, leafy vegetables and wheat germ.

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