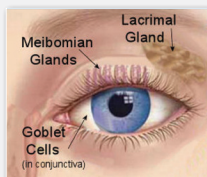


What is Dry Eye Disease?

Dry Eye Disease is an inflammatory condition in which either the tear film evaporates too quickly, or tear production is too low. The result is irritation, blurred vision, grittiness, burning, pain, corneal ulcers, redness, photosensitivity, and infections. Although up to 30% of Canadians suffer from dry eyes, over 90% of people living with Sjögren's deal with the most severe symptoms of dry eye.



The tear film is made up of three main components: The watery portion of the tears comes from the lacrimal glands and contains lubricants and special proteins that fight off infection and maintain the health of the surface cells. The mucous portion thickens the tear film and helps maintain a slippery surface so that the lids can move over the surface easily. The oils from the meibomian glands in the eyelids sit on the surface of the tear film to prevent evaporation. Inflammation occurs when these three components become compromised and unstable.

Monitoring Dry Eye Disease

It is essential that individuals with Sjögren's see an optometrist and/or ophthalmologist on a regular basis. These eye-care specialists are trained to perform diagnostic tests to assess tear production, tear stability, tear distribution and overall health of the eyes. They may consider prescribing anti-inflammatory drops designed to help increase natural tear production.

Self-Care Treatment of Dry Eyes

There are many treatment options that people with Sjögren's should consider for relief of dry eye symptoms. Regular and proactive use of moisturizing drops throughout the day is the foundation of dry eye treatments. Other important strategies include taking 2000 mg per day of omega-3 supplements, cleaning your eyelids, using warm compresses, taking blinking breaks, humidifying your home and workplace, and wearing sun and moisture chamber glasses. Special attention to overnight eye care such as using gels, ointments, eye masks, and humidifiers will allow eyes to heal.

What is Dry Mouth?

Sjögren's patients frequently complain of dry mouth or lack of saliva particularly in the throat and lips. Saliva, with its watery and mucous components, is produced by three pairs of major salivary glands and hundreds of minor salivary glands located on the tongue, palate, lips and cheeks. Saliva preserves and maintains oral health and function. Prolonged dry mouth may result in difficulty speaking, tasting, chewing, swallowing, and digesting food, as well as an increased risk of dental decay.

How Do I Manage My Dry Mouth?

Dry mouth is not the same as thirst. While drinking water can satisfy a thirst, it does not relieve dry mouth over an extended period and can make the mouth feel drier: when the water is swallowed, so is the saliva. Some techniques to stimulate saliva release include:

- massaging of glands in the cheeks or under the tongue;
- chewing gum (xylitol-containing);
- sucking on a hard object (cherry pit, smooth button, pebble, or xylitol-containing lozenge);
- applying dry mouth relieving products (gels, sprays, adherent discs, or rinses);
- taking prescribed medications

All of these may help on a temporary basis. No one product or technique works for everyone. To rehydrate the mouth, oil-pulling with virgin coconut oil may help.

How Do I Take Care of My Teeth?

Good oral health is essential. Brushing the teeth/mouth with a soft toothbrush upon waking, after meals and before bed are key techniques along with daily flossing, use of either a fluoride-containing or remineralizing toothpaste, use of fluoride rinses, and regular 3 to 6 month visits to dental teams. Your dentist may also suggest the application of silver diamine fluoride (SDF) to reduce oral decay-causing bacteria and remineralize the teeth. Since a dry mouth tends to be more acidic, rinsing with baking soda in water (5 mL per litre of water) can raise the pH and reduce acidity.

What is the Sjögren's Society of Canada (SjSC)?

Formed in 2006, the SjSC is a national, non-profit organization dedicated to improving the lives of Sjögren's patients in Canada.

Mission

To provide support and education for diagnosed and undiagnosed Sjögren's patients, to increase professional and public awareness, and to promote and fund Sjögren's related research.

How Will the Society Work for You?

Join today and receive the following benefits of membership:

Patient Support: Access to an expanding network of local support groups and contact persons.

List of Sjögren's Specialists: The SjSC maintains and makes available to its members, a list of rheumatologists, dentists and ophthalmologists who are experts in Sjögren's.

Newsletter: Our quarterly Connections newsletter is filled with educational information from diagnosis to treatment, hints for daily living, upcoming events, research, and much more.

eNewsletter: Our monthly eNewsletter features tips for living with Sjögren's along with upcoming events and fundraisers.

Discounts: On National Patient Conferences and books.

Education:

- Annual National Patient Conference featuring presentations from experts about Sjögren's-related topics, as well as exhibitors showcasing the newest products.
- Educational brochures and posters for patients and professionals.
- Support group meetings often feature expert speakers.

Advocacy & Research: With the help of our Board of Directors and our Medical Advisory Board, the SjSC is committed to monitoring Sjögren's-related issues in Canada, encouraging research into Sjögren's, and informing patients about new treatments and research updates.

Join the Sjögren's Society of Canada TODAY!
www.sjogrenscanada.org or call 1-888-558-0950



What is Sjögren's?

Dry eyes, dry mouth, fatigue, and joint pain are the hallmark symptoms of one of the most prevalent autoimmune diseases that affects an estimated 1% of Canadians, 90% of whom are women.



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What is Sjögren's?

Sjögren's (pronounced SHOW-grins), also known as Sjögren's Disease or Sjögren's Syndrome, is a chronic, systemic, inflammatory autoimmune disease that usually attacks and damages the salivary, tear and mucous-secreting glands. This results in dry mouth, dry eyes, or even internal organ damage, arthritis, painful weak muscles, neuropathy, and debilitating fatigue. In 1933, Henrik Sjögren, a Swedish ophthalmologist, published his findings noting the connection among arthritis, fatigue, dry eyes, and dry mouth. This condition was later given his name and is now recognized as one of the most prevalent autoimmune diseases.

Is Sjögren's Easily Diagnosed?

NO! Sjögren's is often misdiagnosed and frequently goes undetected. In fact, on average it may take up to 5 years to be diagnosed. There is still a general lack of awareness about Sjögren's among health care providers. Patients often don't look sick. Symptoms may fluctuate and vary greatly from one patient to another. While some people experience mild discomfort, others suffer debilitating symptoms that greatly impair their quality of life. Undiagnosed patients consult several specialists about Sjögren's-type symptoms not knowing these symptoms are connected by a common disease. Sjögren's can mimic other diseases such as rheumatoid arthritis, lupus, multiple sclerosis or fibromyalgia, further complicating diagnosis. Early diagnosis and proper treatment is essential to prevent serious complications associated with Sjögren's.

What Kind of Doctor Treats Sjögren's Patients?

Talk to your health care provider if you experience dry eyes and/or dry mouth for more than three months and have other commonly associated Sjögren's-type symptoms. Rheumatologists usually have primary responsibilities for managing Sjögren's patients. Eye practitioners (optometrists or ophthalmologists), dentists, or ear, nose and throat specialists (otolaryngologists) are usually the first to detect Sjögren's and can treat the site-specific symptoms. It is recommended that patients see their rheumatologist, eye care and dental care providers every 6 months to monitor symptoms and potential complications.

How is Sjögren's Diagnosed?

Your doctor will begin with a complete health history and physical examination to assess your symptoms and degree of organ involvement. Even if you do not have dryness symptoms, you may still have Sjögren's. An international consensus of rheumatologists has identified the following classification criteria to provide a framework for diagnostic testing. A score of 4 or higher confirms Sjögren's but not all patients will meet these criteria. The gold standard for diagnosis still remains your doctor's expert opinion.

CLASSIFICATION CRITERIA	SCORE
Lip biopsy (removal of a minor salivary gland) focus score ≥ 1	3
Positive Anti-SSA/Ro antibody	3
Eye staining score (measures abnormal cells) ≥ 5 or van Bijsterveld score ≥ 4 in at least one eye	1
Schirmer Test (measures tear production): ≤ 5 mm/5 min in at least one eye	1
Unstimulated salivary flow: flow rate ≤ 0.1 mL/min	1

There are several other blood tests which your doctor may use as part of your evaluation:

- ANA (Anti-Nuclear Antibody): Found in 70% of Sjögren's patients and those with other autoimmune diseases.
- SS-B (or LA) antibodies in Sjögren's: 40% of Sjögren's patients are positive for SS-B.
- RF (Rheumatoid Factor): 60-70% of patients with Sjögren's are positive for RF.



How is Sjögren's Treated?

There are numerous over-the-counter products that may provide symptomatic relief for various aspects of the disease. There are a few prescription medications that may be helpful in treating dry eyes, dry mouth and other symptoms depending on the type and severity. Immunosuppressive medications are used to treat serious organ complications. Learn more about treatment options from your doctor and by participating in a local support group. Educating yourself is very important in managing Sjögren's.

There is currently no cure for Sjögren's. It is a serious and potentially progressive disease but is generally not fatal. Lymphoma (lymph node cancer) may occur in up to 10% of patients with Sjögren's, but it is generally slow growing and treated with effective drug protocols. It is also important for Sjögren's patients to be monitored for organ involvement, such as in the liver, kidney and lungs. In 30% of patients, Sjögren's will co-exist with other autoimmune diseases such as rheumatoid arthritis or lupus.

Who Does Sjögren's Affect?

- Approximately 1% of the population
- 9 out of 10 patients are women but the number of men is increasing
- Average age of onset is between 35-65 although it can occur in all age groups including children



Ways Sjögren's Can Affect Your Body

