**Sjogren's syndrome**

**Summary**

- Sjogren's syndrome is an autoimmune disease that mainly affects the eyes and salivary glands, but can also affect other parts of the body.
- Immune system cells attack the tear (lachrymal) and salivary glands.
- There is no cure, but the condition can be managed with medications and products such as artificial tears and saliva as well as mouth washes and lozenges.

Sjogren's syndrome is a relatively common condition that mainly affects the eyes and salivary glands, but can affect different parts of the body.

Sjogren's syndrome is an autoimmune condition, which means it occurs as a result of a malfunctioning immune system.

Your immune system is designed to identify foreign bodies (such as bacteria and viruses) and attack them to keep you healthy. However, in the case of Sjogren's syndrome your immune system attacks the glands that make tears and saliva. This prevents the glands from working properly and causes dryness of the mouth, eyes or other tissues.

The condition may progress slowly, so the typical symptoms of dry eyes and mouth may take years to show. However, rapid onset can also occur. Symptoms can be mild, moderate or severe, and the progression is often unpredictable.

Women are most commonly affected by Sjogren’s syndrome. There is no cure, but it can be managed effectively. In rare cases, organs such as the liver and kidneys may be involved, which can increase the severity of the condition. In a small number of people, Sjogren’s syndrome may be associated with lymphoma (cancer of the lymph glands).

**Cause of Sjogren’s syndrome**

No one knows what prompts the immune system to attack the healthy tissues it’s supposed to protect.

Around half the people who have Sjogren’s syndrome also have another condition (such as scleroderma, lupus or rheumatoid arthritis). This is known as secondary Sjogren’s syndrome.

In the remaining cases, the autoimmune response occurs in isolation. This is known as primary Sjogren’s syndrome. We don’t know why it occurs, but it’s believed to have a genetic basis and to be triggered by an environmental factor – possibly a virus.

**Symptoms of Sjogren’s syndrome**

The more common symptoms of Sjogren’s syndrome include:

- dry eyes (including irritation, gritty feeling or painful burning)
- dry mouth (or difficulty eating dry foods)
- difficulty with chewing or swallowing
- swelling and tenderness of the glands around the face, neck, armpits and groin
- tiredness (fatigue)
- joint pain and general achiness.

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Other areas can be affected

Sjogren’s syndrome is a systemic condition, which means it can affect the entire body.

The mucus membranes of the nose and vagina can become dry and internal organs (including kidneys, blood vessels, intestines, lungs, heart and liver) may become inflamed. The structures of the circulatory and nervous systems can also be affected.

Common complications include dental decay, skin rashes and an increased susceptibility to thrush infections of the mouth.

You should see your doctor straight away if you notice excessive redness and pain in the eyes as this could be a sign of infection.

Diagnosing Sjogren’s syndrome

Early diagnosis and treatment are important for preventing future complications. It can be difficult to diagnose Sjogren’s syndrome as the symptoms can imitate those of other conditions such as lupus and fibromyalgia. Dry mouth and eyes can also be the side effects of medications for other problems, such as depression and high blood pressure.

Diagnosing Sjogren’s syndrome is often done by a rheumatologist (a specialist who treats conditions that affect joints, muscles, and bones) and involves a number of tests, which may include:

- **Schirmer’s test** – special blotting paper held to the eye is used to assess the degree of tear production
- **eye examination** – including the use of special dyes
- **biopsy** – a small piece of salivary gland tissue is removed (usually from the lip) and examined under a microscope
- **blood tests** – may be used to check the levels of particular immune system cells in the blood, and to check for any problems with your kidneys or liver.

Treating Sjogren’s syndrome

There is no cure for Sjogren’s syndrome, but it can be managed effectively. Treatment may include:

- artificial tears and lubricating ointments for the eyes
- artificial saliva
- mouth rinses and lozenges
- nasal sprays
- vaginal lubricants
- moisturising lotion for the skin
- non-steroidal anti-inflammatory drugs (NSAIDs) – these medications (for example naproxen and ibuprofen) help control inflammation and provide temporary pain relief
- corticosteroid medications – may be used as a temporary treatment for joint pain
- immunosuppressive medications (for example hydroxychloroquine and methotrexate) – may be used to help control your overactive immune system.

Self-management of Sjogren’s syndrome

There are many things you can do to manage your Sjogren’s syndrome including:

- Avoid dry and dusty environments.
- Avoid air drafts or windy weather.
- Wear protective glasses when outside in the wind and sun.
- Exercise regularly, eat a healthy diet, stop smoking and reduce stress to help your overall health and wellbeing.
- Eat soft, moist foods if you have trouble swallowing.
• Eat smaller, more frequent meals to stimulate saliva flow.
• Avoid salty, acidic or spicy foods and carbonated drinks that may be painful if your mouth is dry.
• Drink water regularly.
• Practice good dental hygiene and visit your dentist often.

Where to get help
• Your doctor
• Rheumatologist
• Ophthalmologist (eye doctor)
• Dentist
• Musculoskeletal Australia. National Help Line Tel. (03) 8531 8000 or 1800 263 265
• Support groups