

What is Sjögren's Syndrome?

Sjögren's syndrome is characterized by the body's immune system mistakenly attacking its own exocrine glands, which include saliva and tear glands. Although Sjögren's occurs in all age groups and in both sexes, the average age of onset is in the late 40s, and 90% of those affected are female.

Recently, children with Sjögren's syndrome have been reported. Sjögren's syndrome belongs to a family of autoimmune disorders that include rheumatoid arthritis.

Common Signs & Symptoms

Symptoms vary from person to person but some of the most common symptoms of Sjögren's are dry eyes (keratoconjunctivitis sicca) and dry mouth (xerostomia).

Sjögren's affects saliva production in two ways:

- 1) Generally decreasing the amount of saliva your body produces and
- 2) Altering the proteins and components that are normally produced.

Symptoms may include but are not limited to:

- ▶ A dry, gritty, or burning sensation in the eyes
- ▶ Difficulty talking, chewing, or swallowing
- ▶ A sore or cracked tongue
- ▶ A dry or burning throat
- ▶ A change in the sense of taste or smell
- ▶ Increased dental decay
- ▶ Joint or muscle pain
- ▶ Digestive problems
- ▶ Dry nose or dry skin
- ▶ Fatigue

From one third to one half of patients may have diffuse, firm enlargement of the major salivary on the cheeks or under the chin. If you experience this, consult your physician as this may indicate a serious condition, such as a lymphoma.

For more information or to schedule an appointment, please contact us.

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Information provided by
Center for Orphaned Autoimmune Disorders

UF College of Dentistry
ufhealth.org/COAD

More resources are available at the
Sjögren's Syndrome Foundation:
sjogrens.org
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**Oral Health Care for
Patients With
Sjögren's Syndrome**
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Patient information from the
**UF Health
Oral Medicine Clinic**

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Sjögren's Syndrome

Managing Signs & Symptoms

Tooth Decay or Dental Caries

Because saliva has minerals that prevent cavities, patients are at an increased risk for tooth decay due to lowered saliva production. In order to prevent tooth decay, one must maintain excellent oral hygiene and be monitored by a dentist. Adequate oral care, use of fluoride products and saliva stimulants, as well as proper diet will aid in reducing susceptibility to dental decay.

Below is more information about products that can help manage Sjögren's symptoms:

Fluoride Products

Over-the-counter alcohol-free rinse containing neutral sodium fluoride can be used following your dentist's instruction. Daily use of a prescription-based fluoride product, such as Prevident gel or Prevident 5000Plus toothpaste at bedtime following brushing and flossing may be recommended. The use of these products for children requires a consultation with a dentist first.

Toothpastes

Many OTC varieties containing fluoride are available. Patient should avoid using toothpastes with abrasives that can sometimes be too harsh for routine use.

Mouthwash/Mouthrinse

When choosing a mouthwash, it is important to avoid alcohol-containing rinses which can sometimes irritate and dry the mouth. Biotene® is an OTC antimicrobial alcohol-free mouthwash that can also be used. A mouthrinse containing 0.12% chlorhexidine gluconate, such as Peridex® or PerioGard®, can be prescribed to reduce harmful bacteria for short term management of gingivitis or aphthous ulcers. These should only be used under the care of a dentist for prescribed periods.

Oral Yeast Infections

Oral yeast infections appear as red or white patches in the mouth or at corners of the mouth and may cause a burning sensation and altered taste. They appear at increased rates in patients with Sjögren's due to low level of saliva. Research shows that plain, sugar-free yogurt can prevent and even treat oral yeast infections. Prescription anti-fungal mouth rinses, lozenges, creams, and systemic medication are also available through your dentist or physician if necessary.

Dental Implants vs. Dentures

For some patients, conventional dentures can be intolerable for people with dry mouth. Conventional crown and bridge work may also be more susceptible to decay due to decreased saliva. Therefore, implant-retained dentures or other implant-supported dental prosthetics, or single-tooth implants may be a viable treatment option with your dentist's recommendation. However, someone who is severely immune-suppressed or has a history of bisphosphonate therapy should use extreme caution. Bisphosphonate-related osteonecrosis (loss of bone cells) of the jaw after surgical procedures in the mouth is a growing concern.

Dry Mouth and Dry Eyes

Saliva and Tear Substitutes

Many over-the-counter saliva or tear substitutes are available. Saliva or tear substitutes are not long lasting and must be used frequently throughout the day. Some common ones are: Biotene rinse and products, Oral Balance moisturizing gel and oral rinse, Mouth Kote dry mouth spray, Oasis mouth moisturizing spray, XyliMelts discs, and TheraBreath oral rinse.

Many artificial tears are also available. It is important to note that eyedrops without preservatives need to be used if you use it more than four times a day.

Saliva and Tear Stimulation by Prescription Drugs

The two drugs currently approved for use in the U.S. are cevimeline hydrochloride (Evxac®) and pilocarpine hydrochloride (Salagen®). Both medications are available in generic form. Pilocarpine is a potent stimulator of exocrine secretion and has been indicated for this use for over 80 years with proven effectivity. Cevimeline is a newer drug used to treat Sjögren's. This drug works similarly to pilocarpine with different dosages and frequencies, depending on your physician/dentist recommendations. Cevimeline and pilocarpine have some contraindications for its use. Therefore, professional consultation with a physician or dentist is necessary prior to taking either drug.

In general, Sjögren's patients should:

- ▶ Remain well hydrated to help minimize symptoms.
- ▶ Avoid liquids high in sugar and acid, like soft drinks, because they speed up tooth decay.
- ▶ Avoid alcohol and caffeine; they can irritate the tissues of the mouth and promote dehydration.
- ▶ Try Sugar-free candies and chewing gum which stimulate saliva production. Xylitol is a naturally occurring sweetener which does not contribute to dental decay so candy or gums with xylitol is recommended.

With adequate management and care, adverse oral concerns related to Sjögren's syndrome can be minimized and a better overall quality of life can be maintained.