Sjogren’s Syndrome
Dr. Peter Hendler

**Dr. Hendler:** Hello, this is Dr. Peter Hendler and this is my podcast about Sjogren’s disease. First let me spell Sjogren’s, S-J-O-G-R-E-N-S. Now Sjogren’s is a disease that’s very common but very unknown and I really believe that over 90% of people who do have Sjogren’s will go their whole life without any ever suspecting that they have an autoimmune disease. In my practice, I am often referred patients who have had a blood test done called ANA, that stands for antinuclear antibody, that turns out positive and that’s the reason that they’re referred to me. Most doctors associate this blood test with a more serious, related condition called SLE, which stands for systemic lupus erythematosus or just lupus. Lupus is another subject, which is covered in another podcast.

But what is Sjogren’s? Sjogren’s is also Sicca Syndrome, that’s S-I-C-C-A. It most famously consists of dry eyes and dry mouth but there is more to it. When I ask patients if they have dry eyes, it sometimes surprises me that they don’t know, and I imagine that’s because they only know what their own eyes are like and they don’t know what it would be like not to have their own dry eyes. So rather than relying on just asking, there is a special test, it’s called Schirmer’s test, that’s S-C-H-I-R-M-E-R’. Now this is a very simple test where we have little pieces of paper, little strips of paper, that are about 30 mm long and they’re the same kind of paper as coffee filter paper and they’ve been marked off with a ruler. And what we do is we put an anesthetic drop in your eye so that you can’t feel anything in your eye, and then we fold this little ruler and we put a tiny little end of it against your eye with your eye shut, kind of folded over your eyelid and we time that for five minutes. Normally, the tear glands would make enough tears that the wetness would go down the paper and because the paper is a ruler we can see that it’s gone over 15 mm. But in Sjogren’s patients they make 10 mm or less of wetness. Very often they have only 5, 6, or 7, very dry. Now we don’t really have a good test for mouth dryness, but there are clues. If you’re a woman who wears lipstick, if you’ve ever noticed that lipstick was stuck to your teeth, then that suggests very dry mouth and it’s a very suggestive clue that you might have Sjogren’s. If you’re an adult and you’ve had any dental work related to cavities in the past three years, that’s unusual and it suggests dry mouth. It’s not just the eyes and the mouth that are dry in Sjogren’s. In Sjogren’s, the immune system, and especially a certain type of white blood cell called lymphocytes, attack all of your glands that make moisture. Women often notice vaginal dryness and anyone with Sjogren’s can present with swollen parotid glands, which are glands in your cheeks that are salivary glands. That’s probably because the saliva becomes so thick and viscous that it clogs a duct and then the gland swells. Now there is a gold standard way to make the diagnosis of Sjogren’s and that’s to take a very small biopsy of the lip and when it’s looked at under the microscope, there are a lot of lymphocytes seen that are attacking the gland. Often we don’t bother with that because the clinical diagnosis is obvious.
Now in addition to the positive ANA blood test, which is very often the reason why a patient is referred to me and in addition to the signs and symptoms that we mentioned, there are two specific blood tests, one is called SS-A and one is called SS-B and they conveniently stand for Sjogren’s Syndrome A, or actually it’s Sjogren’s Serology A, and Sjogren’s Serology B. Now they are negative in half the patients who do have Sjogren’s but if they are positive, it’s a good piece of evidence that further suggests the diagnosis.

Now Sjogren’s can have a large number of other symptoms, which I’ll mention. But these are all less specific and can also be seen in many other conditions. People with Sjogren’s don’t have normal mucus in the nose and in the upper respiratory system. So it’s common for people that have Sjogren’s to have frequent infections like colds or bronchitis or sinus infections. Sometimes, they get yeast infections in their mouth, which is called thrush or they get vaginal yeast infections. Now fatigue is common but it is so non-specific that it doesn’t help us with the diagnosis at all. Constipation is common and neuropathies, which cause numbness or tingling of the feet are also often seen. Swollen lymph nodes are common and people with Sjogren’s are a bit more prone to a type of lymph node cancer called lymphoma. So if there are some unusual lymph node swellings or fevers and night sweats, we usually have to evaluate patients to make sure that’s not going on.

For the most part, treatment is symptomatic, but I’ll mention a few specifics. Dry eyes can obviously be treated with artificial tears but if it’s severe enough, we can refer you to an ophthalmologist. There are little ducts in your eyes that when you make tears, they drain the tears into your sinuses but if you have Sjogren’s it’s not such a good idea to have your tears go down the drain. So an ophthalmologist can actually plug those tear ducts and allow you to keep the tears that you do make around your eyes for a longer period of time. Frequent cavities can be prevented by using a special mouthwash, which is very high in fluoride, twice a day. This is not something that you buy right off the shelf, although I believe it’s non-prescription. It’s called Phos-Flur. Also, sucking on sugarless hard sour candy can help stimulate your saliva glands to produce whatever they can and that may help with some of the dryness of the mouth, as will frequent small sips of water. We have a medication called Plaquenil, which is also called hydroxychloroquine. Originally, this medication, long ago, was used for malaria but it is a safe and effective inhibitor of the immune system and it’s especially effective in inhibiting the lymphocytes that cause damage to the glands in Sjogren’s. This medication often takes six months or more before it works but it can slow down the progression of Sjogren’s and some of my patients tell me that they notice their eyes and their mouth are more moist six months or so after starting Plaquenil. There’s another medication that we use called Salagen, that we can give three times a day that stimulates secretions of saliva and if you have a very dry mouth, we consider giving you that. If patients have too much fatigue and pain, then we sometimes give low-dose prednisone. Prednisone is covered in another podcast but low-dose prednisone can dramatically improve the energy and decrease the pain in some patients with Sjogren’s and they find it’s worth it. Sjogren’s can also affect the thyroid gland so getting blood tests to measure your thyroid function is often useful. There are no specific lab tests that can measure whether Sjogren’s is more or less active but the C-Reactive protein and sed rate are
useful in measuring inflammation in general and we can use them sometimes as an indicator of disease activity. These two blood tests are also described in some detail in another one of my podcasts.

I hope this podcast has made you more familiar with this common and often missed diagnosis. Thanks for listening.