



## Lupus and Overlap Sjogrens Syndrome

[www.hopeforlupus.com](http://www.hopeforlupus.com)

**Sjögren's Syndrome** is an autoimmune disease in which the body's immune system mistakenly attacks its own moisture producing glands. Sjögren's is one of the most prevalent autoimmune disorders, striking as many as 4,000,000 Americans. Nine out of ten patients are women. The average age of onset is late 40s although Sjögren's occurs in all age groups in both women and men.

About 50% of the time Sjögren's syndrome occurs alone, and 50% of the time it occurs in the presence of another connective tissue disease. The four most common diagnoses that co-exist with Sjögren's syndrome are Rheumatoid Arthritis, Systemic Lupus, Systemic Sclerosis (scleroderma) and Polymyositis/Dermatomyositis. Sometimes researchers refer to the first type as "Primary Sjögren's" and the second as "Secondary Sjögren's." All instances of Sjögren's syndrome are systemic, affecting the entire body.

The hallmark symptoms are dry eyes and dry mouth. Sjögren's may also cause dryness of other organs, affecting the kidneys, GI tract, blood vessels, lung, liver, pancreas, and the central nervous system. Many patients experience debilitating fatigue and joint pain. Symptoms can plateau, worsen, or go into remission. While some people experience mild symptoms, others suffer debilitating symptoms that greatly impair their quality of life.

Early diagnosis and treatment are important for preventing complications. The symptoms of Sjögren's syndrome may overlap with or "mimic" those of other diseases including lupus, rheumatoid arthritis, fibromyalgia, chronic fatigue syndrome, and multiple sclerosis. Furthermore, dryness can occur for other reasons, such as a side effect of medication like anti-depressants or high blood pressure medication.

Additionally, because all symptoms are not always present at the same time and because Sjögren's can involve several body systems, physicians and dentists sometimes treat each symptom individually and do not recognize that a systemic



Disease is present. The average time from onset of symptoms to diagnosis is over six years. Rheumatologists have primary responsibility for diagnosing and managing Sjögren's syndrome.

*Once Sjögren's syndrome is suspected, a physician will request a series of blood tests, including:*

### ANA (Anti-Nuclear Antibody)

ANAs are a group of antibodies that react against normal components of a cell nucleus. About 70% of Sjögren's patients have a positive ANA test result.

### SSA and SSB

The antibodies SSA (or RO) and SSB (or LA) are often found in Sjögren's syndrome; 70% of patients are positive for SSA and 40% are positive for SSB.

### RF (Rheumatoid Factor)

This antibody test is indicative of a rheumatic disease. In Sjögren's patients, 60-70% have a positive RF.

### ESR (Erythrocyte Sedimentation Rate)

This test measures inflammation. An elevated ESR can indicate an inflammatory disorder, including Sjögren's syndrome.

### IGs (Immunoglobulins)

These are normal blood proteins. They are usually elevated in

Sjögren's. The physician is likely to refer the patient to an ophthalmologist for further tests and to an oral pathologist or dentist for additional procedures.

### **The ophthalmologic tests include:**

#### *Schirmer Test*

Measures tear production.

#### *Rose Bengal and Lissamine Green*

Uses dyes to observe abnormal cells on the surface of the eye.

#### *Slit-Lamp Exam*

Indicates the volume of tears by magnifying the eye and viewing it in its resting state.

The dental tests include:

#### *Parotid Gland Flow*

Measures the amount of saliva produced over a certain period of time.

#### *Salivary Scintigraphy*

Measures salivary gland function.

#### *Sialography*

An x-ray of the salivary-duct system.

#### *Lip Biopsy*

Used to confirm lymphocytic infiltration of the minor salivary glands.

### **Who is most likely to develop Sjögren's syndrome?**

Nine of ten Sjögren's patients are women. The average age of diagnosis is late 40s although it can occur in all age groups in both sexes.

### **What are the symptoms of Sjögren's syndrome?**

Symptoms may include a dry, gritty, or burning sensation in the eyes; difficulty talking, chewing, or swallowing; a sore or cracked tongue; dry or burning throat; a change in the sense of taste or smell; increased dental decay; joint pain; digestive problems; dry nose; dry skin; and fatigue. No two people have the exact same set of symptoms.

### **Is it easy to diagnose Sjögren's syndrome?**

Sjögren's syndrome often is undiagnosed or misdiagnosed. The symptoms of Sjögren's syndrome may overlap or "mimic" those of other diseases including lupus, rheumatoid arthritis, fibromyalgia, chronic fatigue syndrome, and multiple sclerosis.

Because all symptoms are not always present at the same time and Sjögren's can involve several body systems, physicians and dentists sometimes treat each symptom individually and do not recognize that a systemic disease is present. The average time from onset of symptoms to diagnosis is over six years.

### **What kind of doctor treats Sjögren's?**

Rheumatologists have primary responsibility for managing Sjögren's Syndrome. Ophthalmologists, dentists and other specialists also can treat symptoms related to Sjögren's.

### **Will I die from Sjögren's syndrome?**

Sjögren's syndrome is serious but generally not fatal if complications are diagnosed and treated early. In one study the incidence of lymphoma (cancer of the lymph glands) was 44 times higher in people with Sjögren's syndrome than in the general population. Sjögren's syndrome patients must be monitored carefully for development of related autoimmune diseases, lymphoma, and other complications.

Is there a cure?

Not yet. But with your help, there will be.

Source - [sjorgens.org/syndrome](http://sjorgens.org/syndrome)

