

Learning objectives for Profession Education Day on Sjogren's syndrome

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- I. Common classification criteria for Sjogren's syndrome
 - a. The Consensus American European Criteria is the most commonly used. It is a combination of clinical criteria (dry eyes and dry mouth) as well as objective measures of dryness and an autoimmune process (particularly antibody to SS-A)
 - b. There has been confusion about different criteria between Europe and the US in the past several years. This problem has been resolved and a new criterion has been submitted to ACR for approval.

- II. Overall problems in Sjogren's that are targets for therapy
 - a. Benign symptoms are dryness of eyes and mouth, cognitive function (particularly multi-tasking), muscle and joint pains without actual inflammation of the muscles and joints
 - b. Extraglandular manifestations that include skin, lung, kidney, neurologic system, blood counts, and lymphoma

- III. Logical approach to benign symptoms
 - a. I have listed several tables on my website for treatment
 - b. Agents for dry eyes will not be effective until treat blepharitis (lid scrubs) and oral saliva substitutes will not work until oral yeast
 - c. For fatigue, optimize sleep and decrease stress (yoga, meditation)
 - d. Regular exercise and balanced diet
 - e. Information for patients on robertfoxmd.com (from computer not iPhone)

- IV. Drugs used for extra-glandular complications
 - a. Agents similar to RA and SLE for arthritis
 - b. Prednisone works but need to decrease dose
 - c. Methotrexate, azathioprine, cell cept
 - d. Rituxan is the most widely used in Europe although not approved by FDA
 - e. Multiple other biologic drug trials have been performed: these each work for extra-glandular symptoms but not for benign symptoms

V. Neurologic Symptoms

- a. Dr. Julius Birnbaum (Hopkins) will be speaking in this program about neuropathies
- b. I will talk about need for new therapy for the “benign” neurologic symptoms (cognitive)

VI. Opportunities and challenges to be addressed in the treatment for Sjogren’s Syndrome

- a. Over half of patients with Sjogren’s are mis-diagnosed as RA or SLE even in excellent rheumatology clinics such as UCLA or Oklahoma.
- b. Thus, SS patients who would improve with biologic agents are not included in studies where they would benefit
- c. Therapy for benign symptoms must be addressed, as they are a major cause of diminished quality of life in patients.