14 Table. **Treatment of Dry Skin and Vaginal Dryness**

Treatment of dry skin in Sjögren's syndrome is similar to managing **xerosis** in other conditions.

1. The patient should **moisturize** with a fragrance-free cream moisturizer once or twice a day. Moisturizing is performed immediately after bathing or showering, while the skin is still damp, to prevent further evaporation from the skin.

Sometimes in cases of extreme dryness, an **ointment** is suggested for its barrier and protective properties (such as petrolatum jelly or Aquaphor).

If ointment is used, then application should be to damp skin because the ointment itself does not contain water.

Excess greasiness can be blotted with a towel.

Sometimes a moisturizing cream with beta or alpha hydroxy acid or urea can add extra moisture, but in cases of cracks in the skin, these will sting and irritate.

2. Excessive, long, hot showers or baths should be avoided in addition to heavily fragranced cleansers.

3. Cleansing of the skin—The usual recommendation is to cleanse with a moisturizing soap such as Dove® fragrance-free bar, or a soap-free cleanser such as Cetaphil® gentle cleanser or Aquanil® cleanser.

If the xerosis leads to **pruritis,** then safe anti-pruritis topical treatments are recommended. The therapeutic approach is similar to contact dermatitis or eczema. Topical steroids and immodulary creams or sprays are initially preferred. Mirtazapine also has some anti-pruritic effect to its strong antagonism of the H1 receptor.

4. **Over-the-counter lotions** containing menthol, camphor (Sarna Anti-Itch Lotion®), 2% lidocaine (Neutrogena Norwegian Formula Soothing Relief Anti-Itch Moisturizer®), and pramoxine (Aveeno Anti-Itch Concentrated Lotion®) are readily available.

5. **Oral antihistamines** should be used with caution because of their anticholinergic effects. Fexofenidine (Allegra) does not cross the blood brain barrier and may have slightly less dryness as a side effect. Over the counter sleeping medications that contain hydroxyzine (Atarax) or diphenhydramine (Benadryl) are very drying and may contribute to sleep disturbance.

6. **Topical corticosteroids**—We generally do not like to use topical corticosteroids (especially on the face) for more than a couple of weeks at a time, especially the ultra-potent ones, but even the mid-potency ones. In the case of inflammatory skin findings, local treatment with potent topical steroids can augment systemic treatments.

Sometimes topical corticosteroids are used for pruritis, but their use should be limited due to long-term side effects such as skin atrophy, tachyphylaxis, and absorption.

7. We always suggest **constant daily sun protection** for patients with autoimmune conditions. Because the wavelength of light causing sun sensitivity in autoimmune conditions may not be in the UVB spectrum (290–320nm), **patients should use a broad-spectrum sunscreen**.

- SPF factors refer to UVB protection only, so patients cannot count on simply the SPF factor.
- Most sunscreens available now have added UVA protection (290–320 nm), commonly from chemical UVA absorbing compounds such as Parsol 1789 (avobenzone).

Vaginal Dryness is a problem that is prevalent but not often discussed with the rheumatologist due to patient embarrassment. However, the patient should be encouraged to discuss with their gynecologist a variety of suitable lubricants are available:

- Astroglide®
- Estrace Vaginal Cream®
- Feminaease®
- Lubrin Vaginal Inserts®
- Premarin Vaginal Cream®
- Replens Long-Lasting Vaginal Moisturizer®