



Sjögren's Syndrome

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Foreword

Sjögren's (Show grins) syndrome is an autoimmune disorder that has not been directly linked to hepatitis C, but is seen more often in people with hepatitis C than in the general population. The exact cause of Sjögren's is unknown, but heredity, viral infections and, possibly, hormones may be contributing factors. There also seems to be a link between Sjögren's and rheumatic disorders such as rheumatoid arthritis. Sjögren's can affect many parts of the body, but most often affects the tear and saliva glands. Sjögren's is classified into two types: primary which occurs alone and is not associated with any other factors or conditions, and secondary which occurs because of other conditions such as viral infections (hepatitis C).

Sjögren's syndrome affects between 400,000 to 3.1 million Americans – about one to two percent of the population. It generally affects people between 45 and 55 years old, although it can affect anyone regardless of age. It is also found mostly in women – women are 10 times more likely to have Sjögren's than men.

Symptoms

The symptoms of Sjögren's vary greatly in severity. The most common symptoms involve dryness of the eyes, mouth and nose that can result in a variety of problems including:

- Eyes: painful burning, infections and ulcers
- Mouth: difficulty eating and swallowing liquids and food especially dry food; heartburn, gastric reflux; dental problems
- Nose: sinus problems and nose bleeds
- Vagina: painful sexual intercourse
- Skin: pain and itching

HCSP FACT SHEET

*A publication of the
Hepatitis C Support Project*

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The information in this fact sheet is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV.

This information is provided by the Hepatitis C Support Project a nonprofit organization for HCV education, support and advocacy

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Other common symptoms include:

- Swelling of the glands around the face and neck
- Fatigue
- Muscle and joint pain
- 'Brain fog'

In severe cases the symptoms and complications can include :

- Autoimmune diseases such as vasculitis, Raynaud's phenomenon, autoimmune hepatitis, peripheral neuropathy, and arthritis

Diagnosis

The diagnosis of Sjögren's syndrome is made by a variety of methods including physical examination, blood tests, biopsy and special studies.

Blood tests include:

- ANA or anti-Nuclear Antibody a marker for autoimmune disease
- RF or Rheumatoid Factor a antibody that is found in people with rheumatoid arthritis
- Various markers for Sjogren's such as SS-a (Ro) and SS-B(La)
- ESR (Erythrocyte Sedimentation Rate) a test that measures inflammation
- Igs (Immunoglobulins) are normal blood proteins that can be elevated with autoimmune diseases

Eyes tests include:

- Schirmer test to measure tear production
- Tests to examine the surface of the eye for dry spots

Dental tests include:

- A test to measure the amount of saliva produced in a certain amount of time
- A tests to measure salivary gland function
- Salivary gland biopsy to diagnose whether the gland has been affected

Other factors such as medications should be excluded since the side effects of some medicines can mimic the symptoms of Sjögren's.

Treatment

Sjögren's syndrome can not be cured. The most common treatment of Sjögren's is to lessen the symptoms. Strategies that help with the symptoms include:

- Preservative-free artificial tears and eye drops to reduce the inflammation around the eyes.
- Saline nasal sprays help with the dryness in the nasal passages. Lubricants can help during sex to relieve vaginal dryness.
- Dry mouth can be helped with medications to stimulate the production of saliva.
- Drinking plenty of clear fluids such as water is also recommended to help moisturize the skin and help with dryness.
- Suck on sugar-free candy, chew sugar-free gum and use saliva substitutes for dry mouth.
- Avoid any food, beverage or medication that contains sugar, alcohol, caffeine and stay away from spicy or acidic foods.

Medications

There are also prescription medicines such as Lacriserts to help with dry eyes, Salagen and Evoxac to help maintain the flow of saliva and non-steroidal

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anti-inflammatory drugs (NSAIDs). Steroids and immunosuppressive drugs have also been used but these medications are generally only used in the most severe cases of Sjögren’s. For persistent dry eye a temporary plug can be inserted into the tear ducts to prevent fluid drainage.

It is important to practice good oral hygiene care since a decrease in

salivary flow can cause dental cavities, gum infections, and oral yeast infections.

Most people with Sjögren’s will have a healthy and productive life, but some people may develop serious complications. If you believe you have Sjögren’s talk to your medical provider about diagnosis and treatment.

Related publications:

- **An Overview of Extrahepatic Manifestations**
www.hcvadvocate.org/hepatitis/factsheets_pdf/Extrahepatic.pdf
- **Vasculitis**
www.hcvadvocate.org/hepatitis/factsheets_pdf/vasculitis.pdf
- **Raynaud's Phenomenon**
www.hcvadvocate.org/hepatitis/factsheets_pdf/Raynauds.pdf

For more information

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www.ada.gov • Centers for Disease Control and Prevention
www.cdc.gov | <ul style="list-style-type: none"> • Sjögren’s Syndrome Foundation
www.sjogrens.org • Sjogren’s Syndrome at the Mayo Clinic
www.mayoclinic.com |
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