

## **Symptoms of Sjögren's Syndrome**

### **Dry Eyes**

In Sjögren's syndrome there is principally a deficiency of the watery component of the tears. This leads to poor wetting and lubrication of the ocular surface, injury to the surface cells and a feeling of grittiness in the eye. There may be a burning or stinging sensation in the eyes or a tiredness or heaviness of the eyelids.

Discomfort to bright lights is common, and intermittent redness of the eye may occur. Mucus production can also be disturbed due to a loss of goblet cells. Long strands of mucus may form rolls which accumulate in the lower part of the tear sac. These may sometimes attach to the corneal surface as filaments and the lids may drag on these, causing bouts of pain.

The symptoms of dry eye vary from day to day, depending on a variety of factors but for most people the main problem is the discomfort which can get in the way of activities such as reading, driving, watching TV or a working at a computer screen. However, in a small minority of people untreated, excessive dry eye can damage tissue and potentially scar the cornea of the eye if prompt help is not sought. Dry eye can make contact lens wear more difficult, since tears may be inadequate to keep the lenses wet and lubricated and this can lead to irritation and a greater chance of eye infection.

### **Dry Mouth - Xerostomia**

The most common features of dry mouth are:

- Difficulty in eating dry foods
- Pain or discomfort swallowing
- General mouth discomfort
- Poor taste
- Denture problems
- Increased tooth decay
- Mouth and salivary gland infections
- Speech difficulties
- Oral Infections

### **Dental Decay And Oral Hygiene**

Dental decay is caused by the build up of plaque around the teeth. Plaque bacteria convert dietary sugar into acid, which destroys the enamel and dentine causing decay. Without the presence of the protective action of saliva to counteract plaque acid, dry mouth patients are at risk of dental decay progressing rapidly and causing long-term dental problems.

### **Saliva Glands**

In cases of Sjögren's syndrome, the major salivary glands (particularly the parotids) may become swollen. This usually occurs symmetrically, affecting the glands on both sides of the face and it is normally painless, occurring very gradually. However, in some instances, a blockage of a salivary duct may cause a gland to swell rapidly, often with associated pain or tenderness. In patients with xerostomia the salivary glands are also more susceptible to bacterial infection, which can cause the affected glands to become swollen, warm and tender and may result in a bad taste in the mouth. Any persistent swelling of the salivary glands should be carefully investigated by an appropriate specialist, particularly if the swelling develops rapidly, asymmetrically or associated with pain.

## **Trush – Candida**

It is not uncommon for sufferers of dry mouth to develop oral Candida (Thrush) infections. These can be present either as redness under a denture or as white patches, which can be rubbed off to leave a red area underneath. While some thrush infections may go unnoticed, such an infection can make the general symptoms of dry mouth worse, causing a burning sensation and giving rise to soreness and cracking at the corner of the lips.

## **Systemic Features**

Advances in the understanding of Sjögren's Syndrome during the past three decades have shown that the disorder is extremely variable in its severity, presentation and disease associations. Some of the systemic features of the condition include:

### **Failure of Secretions**

In addition to the typical dry eye and dry mouth symptoms experienced by Sjögren's sufferers, other secretions to be affected as well. Dryness of the air passages such as the nose and trachea can occur making the airways hypersensitive to irritants such as tobacco smoke. To help combat this problem, the use of humidifiers and saline nasal sprays are recommended. Sweat glands can also be affected resulting in severe dryness of the skin, which may be sensitive to strong sunlight. Such problems can be avoided by showering rather than bathing and avoiding the use of strong soaps, replacing lost moisture with the use of aqueous creams and emollients.

The large bowel may be affected in a functional way, producing what is sometimes called 'irritable bowel syndrome'. This can cause lower abdominal pain and alteration in bowel habit. Treatment of this tends to consist of the increase of fibre (bran) in the content of a patient's diet and occasionally the use of anti-spasmodic drugs.

It is also common for many women to complain of vaginal dryness leading to the use of lubricants. While simple lubricants such as KY jelly may be satisfactory in the short term, such lubricating jellies tend to have a short lasting effect. For a more permanent solution, patients may favour oestrogen creams or HRT. If required, there are non-hormonal alternatives available, which can be purchased over the counter.

### **Non-specific Systemic features**

Tiredness, lethargy and malaise, are features common to many sufferers, sometimes amounting to a sense of total exhaustion. Treatment seems to make little difference to this aspect of the disease and most sufferers choose instead to find a "coping strategy" to suit their needs (e.g. a period of rest during the mid-afternoon).

### **Systemic involvement**

Joint involvement in arthritis is common but usually follows a relatively mild course. Small joints in the hands and feet tend to be affected with pain often being more troublesome than swelling. Inflammation of the joints leading to destruction and deformity is rare in Sjögren's Syndrome. When patients experience an increased sensitivity of the blood vessels to the cold, a condition known as Raynauds Phenomenon can occur. When inflammation of these vessels is experienced, patients are described as having a condition termed as vasculitis, which causes a rash or ulceration of the skin in the legs.