I10. SJÖGREN’S SYNDROME

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SS is a systemic autoimmune disease characterized by reduced glandular secretion and systemic features in up to 70% of patients. It has historically been under-diagnosed and under-treated but effective management options are available. Disease management needs to be addressed in three broad categories: firstly, symptomatic treatment of the reduced secretions; secondly, management of the underlying autoimmune disease process; and thirdly, holistic management of the patient. There is a plethora of topical treatments to choose from and treatment with a muscarinic agonist can improve secretions in some patients. Understanding the pathology and disease processes can help choose the most effective treatments for individual patients. There are changes to the surface of the eye and all three layers of the tear film. Topical treatments for dry eye need to address the aqueous deficiency whilst maintaining the integrity of the mucosal and oily layers. The loss of saliva causes significant oral discomfort, increases the frequency or oral candida and other infections and puts dentition at risk. Treatment needs to improve comfort, reduce infections and protect the teeth from decay. For many patients fatigue is the overwhelming symptom and this may respond to systemic treatment, behavioural therapy and lifestyle change. Immunomodulation with HOQ has been shown to improve joint pain and fatigue. Immunosuppressive agents may be useful in some patients with systemic manifestations and there is emerging evidence for the efficacy of rituximab and biologic therapies.

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