

Sjogren's Syndrome: More Than Meets The "Eye"

Eye to Eye

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Since Dr. Henrik Sjögren first identified and named the disease in 1933, it has been proven to affect virtually every racial and ethnic group. Awareness in regards to Sjogren's syndrome is still lacking and increasing professional awareness is needed to help advance new diagnoses and treatment possibilities.

Sjogren's syndrome is a disorder of the immune system, which is most commonly recognized by two main symptoms, dry eyes and dry mouth. It is characterized by lymphocytic infiltrates in the exocrine glands. In the United States, Sjogren's syndrome is estimated to be the second most common rheumatologic disorder, behind Lupus. With approximately four million Americans suffering from Sjogren's, it is one of the more prevalent but lesser known autoimmune diseases.

Although you can develop Sjogren's syndrome at any age, most people are older than 40 at the time of diagnosis. The condition is also much more common in women (9:1). Early diagnosis and proper treatment are important as they may prevent serious complications and greatly improve a patient's quality of life.

Since the symptoms of Sjogren's syndrome can mimic other conditions and diseases, Sjogren's can often be overlooked or misdiagnosed. On average, it takes a patient nearly three years to receive a diagnosis of Sjogren's.



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Besides dry eyes and mouth, other common symptoms of Sjogren's syndrome are fatigue, and joint pain. However, this disease can also cause damage to organs such as the kidneys, gastrointestinal system, blood vessels, lungs, liver, pancreas, and the central nervous system. Unfortunately Sjogren's patients also have a significantly higher risk of developing lymphoma and should be screened for these conditions on a regular basis.

The dry eye disease (also known as Keratoconjunctivitis Sicca) found in Sjogren's patients tends to be more severe and requires a complex approach by the eye care provider. Thankfully we have had great advancements in regards to dry eye therapies in recent years including new pharmaceuticals such as Xiidra (Lifitegrast) as well as new therapeutic devices.

These therapeutic devices and procedures include:

- **TrueTear** is a new intranasal tear neuro-stimulation device used to increase tear production in patients with dry eye.
- **Scleral Contact Lenses** are therapeutic lenses that act as a synthetic environment for the ocular surface.
- **Lipiflow** is a new thermal pulse therapy to treat the congestion and obstruction commonly seen in the lids (Meibomian glands) of dry eye patients.
- **Autologous Serum Eye Drops** are essentially diluted blood serum that is thought to promote healing of the ocular surface by providing growth factors and nutrients to the ocular surface.

How can you, as the primary physician, help manage this condition?

Sjogren's syndrome is a common autoimmune condition that has severe consequences for our patient's health. The complexity of this condition necessitates a collaborative approach from all health care providers to improve the patient's systemic and ocular health, vision, and quality of life. Hopefully with increased awareness, continued diligence, and advancements in diagnostics and therapeutics, we can better care for these patients.