

GI Tips

*by Nancy Carteron, MD, FACR, Clinical Faculty University California San Francisco,
with special thanks to Mimi Lin, MD, Center for Neurogastroenterology & Motility,
California Pacific Medical Center, San Francisco, California*

The **gastrointestinal (GI) tract** is an internal mucosal surface, rich in immune system cells/antibodies and nerves, whose main function is to digest food and absorb nutrients for optimal health. Enjoying food and sharing meals is an important part of every society, but for many with Sjögren's, it is a major challenge. 90% of those with primary Sjögren's and Scleroderma have GI complaints. Findings include focal infiltration of predominantly T-helper lymphocytes with or without glandular atrophy and nerve dysfunction.

Tips for managing GI symptoms in Sjögren's:

- Eat smaller amounts more frequently. Chew as well as possible.
- Swallowing problems may be related to esophagus muscle inflammation (myositis), dryness, or nerve dysfunction. Soft foods, olive oil, and coconut water might help.
- GERD is more common and due to decreased Lower Esophageal Sphincter tone (60% vs 20% normal). Avoid reclining after a meal; various anti-acids are available. See tips for reflux in the Patient Education Sheet, "Reflux and Your Throat," found under "Brochures and Resource Sheets" on the Foundation website at www.sjogrens.org.
- Gastroparesis (delayed gastric emptying) occurs in Sjögren's (30-70%), and, similar to Diabetes, causes upper abdominal pain/fullness/nausea. Gastric parietal cells can be destroyed leading to B12 deficiency. *H pylori* bacterial infection, if present, can be treated.
- Small intestine immune attack (Celiac) or bacterial overgrowth can result in abdominal pain, cramping, bloating. Try a wheat/gluten free diet, or other food group elimination diets. Most nutrients are absorbed here. MALT (mucosal associated lymphoma) can occur.
- The large intestine is where liquid is reabsorbed. Constipation and diarrhea can occur with Sjögren's. Increase vegetables. Try magnesium supplement for constipation.
- The pancreas, which releases digestive enzymes, can have low-level inflammation (20-40%) in Sjögren's. Pancreatic enzyme trial is an option.
- Liver – Autoimmune cholangitis (PBC, hallmark mitochondrial Ab) or Hepatitis (smooth muscle Ab) can occur in Sjögren's. Hepatitis C virus should always be excluded.
- A Neurogastroenterology or GI Motility Center may be an option for persistent GI problems in those with Sjögren's.

For more information on Sjögren's, visit the Foundation website at www.sjogrens.org, call 301-530-4420, email info@sjogrens.org, or write to the Sjögren's Foundation, 10701 Parkridge Blvd, Ste 170, Reston, VA 20191

Clinicians: Please make multiple copies of this Patient Education Sheet and distribute to your patients.