Sjögren's Syndrome Foundation

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Stille See

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"How will the recently published Clinical Practice Guidelines (CPG) for Ocular Management affect my next visit to my eye care professional?"

The recently published SSF Clinical Practice Guidelines for Ocular Management of Sjögren's disease were developed to provide evidence-based recommendations for physicians, dentists, and eye-care providers to advise a logical sequence of treatment options for dry eye. One aspect of the recommendations was to describe methods of grading the severity of dry eye disease and basing therapy on severity and the patient's response to previous therapy. The guidelines also put into perspective some of the recently developed techniques for diagnosing dry eye and monitoring therapy.

Many of the measures described in the report have been used by practitioners in previous therapy of dry eye, but some of the newer options may not yet have been incorporated into all eye care practices and the described system of grading severity may be new to some practices. Therefore, the effect of the published guidelines may have different implications to different patients.

Your physician or eye care provider may discuss some of the newer options for diagnosis and grading of severity in particular cases. This will probably be true for the testing of tear osmolarity and testing for presence of the inflammation marker MMP-9, as those new tests are of assistance in grading severity of dry eye and recommending treatment options, as well as monitoring the effect of some treatments. Some of the recommendations for such testing may depend upon availability of the in-office tests and whether the symptoms or signs of dry eye have changed in particular patients. The provider may advise additional testing or a change in therapy, but not all patients will require such testing or altered treatment.

The treatment options recommended by a patient's care provider will depend upon the severity of dry eye disease and the response to previous therapy as well as any existing contraindications to particular treatment options. It also is important to

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15 In Memory & Honor



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remember that these are recommended guidelines and not mandatory standards of care for all patients with dry eye. The clinical evaluation and overall assessment of each individual patient determines appropriate management as well as the cost/benefit balance for any given patient.

> Gary N. Foulks, MD Member of the Sjögren's Syndrome Foundation Clinical Practice Guidelines Committee

"Recently I've started to feel depressed. Is depression common in Sjögren's patients and what treatment options or medications would you recommend?"

To 'feel depressed' in today's culture has taken on myriad definitions from having a bad moment and thus a transient mood state, to weeks on end of depressed mood. To make matters more difficult, autoimmune disorders, like Sjögren's, present confounding variables such as fatigue, pain, and stress that can maraud as symptoms of depression. These are a few of the reasons why there is a dearth of research investigating the relationship between Sjögren's and any mental disorders or emotional well-being. I found only two research studies looking at the link between Sjögren's and depression, specifically. Although both studies found a positive correlation between the two, how the variables were operationally defined and measured, I found to be poor.

Depression is a clinical term and represents a mental disorder; 6-20% of individuals will experience depression in their lifetime. Female to male ratio is 3:1. Diagnosis requires significant impairment in major areas of life (i.e. employment, academic, family, marital, social). It is a chronic disorder that occurs in multiple episodes and has periods of remissions and relapses similar to autoimmune disorders. There is a clear association between depression and its inhibitory effect on our immune system, chronic pain, and many physical diseases.

We do know that our first episode of depression is environmental not biological. These factors play a role: biological or genetic vulnerability, psychological vulnerability, stressful life events, unique stress reactions, cognitive factors, and social support. These factors also play a role in future episodes of depression. However, the mind and body being inextricably interlinked, a cycle is unleashed in which the neurochemistry becomes altered. The neurotransmitters serotonin, dopamine, and norepinephrine become dysregulated. Psychoneuroimmunological changes affect physical status, as well as emotional well-being. Then the environmental factors of vulnerability cycle back into the equation, lending to the cycles and multiple episodes typical of Major Depressive Disorder. Depression is evaluated as a constellation of factors involving cognitive distortions, affective and behavioral disturbances within any one

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episode. Within any one episode, the severity can range from Mild to Severe with Psychotic Features.

The exception to the above diagnosis is when a medical condition or disability is thought to largely factor into a depressive episode. This leads me to two lesser known 'mental health' diagnoses, namely: 1) Depressive Disorder Due to Another Medical Condition, and 2) Somatic Symptom Disorder. In the first, the presence of a persistent period of depressed mood or markedly diminished interest or pleasure in almost all activities has a direct relationship to the medical condition itself. In the case of Sjögren's sufferers, this diagnosis can only be given if the depression is from the direct pathophysiological consequence of Sjögren's. In the second, individuals have multiple, current, somatic symptoms that are distressing or result in significant disruption of daily life, this symptom can include pain. There are also excessive thoughts, feelings, behaviors related to the somatic symptoms or associated health concerns. The symptoms may or may not be associated with a medical condition. Lastly, there are the categories of normalcy (i.e. grief, adjustment difficulties, and emotional ups and downs when dealing with a stressful chronic illness).

As to the Reader's last question about treatment options and medications, I will generally cover at this time. This is because I strongly believe getting a proper Psychological Evaluation by a Ph.D. level Clinical Psychologist is necessary. They are experts in mental health diagnosis and treatment. One who specializes in Health or Medical Psychology will be well equipped in both understanding your diagnosis and how to best treat it. If medication is necessary, your Psychologist can coordinate with your Rheumatologist or refer you to a trusted Psychiatrist.

This is a complicated topic given a short space to cover. Clearly, more needs to be done in this arena as it relates to Sjögren's.

> Karen Dymond, Ph.D. Clinical Medical Psychologist, with subspecialties in Neuropsychology and Health Psychology

"I recently heard about "All-on-Four" dental implant procedure for Sjögren's patients. What is the long-term outlook for this type of implant and do they have the same effects as regular dentures?"

The use of dental implants can be a viable option for many Sjögren's patients. The success of a dental implant is influenced by a number of factors such as amount and quality of the jawbone. Other factors that can negatively impact implant survival include conditions such as diabetes, smoking and use of medications that can impact bone healing (e.g. bisphosphonates). In addition to improved function (e.g. chewing) from dental implants, the presence of low salivary flow can make wearing a removable partial or full denture difficult due to irritation from mucosal friction or increased recurrent fungal infections.

Typically implants are placed to either replace a single tooth or a series of implants are placed to replace all the teeth and a full denture is fitted over multiple implants. After implant(s) placement, the bone and gums around the implant are usually given at least three to six months to heal appropriately and after this period, the final crown, bridge or full denture is placed. Immediately restoring an implant is the concept of placing an implant(s) and placing the crown, bridge or full denture the same day. There is evidence to suggest that immediately loading an implant can decrease the success of an implant. The concept of the All-on-Four dental implant procedure was initiated in Gothenburg, Sweden where 4 implants are place in a jaw without any teeth and are immediately restored so a patient will leave with the prosthesis in place the same day that the implants are placed. Some studies have shown success with this approach, but as with all implants the success rate is not 100% and some implants will fail.

> Michael Brennan, DDS, MHS Carolinas Medical Center

Why are clinical trials important? How would I learn about getting involved in one?"

A Clinical Trial is important because it contributes to the advancement of science. It provides the participants an opportunity to receive potential benefit from a drug, medical device or procedure or even a lifestyle change such as diet or exercise. In a clinical trial, a new medication or product may be compared to one that is currently available. A new medication may be compared to a placebo that has no active ingredients sometimes called a sugar pill. When this new application (medication or product) is studied it may not be known as to whether or not it will help. For that matter whether or not it may be harmful or not make any difference at all. The investigators that conduct the trials attempt to determine if the medication or product works or is effective. They also attempt to determine if there will be

ou Stood Up!

Siggren's is a very personal issue to Kathy Lawrence. In addition to being a Sjögren's patient herself, Kathy lost her sister Demetra to complications associated with Sjögren's in 2013. Therefore, increasing awareness and education about the disease is something that is extremely important to her and why she chose to get involved with the Sjögren's Syndrome Foundation.

Wanting to find a way to expand her impact and ability to make a difference, as well as to help raise additional funds to benefit the SSF, Kathy decided to involve another group that is very close to her heart – the Daughters of Penelope (DOP). The DOP is a women's affiliate organization of the AHEPA (American Hellenic Educational Progressive Association) Family and a leader in philanthropic, educational and cultural activities with local chapters in the United States, Canada, Greece and Cyprus.

Kathy first shared information with her local chapter, Dodona Chapter #24 of Toledo, Ohio, about Sjögren's and encouraged the chapter to financially support the Northeast Ohio Sjögren's Walkabout. Most recently, Kathy served as the District Governor for the Buckeye District #11 which included chapters in Ohio, West Virginia and Kentucky. Within this role, she expanded her reach as far as educating others about Sjögren's. Kathy also encouraged the district to further support the SSF as one of their local philanthropies.

Not stopping there, Kathy was the driving force and leading advocate for the SSF in being recognized by the national DOP as one of their national projects. The DOP selects three mandatory charitable projects each year at their Supreme Convention and thanks to Kathy speaking on the SSF's behalf and representing us at the Convention, the SSF has been chosen two years in a row as a mandatory national project. The SSF is honored to be recognized by this wonderful organization.

Kathy's passion and desire to make a difference is remarkable and the SSF is truly grateful for her willingness to connect the SSF and DOP. We are excited to continue to build a partnership and together increase awareness for Sjögren's. ■ Kathy Lawrence and the Daughters of Penelope!



Kathy with Danita, a Sjögren's patient from Dayton, who spoke to her Chapter

National Daughters of Penelope Meeting



District Lodge

Kathy's local chapter: Dodona Chapter #24 of Toledo, Ohio ►



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adverse effects associated with the therapeutic intervention. In other words, if it is safe for human use? With this knowledge a determination can be made as to how the use of the product may affect the disease state for which it is being studied.

Basically, clinical trials are designed by investigators who have special interests in particular disease states. The hope is to add medical knowledge relating to the treatment, diagnosis and prevention of diseases.

In general, clinical studies are important because they are designed to add to medical knowledge. Importantly, the results of these trials can make a difference in the care of future patients including possible family members.

If you are interested in participating in a clinical trial, I recommend that you first talk to your healthcare professional. If their resources are limited, use the internet and go to clinical trials.gov to start. There are many websites available. If you are eligible to participate in a clinical trial you may be one of the first to benefit from a new treatment. There are many trials ongoing in multiple disease states.

Additional sites include:

- The NIH Clinical Research Trials and You website provides general information on participating in clinical research, with a focus on NIH-funded research.
- MedlinePlus is a Web-based health information service of the National Library of Medicine.
- The FDA is responsible for ensuring the safety and effectiveness of drugs, vaccines, and other medical products. Read more about clinical trials and the drug development process on the FDA's website.

Good luck!

Theresa Lawrence Ford, MD CEO & Medical Director of North Georgia Rheumatology Group, PC SSF Clinical Trials Consortium (CTC) Committee Chair

As a member of the SSF, you will receive an email or mailing notifying you about any clinical trials in your area that the Foundation is aware of.



"I've been putting Vaseline" inside my nose but have recently heard that the grease can get in your lungs and cause a special type of pneumonia. Is it safe to use Vaseline" inside my nose?"

Ear Nose & Throat physicians don't like Vaseline. They recommend that people frequent the use of nasal spray, that puts the normal saline back in the nostril. Some of them like to use a little bit of olive oil, but generally it's thought that Vaseline is toxic to the lungs if you inhale it.

Richard Meehan, MD, FACP, FACR

"I have recently heard of 'Intense Pulsed Light' Treatment (IPL) as a dry eye treatment. Can you please describe this treatment and its efficacy in managing dry eye symptoms?"

New science is constantly emerging and teaching us about the complexities of Dry Eye Disease (DED) or Ocular Surface Disease (OSD).

The clinician strives to correctly identify and treat all of the factors contributing to an individual patient's ocular surface problems. Most of the time, there is more than one component of the patient's OSD such as Aqueous Deficiency Dry Eye (medications, inflammation, age), Evaporative Dry Eye (primary or secondary MGD), Goblet cell/ mucin layer deficiency (inflammation, medications), neural feedback loop blockade (surgery, trauma, medications), etc. Meibomian Gland Dysfunction (MGD) is considered to be the most commonly observed component of DED. Whether MGD is cause or consequence to early or chronic OSD depends on the individual's circumstances.

Among Sjögren's patients, the lacrimal gland output (tear production) is reduced secondary to inflammation. The Meibomian Glands work harder to help make up the difference in order to maintain "homeostatic control" of the ocular surface. However, the Meibomian Glands can only compensate for so long and we often see hybrid syndromes of Aqueous Deficiency with secondary Evaporative Dry Eye, typically due to MGD (Bron *et al*).

Therapies directed at MGD, as part of a fully integrated approach to the DED patient, often result in improved ocular surface health and/or symptoms. The good news is that the list of targeted, effective, therapeutic options for the Evaporative Dry Eye (most commonly MGD) is growing. Amongst these options is Intense Pulse Light (IPL) therapy. With IPL, a clinician or technician applies a very bright flash of light using a carefully designed hand piece. Specific facial, peri-ocular and eyelid directed protocols are used to ensure safety. There are a few case reports of IPL induced ocular complications such as iris depigmentation and uveitis. Typically, 4-6 treatments are performed at 4-6 week intervals to achieve peak effect, followed by a 1-4 times/year maintenance schedule. Patients with darker complexions are not IPL candidates as IPL may permanently damage their melanocytes and skin pigmentation.

PubMed search reveals only two peer-reviewed scientific studies evaluating the effectiveness of IPL for treating the MGD component of OSD. A well-designed scientific trial reported a statistically significant improvement in the lipid layer grade along with 86% of patients reporting reduced symptoms by day 45 (the third treatment) (Craig, *et al*). A July 2015 Current Opinion in Ophthalmology paper examines the benefits of IPL treatment of MGD (Vora and Gupta). These authors reported in a 37 patient case series that the signs of facial and lid rosacea improved along with significant improvements in meibum flow, tear break up time (a measure of tear stability) along with significantly improved patient symptom scores (SPEED score and OSDI). The authors did not differentiate between rosacea MGD and non-rosacea MGD.

IPL has been used since 1997 in Cosmetic and Medical Dermatology to treat "reds" (inflammation, dilated vessels) and "browns" (pigmented lesions) of the skin. Roland Toyos, MD of Nashville, TN observed in 2002 that his ocular rosacea patients who received IPL for their facial rosacea not only had significant cosmetic improvements, but also reported significant dry eye symptom improvement (associated with ocular rosacea), even though the eyelids themselves were not directly treated. In a three year retrospective review of 91 patients, Toyos *et al.* reported significant improvement in tear break-up time in 87% of their patients. In addition, 93% of the patients reported post treatment amelioration of symptoms. Patients who had more than 3 treatments experienced the most improvements.

IPL has anti-inflammatory effects, anti-microbial effects and thermal effects. The theory is that IPL is beneficial for ocular rosacea patients (who consequently have dilated blood vessels on the lid margins along with MGD) by photo-coagulating the abnormal vessels, resulting in reduced delivery of inflammatory mediators to the skin and eyelids. The reduced inflammatory load may result in less meibomian gland obstruction and potential improvement of meibum delivery. The anti-microbial effects decrease Demodex mites as well as the bacterial lipases that lead to saponification of the oils-resulting in improvements in the soap-burning sensation many MGD patients report. The warming effects of the IPL treatment thins and melts the meibomian gland secretions, thereby improving meibum flow to the tear film and slowing evaporative losses of the tears. This potentially improves the patient's tear film stability and improves the patient's MGD related symptoms.

Most of the IPL/Dry Eye clinical research has been focused on IPL for rosacea-related MGD. The Sjögren's patient will frequently have a secondary MGD component to their OSD (Bron *et al*). However, the Sjögren's MGD patient has fewer dilated lid-margin vessels (IPL targets these abnormal vessels) than the rosacea patient. The anti-microbial and thermal effects of IPL are still likely to benefit the Sjögren's patient with MGD.

However, in the Sjögren's or non-rosacea patient, the benefits of IPL are not as well studied. Sjögren's patients continued page 8



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often also have MGD and may benefit more from a directed thermal-pulsation approach (e.g. LipiFlow, Tear Science) with a carefully tailored induction and maintenance program before and after treatment. Future studies will help us scientifically advise our patients on which approach (and combination of approaches) is most likely to improve their specific type of MGD.

Laura Periman, MD

"How can I manage my vasculitis so that it doesn't become too severe?"

Vasculitis usually manifests with purplish skin lesions on the legs and sometimes the trunk. It is usually associated with high levels of gammaglobulin in the serum. The skin may become easily irritated and even break down in areas where numerous lesions develop. The skin around the ankles is most susceptible. Skin breakdown and ulcerations may form.

Although severe vasculitis from Sjögren's may require hydroxychloroquine (Plaquenil), oral corticosteroids and immunosuppressive medications, milder forms can be managed with simple conservative measures.

Skin breakdown occurs with greater frequency when there is fluid accumulation around the ankles so measures that minimize edema (excess fluid accumulation) in the legs can be helpful. Such measures include elevation of the legs and the use of support hose. When sitting, your legs should be propped up on a chair and not



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* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease. left dangling for too long. Support hose to control edema should be of the above-knee variety. Hose that bunch up below the knee may actually act like a tourniquet and impede blood flow in the legs making edema worse.

Mild trauma to the skin of the legs can also favor skin ulceration so wearing pants may provide an extra layer of protection. Edema can also be controlled with diuretics. Some patients with vasculitis may benefit from low dose aspirin to keep the blood vessels open.

Of course these conservative measures should also be applied in instances when immunosuppressive therapy is needed. Consult with your doctor if diuretic therapy or low dose aspirin is right for you.

Herbert S. B. Baraf, MD, FACP, MACR

"I'm beginning to lose my sense of taste. Is this because of Sjögren's affecting my taste buds? Is there any way to restore my sense of taste?"

Several published papers have suggested that individuals with Sjögren's have a diminished sense of taste. Saliva has a role in initiating digestion and delivering the food particles to the taste buds that are open to the oral environment. Pro-inflammatory proteins circulate in the oral milieu/saliva that could directly influence the function of the taste bud. A mouse model has suggested that increased amounts of the proinflammatory cytokine tumor necrosis factor-a are associated with increased sensitivity to bitter foods. Increased TNF-a is found in the saliva of those with Sjögren's as well as active periodontal disease. Taste, however, is a complex neurological function that may be influenced by multiple other factors: the ability to smell, post-nasal drip, nasal polyps, sinusitis, allergies, periodontal disease, oral/dental infection, gastric reflux, disorders affecting the nervous system (Parkinsons Bells palsy), head trauma, vitamin deficiency, smoking, the use of certain medications, and rarely a brain tumor.

The ability to taste is inextricably linked with the ability to smell.

The flavor of many foods and drinks is actually derived more from smell than it does from taste. Sugar has a taste (sweet), but strawberry actually is a smell. An airway between the nose and mouth lets people combine aroma with the five basic tastes to enjoy thousands of flavors. "Flavor" demonstrated with the "jellybean test": take 2 red jellybeans of differing flavors, eg cherry and strawberry (but not cinnamon, which would activate the third chemical sense of chemical irritation). While holding your nose tightly closed, pop one of the jellybeans into your mouth and chew. Try to identify the flavor. You'll know that it's sweet, but won't be able to determine whether it's cherry or strawberry until you let go of your nose and let the smell information whoosh up into your nose. Flavor/taste also includes information from temperature, texture, irritation (eg, chili peppers or ginger), and color. Thus nasal pathology in the form of nasal polyps, post-nasal drip (bad taste), sinusitis, viral infections or chronic allergies can significantly alter the ability to taste.

Oral hygiene, periodontal disease, or active dental decay may shift bacterial populations from one that represent health to one that represents disease. The presence of decaying detritus and/or products of inflammation (pus, blood, pro-inflammatory cytokines) can cause a bad taste. An intraoral fungal infection can alter the structure of the taste bud Gastric reflux may be also associated with an alteration in taste as the gastric contents are regurgitated into the oral cavity.

Over 200 medications have been associated with a bad taste in the mouth, sometimes described as "metal mouth". The medication can: directly affect signaling to the taste receptors (sodium channels: amiloride; calcium channel blockers: amlodipine), interfere with the turnover of the taste buds (antiproliferatives: methotrexate), and be directly secreted into the oral cavity (tetracyclines, lithium carbonate). Other offenders include: antihistamines and decongestants, antibiotics and anticonvulsants, antidepressants, antihypertensives, antiparkinson, antithyroid, lipid lowering agents and muscle relaxants.

Whether or not your sense of taste will be restored depends on whether the cause of the taste deficiency is reversible. The cause may be multifactorial and may be evaluated by an otolaryngologist or neurologist. Call the doctor's office first to inquire if they evaluate taste disorders. There are also Taste and Smell centers that specialize in the evaluation and management of dysgeusia, ageusia or hypogeusia.

Ava J. Wu, DDS



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Congratulations Team Sjögren's and Steven Taylor, SSF CEO, on completing 10 Marathon events for Sjögren's!

In 2009 the SSF announced a new fundraising program-Team Sjögren's!

t its launch, Team Sjögren's challenged people to train and run with our CEO, Steven Taylor, in either a marathon or half-marathon and fundraise to support the Foundation's life-changing initiatives. The first Team Sjögren's event began with a team

of 6 participants and this year at the 2015 Walt Disney World[®] Team Sjögren's brought the largest team with 42 participants! Our runners and walkers consist of Sjögren's patients, their families and friends!

Team Sjögren's is the brainchild of Steven who

leads by example, as he trains, runs and also raises funds in support of the SSF each and every time! Throughout the years, Team Sjögren's has participated in and completed ten marathon events and team members have raised an incredible \$300,000 to support SSF research and patient programs.

Steven has participated in all ten runs and is not stopping! He is still running and fundraising. We hope you will join us this January and run with our CEO in Team Sjögren's 11th race at the most magical place on earth, Walt Disney World[®].

Congratulations Steven and all the Sjögren's patients and their loved ones who have run and walked in our past Team Sjögren's races! It has been a remarkable ten races!

Past Team Sjögren's Races Include:

5 - Nashville Country Music Marathon &

Half-Marathon

1 – Las Vegas Strip at Night: Rock 'n' Roll Marathon & Half Marathon

1 – San Antonio Rock 'n' Boll Marathon & Half-Marathon

2 – Florida at Walt Disnev World[®] Marathon, Half-Marathon &10K

1 – California at Disneyland[®] Half-Marathon & 10K Race

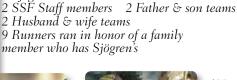
Team Sjögren's is a program designed to help you train and prepare to participate in a marathon (26.2 miles), half-marathon (13.1 miles) or 10K (6.2 miles). In exchange for training and support, runners will help to raise awareness and funds towards research and transforming the future of Sjögren's.

Rain or shine, Team Sjögren's runs in honor of all Sjögren's patients!

The first Team Sjögren's runners at the 2009 Country Music Marathon & Half-Marathon in Nashville, TN!







2 SSF Board members





■The 2015 Team Sjögren's Walt Disney World[®] Runners, the SSF's largest Team to date!

"As a son of a Sjögren's patient and after meeting thousands of patients, this is the least that I can do in honor of those who live with this chronic disease every day." – Steven Taylor, SSF CEO



eam Sjögren's is once again going to Walt Disney World[®] to participate in the 2016 Walt Disney World[®] Marathon Weekend presented by Cigna[®] on **January 8-9, 2016**!

The SSF is looking for runners/walkers who want to train to participate in either the Half-Marathon (13.1 miles) or the 10K (6.2 miles). These events happen the same weekend and each runner/walker will be a part of the Team Sjögren's training program- where we help you train and get ready for the race!

Both races will take you through Walt Disney World[®] Resort and Theme Parks before ending with a picture worthy finish at Epcot[®], where you'll receive a display-worthy Disney-inspired finisher medal!

As a team member, you will receive world-class training along with mentorship from past runners and Foundation staff. Our team trainer and nutritionist will be there to help guide you and ensure you're ready to complete the 6.2 or 13.1 miles. If you're unable to run or walk in a race, consider recruiting someone you know to run or walk in your honor.

Limited spaces are available for both the Half-Marathon and the 10K. Please contact Steven Taylor, CEO of the SSF at staylor@sjogrens.org as quickly as possible to learn more about our great program.

We hope you will join us at the most magical place on earth Walt Disney World®!

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We know you will find the SSF's Men with Sjögren's support group a great resource for interacting and exchanging helpful coping techniques with other men who live with Sjögren's – just like you!

Sign up today!

The next article in the SSF series, "An Inside Look at Sjögren's and Overlapping Connective Tissue Diseases" is a focus on Lupus and Sjögren's and will be featured in the November/December issue of *The Moisture Seekers*.



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If there's not a race near you, consider asking

on Thanksgiving in your neighborhood while wear-

family and friends to join you for a morning walk

Order your Team Sjögren's Goes Turkey Kit

by calling 800-475-6473 or online by visiting

his Thanksgiving, we hope you will consider participating in your community Turkey Trot as member of Team Sjögren's!

What a great way to start your day of giving thanks – by purchasing a Team Sjögren's Turkey Trot Kit and walking or running with others in your area, increasing awareness for Sjögren's and helping raise crucial funds for Sjögren's research.

Your Kit Includes:

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- "What is Sjögren's Syndrome?" Brochures
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In Memory of Lea Ann Schnell David & Carrie Scragg	
In Memory of Margaret Edsen Spencer Marsha and Family In Memory of Mary Lee Ward Douglas & Sherrill Blackiston Joe & Barbara Justice Peggy Simpson Dorothy & Scott Stone In Memory of Linda Winston Margaret Boldrick Eileen Cason In Memory of Nolan Zeper Randell & Bradford Price	For us to grow and continue to fight for patients, we need volunteers to help us organize SSF events. If you are interested in getting involved, please contact Ben Basloe at (301) 530-4420 x207 or bbasloe@sjogrens.org.

Event Calendar

October

- 10 Rockin' Trail Run 10K, 5K & 1 mile Niquette Bay State Park, Vermont
- **17** Harrisburg Walkabout Harrisburg Mall Harrisburg, Pennsylvania
- **18** Northern Virginia Sip for Sjögren's Frying Pan Farm Park Auditorium Herndon, Virginia
- 27 Boston Sip for Sjögren's Alumni Lounge, Tufts University School of Dental Medicine Boston, Massachusetts

November

14 Streams in the Desert Trivia Night Glen Ellyn, Illinois

January 2016

8-9 Team Sjögren's Disney World* Half-Marathon and 10K Race Orlando, Florida

sip for a fine water tasting event

The Moisture Seekers

Sjögren's Syndrome Foundation Inc. 6707 Democracy Blvd., Ste 325 Bethesda, MD 20817

Phone: 800-475-6473 *Fax*: 301-530-4415

If you would like to receive this newsletter but are not currently an SSF Member, please contact us! 800-475-6473

IT'S TIME

United Way • Combined Federal Campaign • State Payroll Deduction

Each fall your local United Way, Combined Federal Campaign, state employee, and private employer payroll deduction campaigns begin. We hope you will remember the Sjögren's Syndrome Foundation when choosing where to allocate your donation. (**CFC #10603**)

If we are not listed on the contribution form, you usually may write in the Sjögren's Syndrome Foundation. Tell your co-workers, friends, and family members how important it is to choose and write in the Sjögren's Syndrome Foundation on their campaign form too.

If your employers will not allow you to write in the Sjögren's Syndrome Foundation, remind them that we are a national non-profit 501(c)(3) organization and qualify for most payroll deduction campaigns. If they need more information, please contact the Foundation at 800-475-6473.

Just think - every dollar counts.

Last year alone – thanks to those who chose to give through their employer's payroll campaign – the Sjögren's Syndrome Foundation was able to increase its Research and Awareness commitments.

Remember, the Foundation has received the:





National Health Council Standards of Excellence Certification Program ®