

The Moisture Seekers

Sjögren's
Syndrome
SF
Foundation

www.sjogrens.org

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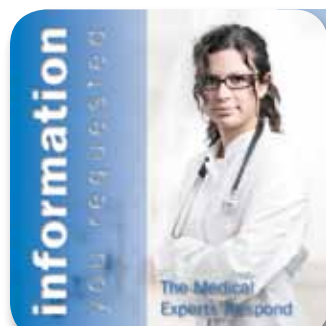
She has Sjögren's – Positive Actions and Attitudes that can be Supportive to You Both!

by Fred Fernandez, Member, SSF Board of Directors

For everyone who is the spouse of a Sjögren's syndrome patient, you completely understand that you both have an important role in managing this disease. Few things impact the life and activities of a marriage partnership like the unplanned complications of one of you being diagnosed with an incurable autoimmune disease. Just as with so many things in life, actions and attitude are critical to outcomes and being in control.

With Sjögren's, 90% of the time it is she who has been diagnosed, but make no mistake about it, you both are now faced with learning to deal with the manifestations and what you can do together to keep your life and activities within the acceptable range of your goals as a couple. Each Sjögren's patient is unique in how he or she

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Q *What are the long-term effects of using Plaquenil? As an immunosuppressant, does it actually increase the risk of other diseases?*

A Plaquenil, or hydroxychloroquine (HCQ), is an anti-malarial medication that has been proven to be useful in the treatment of patients with rheumatoid arthritis (RA), systemic lupus erythematosus (SLE) and other inflammatory and autoimmune diseases. In Sjögren's syndrome, HCQ is believed to improve oral and ocular (eye) signs and symptoms and has been shown to reduce inflammatory markers in saliva and serum, such as sedimentation rates and C-reactive protein levels. The only clinical trial in which HCQ was compared with placebo prospectively was published in 1993 and reported results on only 19 patients. It did not demonstrate any clinical ocular benefit despite improvements in hyperglobulinemia (increased immunoglobulin levels) and reductions in sedimentation rates. Despite these findings and the absence of any large prospective, placebo-controlled trials, HCQ is frequently used to treat Sjögren's syndrome in academic and private practice settings. It is used to treat many symptoms of Sjögren's syndrome including fatigue, joint symptoms of arthritis and arthralgias (joint pain), dry mouth and dry eyes. Similar to its use in systemic lupus erythematosus, it is felt by many clinicians that it is useful in reducing general Sjögren's "disease activity."

One of the reasons that physicians feel comfortable in prescribing HCQ is its low risk-to-benefit ratio. This means that the side effects of HCQ are mild and infrequent compared with its potential benefits. As with any medication, allergic reactions,

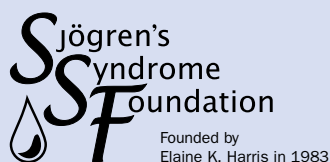
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may be impacted; however, there are many proven actions which have been shown to be immensely helpful in managing life towards normalcy, whatever that is! When you find out, please be sure to let us all know!

The single most important step a spouse of a Sjögren's patient can take is addressing it together, focusing on the positive proactive steps that will make a difference in quality of life for her and you both! But just what does that mean, you ask? It is important that couples decide the answer to this question together and for themselves individually, as the best answers will be as diverse as the individuals involved and the varied ways relationships are constructed.

Since my wife received the diagnosis over 25 years ago, we have engaged in numerous opportunities to learn about Sjögren's and what we can do to manage it. We sought out the best information we could find from many sources and quickly discovered the Sjögren's Syndrome Foundation to be the most helpful resource out there. As a result, we have attended many of the national conferences, made use of the Foundation resources, and have become financial contributors in support of the mission to create awareness and fund research to find a cure. This is a selfish activity we call, "trying to help ourselves." We also work on behalf of the Foundation by volunteering our energy and resources to raise research funds and to co-chair the annual Atlanta *Sip for Sjögren's* fine water tasting event. As I enter my second term as an active member of the SS Foundation board of directors, I have sought to be an integral part of the organization's efforts to serve the patient community, to educate others, and to create greater awareness about this little-known autoimmune disease.

The knowledge we gained includes the importance of proper diet and avoiding foods which contribute to dehydration. We are very specific when ordering food in restaurants and only frequent those which are welcoming to our concern for customizing her food order. We prepare food more often at home where we are in complete control of the content and preparation. We have learned to recognize there are times when our best-made plans might be interrupted by fatigue which can weigh down many Sjögren's patients. Since failing to heed the signs of fatigue only leads to greater exhaustion and weakening of her immune system, we are quick to respond with a change of plans and some needed down time for rest. I look to do small things to help her with this and to insure we do not add even more emotional stress than she might already feel about not being up to doing more.

Another area of importance is to actively participate in addressing your knowledge of Sjögren's by joining her at the doctor's office for visits or attending educational programs like the Sjögren's national or regional conferences or local support group events. Learning about the pathology and what is going on in her body as well as about the various treatments and medications will greatly increase your ability to be constructively helpful

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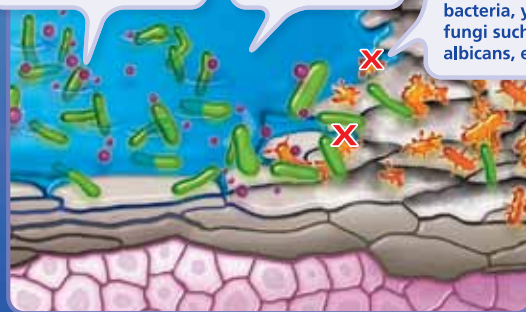
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Natural Enzyme Protection	✓ YES	NO	NO	NO
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"She has Sjögren's" continued from page 2 ▼

and will insure you understand what is going on with her overall health and how you can be supportive. Her best tool, and we recommend everyone do this, is to update her written account of how she is doing between doctor visits and provide this information to each of her doctors along with any questions she has. She always takes notes of each visit and has noticed this helps her to get more thorough responses from the doctors and helps them understand she is taking responsibility and control of her treatment.

So what does addressing it together mean to you? Perhaps, like us, it really is no different than what you would do for any other important issue in your life as a couple. Being a central part of the learning, participat-

ing actively, finding ways in which you each can help create the best possible outcome, making adjustments where needed and planning a life routine which allows you to maximize your success and enjoyment while maintaining the best possible control over her health. Or it might mean taking on a more active role of finding new solutions through supporting research by doing critical fundraising and volunteering your most important resource... time. Your positive actions and attitudes are two areas where as a couple, you have complete control. How well you use this power will help lead you to the best possible outcome. We wish you a successful path in your individual journeys as couples learning to take as much constructive control of Sjögren's as possible. ■

Nashville Isn't Just the Capital of Country Music, *it's also the home of the Country Music Marathon and Half-Marathon*

 Team,
Sjögren's

Join Team Sjögren's and train to run or walk in the 2011 Country Music Marathon & Half-Marathon in Nashville on April 30, 2011.

We are looking for 25 inspired individuals to join us as we begin to train for this challenge. We understand that not all Sjögren's patients are able to run or walk in a marathon, so we hope you will extend this invitation to family members as well as friends who may be interested in participating in this challenge!

*To sign up, contact Elyse Gorfain directly at
800-475-6473 ext. 217 or egorfain@sjogrens.org*



**Nashville
2011**



I Stood Up...

Cheryl Levin, Chicago, Illinois

Meet Cheryl Levin, fundraiser extraordinaire, the top *Sjögren's Walkabout* fundraiser in the nation for 2010. She personally raised a record-breaking \$15,300 for the Chicago Area *Walkabout*.

Cheryl is an active young professional woman, an avid runner who, because of the negative effects Sjögren's has had on her health, has been unable to do the physical activities she loves the most. Even daily routine activities are sometimes impossible. Cheryl did not let this stop her. Sjögren's may have taken a toll on her health, but it has not tackled her spirit.

Cheryl found the strength to fight back and, WOW, she did just that this past November! Her method of fighting back was to reach out to her loved ones and her army of supporters by asking them to contribute to her fundraising efforts for Sjögren's research and education. Many had been watching her struggle with her health, silently wishing for a way they could help their dear friend, sister, daughter and co-worker, but they did not know how. Once she decided to participate, all Cheryl had to do was ask her friends for their support – explain to them what they could do to help and how. Armed with her informative fundraising letters and her personal firstgiving Chicago *Walkabout* webpage, she reached out to her community of friends and family and was stunned by their outpouring of support! Congratulations, Cheryl – you taught us all how to *Stand Up* for Sjögren's!

How will you *Stand-Up*?



Cheryl Levin and Vice President of Development Sheriese DeFruscio at the 2010 Chicago Area *Walkabout*

FEBRUARY WALKABOUT EVENTS

Saturday morning, February 12 Sarasota *Walkabout*

Sunday morning, February 13 Orlando *Walkabout*

Saturday morning, February 26 Phoenix Area *Walkabout* & Autoimmune Disease Health Fair



DeSoto Square

Waterford Lakes Town Center

Paradise Valley Mall

So many of our patients tell us that their loved ones want to help but don't know how... so consider developing a personal webpage on www.firstgiving.com/ssf and sharing your story with your family and friends. The SSF can supply Sjögren's brochures and sample letters for you to use as well. Remember, the power of our voices can change the face of Sjögren's! Thanks for Standing Up!

"Information You Requested" continued from page 1 ▼

including skin rashes, and non-allergic reactions can occur. The side effect that is of greatest concern is retinal toxicity. Hydroxychloroquine can deposit a pigment on the retina. This is the part of the eye that receives images that are transmitted to the brain resulting in vision. This pigment can interfere with the transmission and impair our vision. With continued treatment, visual loss can develop. Luckily, the pigment deposition and any visual loss are completely reversible with discontinuation of treatment with HCQ. This side effect is very unusual and in a recent study in patients with SLE and RA, documented retinal toxicity was seen in less than 1% of patients treated with HCQ, and most were seen after 5-7 years of treatment. As a precaution, patients treated with HCQ are advised to get a baseline eye exam prior to starting the drug and then annually thereafter, although the authors of the above-noted study suggest that the guidelines for follow-up be revised in light of their findings and that frequent early follow-up examination may not be necessary. Nevertheless, there is no consensus on when follow-up exams should be performed and, therefore, we would recommend that you defer to the suggestions of your

treating physician and ophthalmologist.

Physicians and patients consider hydroxychloroquine an immunosuppressant medication for lack of a more accurate descriptor. Perhaps an immunomodulatory medication would be a better term. The mechanism of action of HCQ has not been fully elucidated and is still a matter of debate, but it clearly has been shown to have anti-inflammatory properties mediated through modulation of the immune system. Unlike more potent immunosuppressant agents such as corticosteroids, methotrexate, azathioprine, cyclophosphamide, and rituximab, hydroxychloroquine's effects on the immune system are subtle and not as profound. When we consider effects of medications on the immune system, the two side effects that we are most interested in are whether, by potentially decreasing normal immuno-surveillance, they might increase the risk of infection and the development of neoplasm (cancers). There is no evidence that HCQ increases patients' risk of getting infections or increases their risk of developing cancer. ■

Neil I. Stahl, MD

DRY MOUTH

Learn to manage it 3 ways



Dry mouth associated with Sjögren's is more than just uncomfortable and frustrating. When your body can no longer produce enough protective saliva, you are more likely to have cavities, mouth infections and bad breath. Because dry mouth is an ongoing condition with Sjögren's, it helps to develop an ongoing daily routine in each of the following 3 management areas:

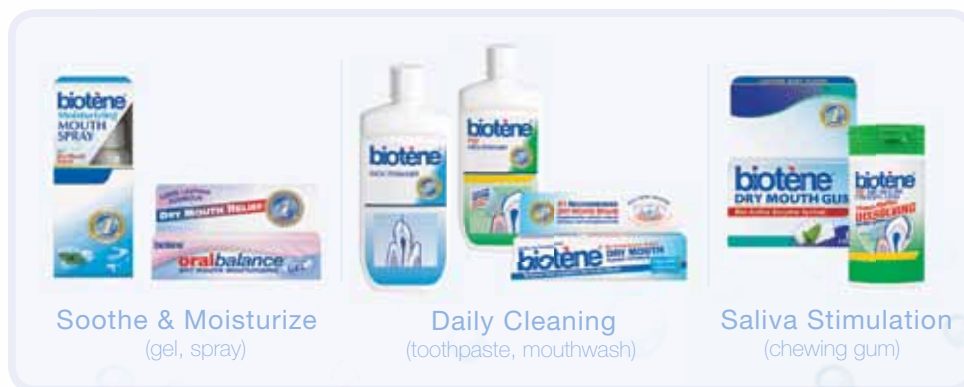
1. Soothing & Moisturizing: While sipping water can help, water doesn't lubricate the way saliva does. For symptom relief throughout the day use a moisturizing liquid or gel that has supplemental proteins and enzymes. Keep a portable moisturizing spray on hand to provide soothing relief on-the-go. For night-time relief, consider a soothing moisturizing gel to help keep your mouth moist.

2. Daily Cleaning: When you don't have enough saliva, food and bacteria can stick to your teeth causing plaque build-up, bad breath, and other problems. Keep your mouth clean by using fluoride toothpaste and a mouthwash without harsh ingredients. Products formulated specifically for dry mouth should be alcohol and detergent (SLS) free so they won't irritate your mouth.

3. Saliva Stimulation: Your saliva not only flushes away odor-causing bacteria, it protects and lubricates your mouth. For oral dryness, stimulate saliva by chewing sugar-free gum containing xylitol.

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#1 FOR DRY MOUTH MANAGEMENT



SSF Personal Support System

Listed below are SSF Contact Persons, members who volunteer to be sources of information for Sjögren's syndrome. Asterisks (*) indicate the location of where SSF Support Group meetings are held.

International support groups are available throughout the world. Please contact our office for specific information.

ALABAMA

Daleville	Marilyn Murray*	(334) 598-5387
Dothan	Janis Monk*	(334) 691-2723
Montgomery	Sharon Miller*	(334) 277-2302

ALASKA

Palmer	Judy Masteller	(907) 376-6275
Seward	Sandra Mikat	(907) 224-5191

ARIZONA

Phoenix	Lois Peach*	(480) 391-2522
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ARKANSAS

Conway	Betty Webster	(501) 329-6627
Little Rock	SSF Office*	(301) 530-4420
	Lillie Major	(501) 227-0813
Sparkman	Laurine Langley	(870) 366-4388

CALIFORNIA

Davis	Susan Ruth	(530) 753-3110
Fresno	Evelyn Bennett	(559) 436-8584
Glendale	Ricardina Astoquillca	(818) 241-8152
Hollister	Sharon West	(831) 634-0701
Inland Empire/San Gabriel Valley	Judy (Moffet) Whale*	(909) 624-1809
	Susan Buller*	(909) 944-1773
Lakehead	Carol Sartain*	(530) 238-8031
Lemoore	Deborah Romerosa	(559) 925-1585
Long Beach	Kathy Bostrom*	(562) 595-8208
Los Angeles/West Hills	Rhoda Dennison*	(818) 346-6694
Oroville	Lynne Gould	(530) 589-1158
Riverside	Lynn Davis	(951) 681-8517
San Diego	Suzanne Davies*	ssfsuzannedavies@gmail.com
	Dona Frosio*	(619) 303-9004
San Francisco	Nancy Crabbe*	(650) 593-9022
	Claire Goodman*	(925) 258-6666
San Rafael	Barbara Kinberger*	(415) 868-0171

COLORADO

Arvada	Susan Joyce	(303) 422-3864
Boulder	Dawna (Bunny) Swenson	(303) 652-2927
Colorado Springs	Andrea Shafer	(719) 487-1300
Denver	Carol A. Denewiler	(303) 755-9985
	Catherine F. Tomczak	(303) 751-5531
Denver/Englewood	Maurine Daniels*	(303) 721-0241
Evergreen	Lisa Torales	(303) 670-9296
	toralesl@msn.com	
Ft. Collins/Loveland	Eunice Krivonak	(970) 203-0147
Littleton/Lakewood	Connie Walters	(303) 973-1878
Westminster	LaDonna Landry	(303) 426-5800

CONNECTICUT

Brookfield	Isabel Lopez*	(203) 775-5552
Farmington	Mary Beth Walter*	(860) 569-6933
Wallingford	Kathy Heimann	(203) 269-0354
Wilton	Patricia Moran	(203) 762-8129

DELAWARE

Newark	Marsha Bates	(302) 593-3179
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FLORIDA

Boca Raton	Mariella Carbone	(561) 488-2342
Bradenton/Sarasota	Melody Carpenter	(941) 761-1352
Coral Gables	Georgene Slepín	(305) 446-4834
Coral Springs	Marrine Youngman	(954) 753-0939
Del Ray Beach	Jean Kaye	(561) 498-9364
Ft. Lauderdale	Georgie Littlefield*	(954) 977-0775
	Yvonne Sherrer, MD	(954) 229-7030
Jacksonville	Penny Oliver	(904) 535-9366
	Sally Vodney	(904) 363-9086
Lady Lake	Karen M. Marshall*	(352) 259-1309
Miami Lakes	Beth Geyer	(305) 821-2453
North Hutchinson Island	Elizabeth Brinamen*	(772) 595-5873
Orange Park/Jacksonville	Tana Still*	(904) 269-6871
Orlando/Lakeland	Joyce Tompkins*	(863) 701-0512
Tallahassee	Kay Tolworthy	(850) 877-5066
West Palm Beach	Janet Young	(561) 283-1670

GEORGIA

Atlanta	Suzi Wixson*	(770) 642-0323
Dunwoody/Atlanta	Penny Hamond-Wolk	(770) 730-8550
McDonough	Linda S. Davis	(770) 898-5837
Warner Robins	Irene Shue	(912) 929-3941

IDAHO

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ILLINOIS

Arlington Heights	Diana Bonadonna	(847) 398-0407
Bloomington	Joyce Kaye	(309) 663-0564
Chicago	Heidi Shierry*	(630) 279-9437
		or (630) 853-6836
Fox Lake	Mary Ann Guisinger	(847) 629-5559
Liberty	Mary Ann Graham	(217) 645-3497
Mansfield	Linda Lanier	(217) 489-4281
Plainfield	Audrey M. Grey-Lowry*	(815) 436-5168
	April Flentge*	(815) 886-4715
Urbana	Waneta Mehaffey	(217) 367-8161

INDIANA

Indianapolis	Diana Altom*	(317) 356-2558
South Bend	Sarah Reichert *	(574) 342-2285

IOWA

Des Moines	Suzanne Sullivan	(515) 537-1345
Dubuque	Shirley White*	(563) 583-6795
Wilton	Connie I. Brown	(563) 732-2420

KANSAS

Lenexa	Janet Nichols*	(913) 492-9581
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KENTUCKY

Louisville	Debra L. Henning	(502) 231-9130
	Karen M. Solomon	(502) 245-3120
Rineyville	Jisun Mudd	(270) 877-7729



SSF Personal Support System (Continued)

LOUISIANA

Baton Rouge	Carolyn S. Lee*	(225) 262-1060
	Debbie Fuselier	(225) 928-4341
Kaplan/Lafayette	Tanya Broussard*	(337) 643-3565
New Orleans	Connie Benton	(504) 488-6977
	Lynn Weinberg	(504) 895-2595
Pineville	Mary Maddox	(318) 445-7448

MAINE

Alfred	Elizabeth Hayes	(207) 324-9654
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MARYLAND

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Frederick	Elizabeth E. Ward*	(301) 663-3947
Montgomery County	Bonnie Schneider*	(301) 774-4662
Prince George's and South Maryland	Ruth White*	(301) 246-4476

MASSACHUSETTS

Boston Area	Lynn C. Epstein, MD*	(617) 636-3932
East Long Meadow	Janet Young	(413) 525-8211
Plymouth Area	Joanne Levy	(508) 224-2262
Springfield	Kitty Berger	(413) 786-6552
Worcester	Helen Yaffe	(508) 757-5580
South Grafton	Gerry Lauria	(508) 839-4095

MICHIGAN

Dearborn	Helen Schauman	(313) 562-9591
East Lansing	Bill Mahler	(517) 332-5636
Grand Rapids	Ruth Keur*	(616) 667-2632
Grosse Point Farms	Mary Lapish	(313) 885-7523
Jackson	Charlene Pung*	(517) 788-9824
Kalamazoo	Shaney Robinson	(269) 226-9254
Lansing	Laura Hall	(517) 887-6663
Livonia	Charlotte Pumo	(734) 427-8335
Presque Isle	Rosemary Kaue	(517) 595-3288
St. Clair	Bonnie Wright	(810) 329-9241
Stanwood	Karen M. Marshall	(231) 972-3110
Sturgis	Marcia L. Arend	(269) 651-6798

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Bloomington	Barbara Parrish	(952) 881-1048
Eden Prairie	Julie Ermer	(952) 943-9546
Maplewood	Phyllis Peterson	(651) 778-8035
Minneapolis	Patricia (Pat) Huber*	(952) 432-4870
St. Louis Park	Bette Tobin	(952) 920-2941
Stillwater	Elaine Zimmerman	(651) 436-1662

MISSISSIPPI

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Meridian	Mary N. Price*	(601) 695-2072
Oxford	Linda K. Cox	(662) 234-1001
Tupelo	Holly W. Bullock	(662) 844-2877

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St. Louis	Janie Norberg	(314) 521-4663
	Jane Rombach FSM	(314) 776-5764

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Billings	Helen Armstrong	(406) 245-0549
Bozeman	Betty Dilbeck	(406) 582-1933
Polson	Jo Weaver	(406) 883-5401

NEBRASKA

Fairfield	Michele Boyce	(402) 726-2335
Gretna	Jean Swanson*	(402) 332-2554

NEVADA

Las Vegas	Grace Vallone	(702) 365-5267
	Mary Boettcher	(702) 240-0997

NEW HAMPSHIRE

Lyme	Len Wasser	(603) 795-2510
Nottingham	Carol Markee	(603) 895-4812

NEW JERSEY

Edgewater	Joanna Fabian	(201) 886-0805
Lakehurst	Marie Vella	(732) 657-0107
Monroe Turnpike	Sandra Rear	(609) 860-1648
Teaneck	Nan Lehmann	(201) 836-4239
Verona	Shirley Musikant	(973) 857-8434

NEW MEXICO

Albuquerque	Frances Moorhead*	(505) 344-6971
Alto	Mavis Reecer	(505) 336-8117

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Buffalo/Depew	Elinor Pittner*	(716) 684-4254
Huntington	Sandy Leon*	(516) 367-4104
Jackson Heights	Claudia Schellenberg	(718) 803-3279
North Hills	Iris Cohn	(516) 627-9054
New York City	Susan Needles*	(212) 724-7110
Ossining	Elaine Underhill	(914) 762-3302
Rochester/Syracuse	Sharon Hoffman*	(585) 582-6114
Rockland County/Nyack	Judith Mack	(845) 358-2747
Syracuse/Cicero	Diane Stadtmiller*	(315) 877-1117
South Setauket	Helen McCollough	or via email: eruditepa@aol.com (631) 650-3162
St. James	Elizabeth Greening	(631) 862-9248
Woodstock	Evelyn Lyke	(845) 679-4970

NORTH CAROLINA

Asheville	Marge Kozacki*	(828) 687-2821
Boone	Marie Gaudin	(828) 733-3563
Charlotte	SS and Salivary Disorders Ctr at Carolinas Medical Center*	(704) 355-4197
Durham	Jean Weynand	(919) 489-9546
Knightdale	Delores M. Fiedor, LPN	(919) 266-5961
New Bern	Shirley Dailey*	(252) 444-3216
Raleigh	Maudeileen Huxhold*	(919) 866-1802
Snow Camp	Joann Dollar	(336) 376-6346
Winston-Salem	Sue Palas*	(336) 760-6303

OHIO

Akron Area	Mary McNeil*	(330) 342-7870
Bay Village	Evelyn V. Sobczak*	(440) 892-9765
Chesterland	Keith Koch	(440) 537-9969
Cincinnati	Cynthia Williams, RN	(513) 351-3023
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Mentor	Cindy Larick	(440) 974-9641
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Philadelphia	Sandra Pacini*	(215) 672-2983
	<i>(phone contact for Philadelphia support group)</i>	
	Barb Barbon	(610) 775-7949
Pittsburgh	Paula Helmick*	(724) 335-1252
	Jane Potteiger	(412) 922-9826
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Scranton	Linda Rosengrant-Lohrey	(570) 885-0141
	Lupus Fndt./Resource Ctr for	
	Autoimmune Diseases*	(888) 995-8787
Wallingford	Ruth Goldman	(610) 441-1441
		or (610) 565-6136
Washington Crossing	Marge Hartman	(215) 345-8249

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ONTARIO

Brantford	Sjögren's Society of Canada	(888) 558-0950
	Lee Durdon, * President	
Brantford/Paris	Helen Shipp	(519) 442-4510
London	Alison Shaefer	(519) 657-2829
New Hamburg	Lynda Duckworth	(519) 662-3699
Ottawa	L. Gail MacDonald	(613) 526-5433
Sarnia	Carolyn Minielly	(519) 542-4874

QUEBEC

Montreal	Sjögren's Syndrome Association Inc.	
	Ginette Texier*	(514) 934-3666
		or (877) 934-3666
	Theresa Reade	(514) 934-3666



www.sjogrens.org



Reflux and Your Throat

by Soo Kim Abboud, MD, Assistant Professor, Department of Otolaryngology, Head and Neck Surgery, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania.

While the exact reasons are unknown, many patients with Sjögren's suffer from gastroesophageal reflux disease (GERD). This can cause a wide variety of symptoms that can be mistaken for other conditions. Symptoms may include persistent heartburn and/or regurgitation of acid, stomach pain, hoarseness or voice change, throat pain, sore throat, difficulty swallowing, sensation of having a lump in the throat, frequent throat clearing and chronic cough (especially at night time or upon awakening).

Tips for combating gastroesophageal reflux in the throat:

- Avoid lying flat during sleep. Elevate the head of your bed using blocks or by placing a styrofoam wedge under the mattress. Do not rely on pillows as these may only raise the head but not the esophagus.
- Don't gorge yourself at mealtime. Eat smaller more frequent meals and one large meal.
- Avoid bedtime snacks and eat meals at least three to four hours before lying down.
- Lose any excess weight.
- Avoid spicy, acidic or fatty foods including citrus fruits or juices, tomato-based products, peppermint, chocolate, and alcohol.
- Limit your intake of caffeine including coffee, tea and colas.
- Stop smoking.
- Don't exercise within one to two hours after eating.
- Promote saliva flow by chewing gum, sucking on lozenges or taking prescription medications such as pilocarpine (Salagen®) and cevimeline (Evxac®). This can help neutralize stomach acid and reduce symptoms.
- Consult your doctor if you have heartburn or take antacids more than three times per week. A variety of OTC and prescription medications can help but should only be taken with medical supervision. ■

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QUANTUM
HEALTH

For patients with Sjögren's syndrome

DRY-MOUTH SYMPTOMS DON'T HAVE TO BE SO DISTRACTING.

If you experience dry-mouth symptoms due to Sjögren's syndrome, then you already know how distracting these can be to your daily life. It might be time to ask about EVOXAC® (cevimeline HCl), a prescription treatment that works by stimulating the production of your body's own natural saliva.

Talk to your doctor to see if EVOXAC can help, or visit DiscoverEVOXAC.com.

Please see important information about EVOXAC below.



Important Safety Information

What is EVOXAC?

• EVOXAC (cevimeline HCl) is a prescription medicine used to treat symptoms of dry mouth in patients with Sjögren's syndrome.

Who Should Not Take EVOXAC?

• You should not take EVOXAC if you have uncontrolled asthma, allergies to EVOXAC or a condition affecting the contraction of your pupil such as narrow-angle (angle-closure) glaucoma or inflammation of the iris.

What should I tell my Healthcare Provider?

- Tell your healthcare provider if you have any of the following conditions:
 - History of heart disease;
 - Controlled asthma;
 - Chronic bronchitis;
 - Chronic obstructive pulmonary disease (COPD);
 - History of kidney stones;
 - History of gallbladder stones
- Tell your healthcare provider if you are trying to become pregnant, are already pregnant, or are breastfeeding.
- Tell your healthcare provider about all medications that you are taking, including those you take without a prescription. It is particularly important to tell your healthcare provider if you are taking any heart medications especially "beta-blockers".
- If you are older than 65, your healthcare provider may want to monitor you more closely.

General Precautions with EVOXAC

- When taking EVOXAC use caution when driving at night or performing other hazardous activities in reduced lighting because EVOXAC may cause blurred vision or changes in depth perception.
- If you sweat excessively while taking EVOXAC drink extra water and tell your health care provider, as dehydration may develop.
- The safety and effectiveness of EVOXAC in patients under 18 years of age have not been established.

What are some possible side effects of EVOXAC?

- In clinical trials, the most commonly reported side effects were excessive sweating, headache, nausea, sinus infection, upper respiratory infections, runny nose, and diarrhea.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch, or call 1-800-FDA-1088.

Please visit www.EVOXAC.com for full Product Information for EVOXAC.

For patients having difficulty affording their Daiichi Sankyo medication, please call the Daiichi Sankyo Patient Assistance Program at 1-866-268-7327 for more information or visit www.dsi.com/news/patientassistance.html.

Please see a brief summary of Important Information for EVOXAC on the next page.

Evoxac[®]
(cevimeline HCl) 30 mg
Capsules

EVOXAC® Capsules

(cevimeline hydrochloride)

INDICATIONS AND USAGE

Cevimeline is indicated for the treatment of symptoms of dry mouth in patients with Sjögren's Syndrome.

CONTRAINDICATIONS

Cevimeline is contraindicated in patients with uncontrolled asthma, known hypersensitivity to cevimeline, and when miosis is undesirable, e.g., in acute iritis and in narrow-angle (angle-closure) glaucoma.

WARNINGS

Cardiovascular Disease:

Cevimeline can potentially alter cardiac conduction and/or heart rate. Patients with significant cardiovascular disease may potentially be unable to compensate for transient changes in hemodynamics or rhythm induced by EVOXAC®. EVOXAC® should be used with caution and under close medical supervision in patients with a history of cardiovascular disease evidenced by angina pectoris or myocardial infarction.

Pulmonary Disease:

Cevimeline can potentially increase airway resistance, bronchial smooth muscle tone, and bronchial secretions. Cevimeline should be administered with caution and with close medical supervision to patients with controlled asthma, chronic bronchitis, or chronic obstructive pulmonary disease.

Ocular:

Ophthalmic formulations of muscarinic agonists have been reported to cause visual blurring which may result in decreased visual acuity, especially at night and in patients with central lens changes, and to cause impairment of depth perception. Caution should be advised while driving at night or performing hazardous activities in reduced lighting.

PRECAUTIONS

General:

Cevimeline toxicity is characterized by an exaggeration of its parasympathomimetic effects. These may include: headache, visual disturbance, lacrimation, sweating, respiratory distress, gastrointestinal spasm, nausea, vomiting, diarrhea, atrioventricular block, tachycardia, bradycardia, hypotension, hypertension, shock, mental confusion, cardiac arrhythmia, and tremors.

Cevimeline should be administered with caution to patients with a history of nephrolithiasis or cholelithiasis. Contractions of the gallbladder or biliary smooth muscle could precipitate complications such as cholecystitis, cholangitis and biliary obstruction. An increase in the ureteral smooth muscle tone could theoretically precipitate renal colic or ureteral reflux in patients with nephrolithiasis.

Information for Patients: Patients should be informed that cevimeline may cause visual disturbances, especially at night, that could impair their ability to drive safely.

If a patient sweats excessively while taking cevimeline, dehydration may develop. The patient should drink extra water and consult a health care provider.

Drug Interactions:

Cevimeline should be administered with caution to patients taking beta adrenergic antagonists, because of the possibility of conduction disturbances. Drugs with parasympathomimetic effects administered concurrently with cevimeline can be expected to have additive effects. Cevimeline might interfere with desirable antimuscarinic effects of drugs used concomitantly.

Drugs which inhibit CYP2D6 and CYP3A4/5 also inhibit the metabolism of cevimeline. Cevimeline should be used with caution in individuals known or suspected to be deficient in CYP2D6 activity, based on previous experience, as they may be at a higher risk of adverse events. In an *in vitro* study, cytochrome P450 isozymes 1A2, 2A6, 2C9, 2C19, 2D6, 2E1, and 3A4 were not inhibited by exposure to cevimeline.

Carcinogenesis, Mutagenesis and Impairment of Fertility:

Lifetime carcinogenicity studies were conducted in CD-1 mice and F-344 rats. A statistically significant increase in the incidence of adenocarcinomas of the uterus was observed in female rats that received cevimeline at a dosage of 100 mg/kg/day (approximately 8 times the maximum human exposure based on comparison of AUC data). No other significant differences in tumor incidence were observed in either mice or rats.

Cevimeline exhibited no evidence of mutagenicity or clastogenicity in a battery of assays that included an Ames test, an *in vitro* chromosomal aberration study in mammalian cells, a mouse lymphoma study in L5178Y cells, or a micronucleus assay conducted *in vivo* in ICR mice.

Cevimeline did not adversely affect the reproductive performance or fertility of male Sprague-Dawley rats when administered for 63 days prior to mating and throughout the period of mating at dosages up to 45 mg/kg/day (approximately 5 times the maximum recommended dose for a 60 kg human following normalization of the data on the basis of body surface area estimates). Females that were treated with cevimeline at dosages up to 45 mg/kg/day from 14 days prior to mating through day seven of gestation exhibited a statistically significantly smaller number of implantations than did control animals.

Pregnancy:

Pregnancy Category C.

Cevimeline was associated with a reduction in the mean number of implantations when given to pregnant Sprague-Dawley rats from 14 days prior to mating through day seven of gestation at a dosage of 45 mg/kg/day (approximately 5 times the maximum recommended dose for a 60 kg human when compared on the basis of body surface area estimates). This effect may have been secondary to maternal toxicity. There are no adequate and well-controlled studies in pregnant women. Cevimeline should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:

It is not known whether this drug is secreted in human milk. Because many drugs are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from EVOXAC®, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use:

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use:

Although clinical studies of cevimeline included subjects over the age of 65, the numbers were not sufficient to determine whether they respond differently from younger subjects. Special care should be exercised when cevimeline treatment is initiated in an elderly patient, considering the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy in the elderly.

ADVERSE REACTIONS

Cevimeline was administered to 1777 patients during clinical trials worldwide, including Sjögren's patients and patients with other conditions. In placebo-controlled Sjögren's studies in the U.S., 320 patients received cevimeline doses ranging from 15 mg tid to 60 mg tid, of whom 93% were women and 7% were men. Demographic distribution was 90% Caucasian, 5% Hispanic, 3% Black and 2% of other origin. In these studies, 14.6% of patients discontinued treatment with cevimeline due to adverse events.

The following adverse events associated with muscarinic agonism were observed in the clinical trials of cevimeline in Sjögren's syndrome patients:

Adverse Event	Cevimeline 30 mg (tid) n=533	Placebo (tid) n=164
Excessive Sweating	18.7%	2.4%
Nausea	13.8%	7.9%
Rhinitis	11.2%	5.4%
Diarrhea	10.3%	10.3%
Excessive Salivation	2.2%	0.6%
Urinary Frequency	0.9%	1.8%
Asthenia	0.5%	0.0%
Flushing	0.3%	0.6%
Polyuria	0.1%	0.6%

*n is the total number of patients exposed to the dose at any time during the study.

In addition, the following adverse events (≥3% incidence) were reported in the Sjögren's clinical trials:

Adverse Event	Cevimeline 30 mg (tid) n=533	Placebo (tid) n=164	Adverse Event	Cevimeline 30 mg (tid) n=533	Placebo (tid) n=164
Headache	14.4%	20.1%	Conjunctivitis	4.3%	3.6%
Sinusitis	12.3%	10.9%	Dizziness	4.1%	7.3%
Upper Respiratory Tract Infection	11.4%	9.1%	Bronchitis	4.1%	1.2%
Dyspepsia	7.8%	8.5%	Arthralgia	3.7%	1.8%
Abdominal Pain	7.6%	6.7%	Surgical Intervention	3.3%	3.0%
Urinary Tract Infection	6.1%	3.0%	Fatigue	3.3%	1.2%
Coughing	6.1%	3.0%	Pain	3.3%	3.0%
Pharyngitis	5.2%	5.4%	Skeletal Pain	2.8%	1.8%
Vomiting	4.6%	2.4%	Insomnia	2.4%	1.2%
Injury	4.5%	2.4%	Hot Flashes	2.4%	0.0%
Back Pain	4.5%	4.2%	Rigors	1.3%	1.2%
Rash	4.3%	6.0%	Anxiety	1.3%	1.2%

*n is the total number of patients exposed to the dose at any time during the study.

The following events were reported in Sjögren's patients at incidences of <3% and ≥1%: constipation, tremor, abnormal vision, hypertension, peripheral edema, chest pain, myalgia, fever, anorexia, eye pain, earache, dry mouth, vertigo, salivary gland pain, pruritus, influenza-like symptoms, eye infection, post-operative pain, vaginitis, skin disorder, depression, hiccup, hyporeflexia, infection, fungal infection, sialoadenitis, otitis media, erythematous rash, pneumonia, edema, salivary gland enlargement, allergy, gastroesophageal reflux, eye abnormality, migraine, tooth disorder, epistaxis, flatulence, toothache, ulcerative stomatitis, anemia, hypoesthesia, cystitis, leg cramps, abscess, eructation, moniliasis, palpitation, increased amylase, xerophthalmia, allergic reaction.

The following events were reported rarely in treated Sjögren's patients (<1%): Causal relation is unknown:

Body as a Whole Disorders: aggravated allergy, precordial chest pain, abnormal crying, hematoma, leg pain, edema, periorbital edema, activated pain trauma, pallor, changed sensation temperature, weight decrease, weight increase, choking, mouth edema, syncope, malaise, face edema, substernal chest pain

Cardiovascular Disorders: abnormal ECG, heart disorder, heart murmur, aggravated hypertension, hypotension, arrhythmia, extrasystoles, t wave inversion, tachycardia, supraventricular tachycardia, angina pectoris, myocardial infarction, pericarditis, pulmonary embolism, peripheral ischemia, superficial phlebitis, purpura, deep thrombophlebitis, vascular disorder, vasculitis, hypertension

Digestive Disorders: appendicitis, increased appetite, ulcerative colitis, diverticulitis, duodenitis, dysphagia, enterocolitis, gastric ulcer, gastritis, gastroenteritis, gastrointestinal hemorrhage, gingivitis, glossitis, rectum hemorrhage, hemorrhoids, ileus, irritable bowel syndrome, melena, mucositis, esophageal stricture, esophagitis, oral hemorrhage, peptic ulcer, periodontal destruction, rectal disorder, stomatitis, tenesmus, tongue discoloration, tongue disorder, geographic tongue, tongue ulceration, dental caries

Endocrine Disorders: increased glucocorticoids, goiter, hypothyroidism

Hematologic Disorders: thrombocytopenic purpura, thrombocythemia, thrombocytopenia, hypochromic anemia, eosinophilia, granulocytopenia, leucopenia, leukocytosis, cervical lymphadenopathy, lymphadenopathy

Liver and Biliary System Disorders: cholelithiasis, increased gamma-glutamyl transferase, increased hepatic enzymes, abnormal hepatic function, viral hepatitis, increased serum glutamate oxaloacetic transaminase (SGOT) (also called AST-aspartate aminotransferase), increased serum glutamate pyruvate transaminase (SGPT) (also called ALT-alanine aminotransferase)

Metabolic and Nutritional Disorders: dehydration, diabetes mellitus, hypercalcemia, hypercholesterolemia, hypoglycemia, hyperkalemia, hypertriglyceridemia, hyperuricemia, hypoglycemia, hypokalemia, hyponatremia, thirst

Musculoskeletal Disorders: arthritis, aggravated arthritis, arthropathy, femoral head avascular necrosis, bone disorder, bursitis, costochondritis, plantar fasciitis, muscle weakness, osteomyelitis, osteoporosis, synovitis, tendinitis, tenosynovitis

Neoplasms: basal cell carcinoma, squamous carcinoma

Nervous Disorders: carpal tunnel syndrome, coma, abnormal coordination, dysesthesia, dyskinesia, dysphonia, aggravated multiple sclerosis, involuntary muscle contractions, neuralgia, neuropathy, paresis, speech disorder, agitation, confusion, depersonalization, aggravated depression, abnormal dreaming, emotional lability, manic reaction, paroniria, somnolence, abnormal thinking, hyperkinesia, hallucination

Miscellaneous Disorders: fall, food poisoning, heat stroke, joint dislocation, post-operative hemorrhage

Resistance Mechanism Disorders: cellulitis, herpes simplex, herpes zoster, bacterial infection, viral infection, genital moniliasis, sepsis

Respiratory Disorders: asthma, bronchospasm, chronic obstructive airway disease, dyspnea, hemoptysis, laryngitis, nasal ulcer, pleural effusion, pleurisy, pulmonary congestion, pulmonary fibrosis, respiratory disorder

Rheumatologic Disorders: aggravated rheumatoid arthritis, lupus erythematosus rash, lupus erythematosus syndrome

Skin and Appendages Disorders: acne, alopecia, burn, dermatitis, contact dermatitis, lichenoid dermatitis, eczema, furunculosis, hyperkeratosis, lichen planus, nail discoloration, nail disorder, onychia, onychomycosis, paronychia, photo-sensitivity reaction, rosacea, scleroderma, seborrhea, skin discoloration, dry skin, skin exfoliation, skin infection, skin ulceration, urticaria, verruca, bullous eruption, cold clammy skin

Special Senses Disorders: deafness, decreased hearing, motion sickness, parosmia, taste perversion, blepharitis, cataract, corneal opacity, corneal ulceration, diplopia, glaucoma, anterior chamber eye hemorrhage, keratitis, keratoconjunctivitis, mydriasis, myopia, photopsia, retinal deposits, retinal disorder, scleritis, vitreous detachment, tinnitus

Urogenital Disorders: epididymitis, prostatic disorder, abnormal sexual function, amenorrhea, female breast neoplasm, malignant female breast neoplasm, female breast pain, positive cervical smear test, dysmenorrhea, endometrial disorder, intermenstrual bleeding, leukorrhea, menorrhagia, menstrual disorder, ovarian cyst, ovarian disorder, genital pruritus, uterine hemorrhage, vaginal hemorrhage, atrophic vaginitis, albuminuria, bladder discomfort, increased blood urea nitrogen, dysuria, hematuria, micturition disorder, nephrosis, nocturia, increased nonprotein nitrogen, pyelonephritis, renal calculus, abnormal renal function, renal pain, strangury, urethral disorder, abnormal urine, urinary incontinence, decreased urine flow, pyuria

In one subject with lupus erythematosus receiving concomitant multiple drug therapy, a highly elevated ALT level was noted after the fourth week of cevimeline therapy. In two other subjects receiving cevimeline in the clinical trials, very high AST levels were noted. The significance of these findings is unknown.

Additional adverse events (relationship unknown) which occurred in other clinical studies (patient population different from Sjögren's patients) are as follows:

cholinergic syndrome, blood pressure fluctuation, cardiomegaly, postural hypotension, aphasia, convulsions, abnormal gait, hyperesthesia, paralysis, abnormal sexual function, enlarged abdomen, change in bowel habits, gum hyperplasia, intestinal obstruction, bundle branch block, increased creatine phosphokinase, electrolyte abnormality, glycosuria, gout, hyperkalemia, hyperproteinemia, increased lactic dehydrogenase (LDH), increased alkaline phosphatase, failure to thrive, abnormal platelets, aggressive reaction, amnesia, apathy, delirium, delusion, dementia, illusion, impotence, neurosis, paranoid reaction, personality disorder, hyperhemoglobinemia, apnea, atelectasis, yawning, oliguria, urinary retention, distended vein, lymphocytosis

The following adverse reaction has been identified during post-approval use of EVOXAC®. Because post-marketing adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Post-Marketing Adverse Events: Liver and Biliary System Disorders: cholecystitis

MANAGEMENT OF OVERDOSE

Management of the signs and symptoms of acute overdose should be handled in a manner consistent with that indicated for other muscarinic agonists; general supportive measures should be instituted. If medically indicated, atropine, an anti-cholinergic agent, may be of value as an antidote for emergency use in patients who have had an overdose of cevimeline. If medically indicated, epinephrine may also be of value in the presence of severe cardiovascular depression or bronchoconstriction. It is not known if cevimeline is dialyzable.

Rx Only

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Edison, NJ 08837

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For additional information please call toll free: 1-877-437-7763
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in memoriam

In Memory of Adolph Goldenstein

Elaine & Larry Levin

In Memory of Diane Irene Weiner

Mr. & Mrs. Robert E. Lee Bentz

In Memory of Glenda Delott

Richard Delott

In Memory of Jean M. Saj

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In Memory of Morry Martin

Elaine & Larry Levin

In Memory of Rose Marie LeBar

Cynthia Kabbe

In Memory of Ruby, our basset hound

Victor & Janice DeWitt

In Memory of Stephanie Schram

Alicia A. Rohrlack



in honor

In Honor of Audrey Wiesenfeld's 90th Birthday

Elaine & Herb Harris

In Honor of Dorothy Colhard

Chris Colhard

In Honor of Eileen Bergeron

Stan Hammer Farms

In Honor of Jackie Sciuili - Wishing you a speedy recovery

San Diego & Imperial Counties Support Group

In Honor of Jill "The Amazing" Glover

The Warnicks

In Honor of Kim Satterwhite

Cara Brook

In Honor of Mary Sue Newton

Joe Waller

Sjögren's Walkabout

*Coming to a location
near you. Look for our
Walkabout Calender in next
month's issue of The Moisture Seekers*

sip for Sjögren's

a fine water
tasting event

**Host an event in your
area... We'll help.**

If you are interested in organizing a
Sip for Sjögren's event in your area,
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of Awareness, at 800-475-6473, ext.
221 or pspolyar@sjogrens.org.

Sjögren's Syndrome Foundation

Legacy of Hope

If you would like to receive
information on how you can
Leave a Legacy to support
the Sjögren's Syndrome
Foundation's critical research
initiatives or to support one
of our many other programs,
please contact Steven Taylor
at 800-475-6473.

Leave A Legacy – Remember Us in Your Will

2011 SSF National Patient Conference

"Your Passport To Learning"

**April 1-2, 2011
Hyatt Regency Reston
Reston, Virginia**



As a Sjögren's patient, it's easy to feel confused or overwhelmed by the abundance of information available about the illness and how it affects your body. But here is *Your Passport to Learning* for an educational journey to take control of your health and day-to-day living by learning from the best minds dealing with Sjögren's. This April, join fellow Sjögren's patients and their family members as well as healthcare professionals and other experts who specialize in Sjögren's at the 2011 SSF National Patient Conference in Reston, Virginia (just outside of Washington, DC).

SSF programs are the best Sjögren's patient education opportunities in the country. They have helped thousands gain a better understanding of Sjögren's and will help you, too. This two-day event will feature an array of presentations from the country's leading Sjögren's experts – physicians, dentists, eye care providers, and researchers – who will help you understand how to manage all key aspects of your disease. Presentation topics will include:

Overview of Sjögren's Syndrome

OB-GYN Issues and Sjögren's

Lung Complications

Dry Eye and Dry Mouth Issues

**How to Find a Healthcare Professional
Knowledgeable about Sjögren's**

Neurological Manifestations

Vitamin D Deficiency in Autoimmune Disease

Sjögren's Survival: A Patient Perspective

Overlapping Major Connective Tissue Diseases

Research Update

Aching Joints, Fatigue and Sjögren's

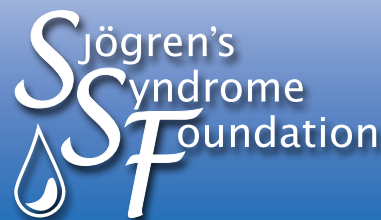
So this April 1-2, we invite you to pick up *Your Passport to Learning* and experience an amazing opportunity to heighten your understanding of Sjögren's at the 2011 National Patient Conference in Reston, Virginia!

Call 1-800-475-6473 or visit www.sjogrens.org today to receive the latest information.

Space is limited. Please register early!

Registration Form

Registration fees include: Lunch each day, snacks and beverages, Friday evening dinner, hand-out material from speakers and entrance to exhibit area on Friday and Saturday.



2011 NATIONAL PATIENT CONFERENCE RESTON, VIRGINIA — APRIL 1-2, 2011

1 ATTENDEE – complete for each registrant

Attendee Name(s) _____

Attendee Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

2 FEES – please circle appropriate fee(s) (Note: Early Bird Deadline is March 7, 2011)

SSF Members & Guests

Non-Members

TOTAL:

March 7th and before

\$165 per person

\$190 per person

March 8th and after

\$185 per person

\$210 per person

3 PAYMENT – Mail to SSF, c/o BB&T Bank · PO Box 890612 · Charlotte, NC 28289-0612 or Fax to: 301-530-4415

☐ Enclosed is a check or money order (in U.S. funds only, drawn on a U.S. bank, net of all bank charges) payable to SSF.

☐ MasterCard ☐ VISA ☐ AmEx Card Number _____ Exp. Date _____

Signature _____ CC Security Code _____

- Refund requests must be made in writing. Registrants whose written requests are received by March 18th will receive a 75% refund. After that time, we are sorry that no refunds can be made.
- Dietary Requests: Unfortunately, we cannot accommodate all special dietary requirements. We can accommodate vegetarian or gluten-free dietary requests. If you require a vegetarian or gluten-free meal option, please contact Stephanie Bonner at the SSF office (800-475-6473 ext. 210) by March 23rd.
- A limited number of rooms are available at the Hyatt Regency Reston (1800 Presidents Street, Reston, Virginia 22090) at the SSF rate of \$129 per night plus tax if reservations are made by March 8, 2011. Call the toll-free hotel reservation number at 888-421-1442 or call the Hyatt Regency Reston directly at 703-709-1234 and refer to the group name "Sjögren's Syndrome Foundation" for the discounted rate.
- The Hyatt Regency Reston provides a complimentary shuttle service to/from the Dulles International Airport.

QUESTIONS? Call 800-475-6473 or visit www.sjogrens.org

The Moisture Seekers

Sjögren's Syndrome Foundation Inc.

6707 Democracy Blvd., Ste 325

Bethesda, MD 20817

Phone: 800-475-6473

Fax: 301-530-4415

It's not too late to join us in New Orleans



This January, come to vibrant, festive New Orleans and take control of your health by learning the most up-to-date information from the brightest minds in Sjögren's.

Our *Live, Learn & Share* seminars are the best one-day Sjögren's patient seminars in the country. They have helped thousands gain a better understanding of Sjögren's and will help you, too. Our panel of medical experts will address an array of Sjögren's topics; plus, you'll have the rare chance to meet and share tips with fellow Sjögren's patients.

If you want to be your own best advocate by gaining a thorough understanding of all the key aspects of Sjögren's syndrome, then this one-day seminar is for you.



NEW ORLEANS PATIENT SEMINAR SATURDAY, JANUARY 29, 2011

FEES – Note: Early Bird Deadline is January 10th, 2011

SSF Members & Guests
Non-Members

January 10th and before

\$65 per person

\$90 (includes one-year membership)

January 11th and after

\$85 per person

\$110 (includes one-year membership)

Call Today
to reserve your place.
800-475-6473

- A fee of \$25 will be charged for all seminar registration cancellations. Refund requests must be made by January 10, 2011. After that date, we are sorry but no refunds will be made.
- Dietary Requests: Unfortunately, we cannot accommodate all special dietary requirements. We can accommodate vegetarian or gluten-free dietary requests. If you require a vegetarian or gluten-free meal option, please contact Stephanie Bonner at the SSF office (800-475-6473 ext. 210) by January 21st.
- A limited number of rooms are available at the Four Points by Sheraton New Orleans Airport hotel, 6401 Veterans Memorial Boulevard, Metairie, Louisiana 70003, at the SSF rate of \$119 per night plus tax if reservations are made by January 5, 2011. To make room reservations, please call the hotel directly at 504-885-5700 and refer to the group name "Sjögren's Syndrome Foundation" for the discounted rate.

QUESTIONS ? Call 800-475-6473 or visit www.sjogrens.org