The Moisture Seekers

Sjögren's Syndrome Foundation

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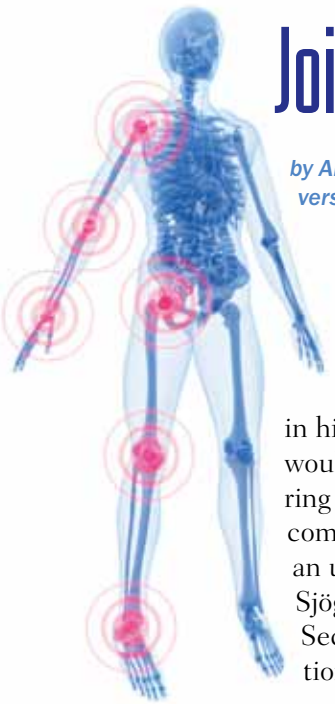

Joint Pain and Sjögren's Syndrome

by Alan N. Baer, MD, FACP, Associate Professor of Medicine, Division of Rheumatology, Johns Hopkins University School of Medicine; Director, Jerome Greene Sjögren's Syndrome Clinic

In 1930, Henrik Sjögren, a Swedish ophthalmologist, examined a woman with rheumatoid arthritis who had extreme dryness of her eyes and mouth and filamentary keratitis, an eye condition related to her lack of tears.[1] He became fascinated by this unusual debilitating condition and subsequently evaluated 18 additional women with the same combination of findings. He described this new syndrome as "keratoconjunctivitis sicca" in his postdoctoral thesis. Thirteen of the 19 women had chronic inflammatory arthritis. We would now classify these 13 women as having secondary Sjögren's syndrome (SS), occurring in the context of rheumatoid arthritis. However, joint pain constitutes one of the most common symptoms of the primary form of SS, defined as SS occurring in the absence of an underlying rheumatic disease. In a recent survey of SS patients belonging to the French Sjögren's Syndrome Society (Association Française du Gougerot-Sjögren et des Syndromes Secs), 81% reported significant joint and muscle pain.[2] In this article, the joint manifestations of primary SS will be reviewed.

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Yoga for People with Arthritis

by Steffany Haaz, MFA, RYT

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Introduction

Holistic (or mind-body integrating) movement practices with origins in eastern philosophy and culture are receiving a great deal of attention recently. For many adults, yoga, t'ai chi, qi gong, and various dance forms are joining the treadmill and exercise bike as ways to safely and effectively increase physical activity. Having arthritis should not prevent individuals from trying these alternatives to traditional exercise. However, for many people, yoga in particular may bring to mind pretzel-like poses requiring considerable strength and balance. In reality, beginner yoga classes provide simple, gentle movements that gradually build strength, balance, and flexibility – all elements that may be especially beneficial for people with arthritis. In this article, Steffany Haaz, MFA, a professional choreographer,

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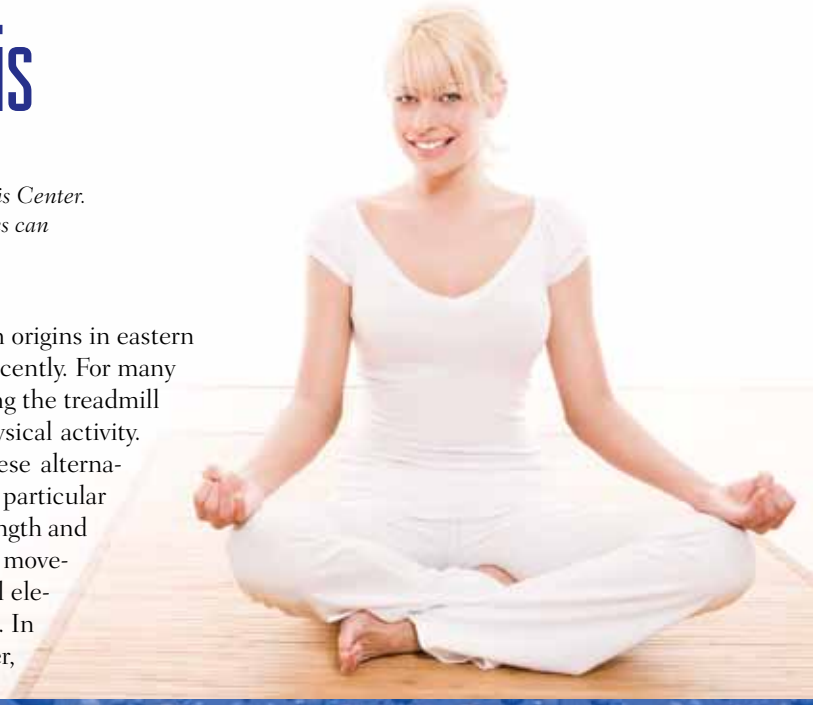

In This Issue

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A few definitions are needed for the reader. Although the term "arthritis" originally was applied to conditions causing joint inflammation, it now includes disorders in which the joint has become damaged by degenerative, metabolic, or traumatic processes. Joint inflammation is characterized by warmth, redness, tenderness, pain with motion, and swelling. Joint swelling may arise from thickening of the normally thin membrane that lines the joint cavity (the synovium) or the presence of an increased amount of fluid within the joint space (joint effusion). Examples of inflammatory arthritis include rheumatoid arthritis, gout, and arthritis related to a joint infection (such as Lyme disease). The forms of arthritis characterized by joint damage often have minimal, if any, inflammation. On examination of the joint, there may be bony enlargement, malalignment, crepitus (a grinding sensation) with motion, and restricted motion. However, both inflammation and joint damage may co-exist in arthritis. Inflammatory arthritis can lead to permanent joint damage and degenerative joint processes can trigger inflammation. The term "arthralgia" refers to joint pain, irrespective of its cause. Importantly, patients may have joint pain but lack signs of arthritis when examined by a physician. As will be described below, this is often true for primary SS patients.

There are many causes of arthritis. These include inflammation of the synovium, trauma, hormonal changes, or degeneration of the cartilage. A physician differentiates the various causes of arthritis with the aid of the history, physical examination, laboratory testing, and radiologic imaging. The potential causes of arthritis can be differentiated in part by determining how many and which joints are affected, how quickly the joint pain developed, and how the joints are affected over time. The physical examination helps to determine if there is inflammation, joint damage, or a combination of the two. Two blood tests, the erythrocyte sedimentation rate and C-reactive protein, are abnormal in inflammatory forms of arthritis. A positive rheumatoid factor test is present in up to 80% of patients with rheumatoid arthritis but is also present in other forms of arthritis, including up to two-thirds of primary SS patients.[3-5] A positive cyclic citrullinated peptide (CCP) antibody test is more specific for rheumatoid arthritis but is also present in approximately 5-10% of SS patients.[4-5] Imaging of the joints with X-ray, ultrasound and magnetic resonance techniques serves to define the presence of inflammation of the synovium as well as joint damage, evident as alterations of key structural elements such as cartilage, ligaments and adjacent bone.

The joint manifestations of Sjögren's syndrome are listed in the Table. An inflammatory arthritis, defined by the presence of joint tenderness and swelling, usually affects many joints, particularly those of the fingers, the wrists and the ankles. The shoulders, hips and knees also may be painful. The arthritis usually "comes and goes" and affects the same joints in

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I Stood Up...

Paige, Bay Area, California

It all started with a simple Facebook update by Paige: "All I wish for my birthday is Sjögren's awareness."

Like most Sjögren's patients, Paige's diagnosis was a long time in the making. Although she feels information is more readily available now than it was when she was diagnosed, there is still a long way to go.

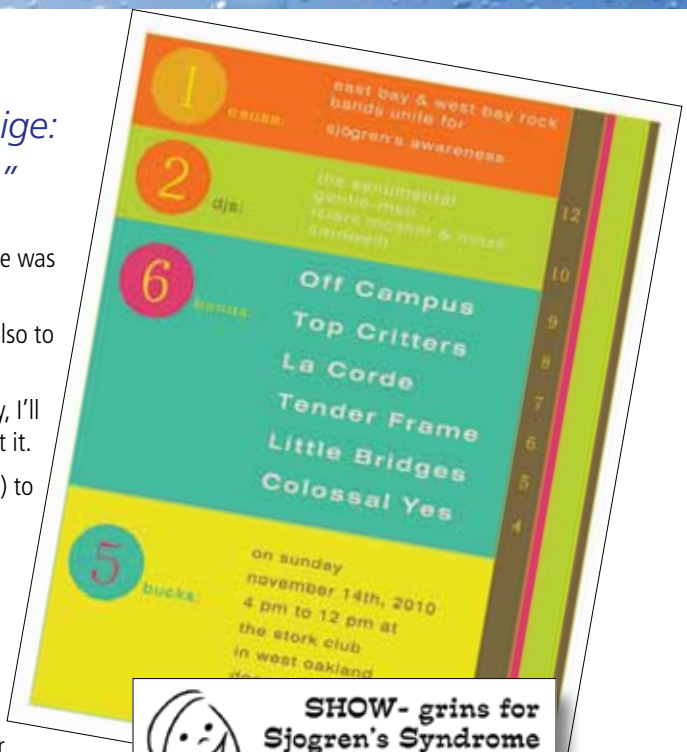
So Sjögren's awareness, not only to help make her own doctors more aware but also to help the newly and undiagnosed, is all Paige wanted for her birthday.

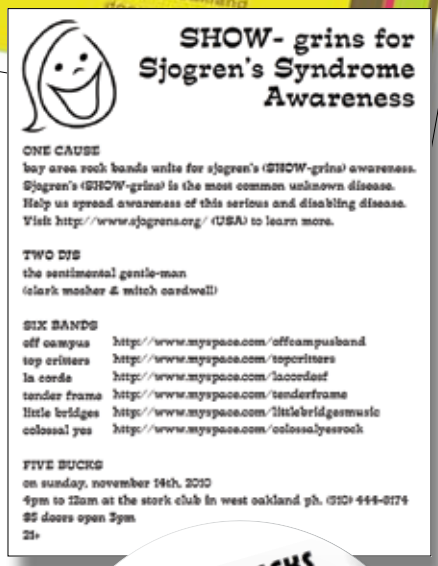
Paige's friend Danny responded to her message by writing, "If Paige wants a party, I'll give her a party." She appreciated the response but didn't really think much about it.

Meanwhile, Danny was pulling together two DJs and six bands (including his own) to perform at a show he was calling, "East Bay & West Bay Rock Bands Unite for Sjögren's (SHOW-grins) Awareness 2010."

"He just did it," says Paige. "It was beautiful."

The event was held on November 14, 2010 at a club in the Bay Area. Entrance fees and donations were collected to contribute to the SSF, but the main focus of the show was helping to raise awareness.





Throughout the weeks leading up to the show, Paige was amazed with the outpouring of support that all sprouted from a simple message on Facebook.

"The world is a little nicer than I realized."

Leading up to the show, Paige (who formerly worked in the music industry) and her friends worked tirelessly to promote the show throughout the Bay Area. (In fact, Paige worked so hard she was only able to stay at the show for a short time due to a Sjögren's flare-up.)

The show was mentioned on various radio stations throughout the area including the radio stations for University of San Francisco and University of California, Berkeley and KFOG. She and her friends posted the event online getting mentions on Twitter and Facebook as well as news sites covering the Bay Area.

Paige is hoping for an even bigger push when they hold the event next year. Though no dates are set, she would like to do something in April to coincide with Sjögren's Awareness Month.

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the right and left limbs in a "symmetric" fashion. Joint x-rays are usually normal. In a recent series, this type of arthritis was present in 35% of 188 primary SS patients.[6] More severe forms of arthritis can occur rarely in primary SS and appear to be a true overlap of two distinct rheumatic diseases, namely rheumatoid arthritis and SS.[7]

Joint pain is one of the most common symptoms of SS. Multiple joints are painful, usually episodically with periods of joint pain, known as "flares," followed by periods of little or no joint pain. Arthritis and/or arthralgia may develop before the onset of dryness of the eyes and/or mouth in SS patients and, thus, be the first manifestation of Sjögren's syndrome. The arthritis of SS often is associated with other features of SS not related to the salivary or tear glands, such as blood vessel inflammation (vasculitis), nerve damage (neuropathy), Raynaud's phenomenon, and kidney disease.

Some patients with SS may have joint pain as a result of fibromyalgia. In general, the pain of fibromyalgia arises from the muscles, although it may be perceived as coming from the joints. Fibromyalgia and joint pain related to SS may be hard to differentiate. Fibromyalgia pain is present on a nearly daily basis, with flares of increased pain triggered by increased exertion, lack of sleep, and stress.

Patients with secondary SS have an underlying systemic rheumatic disease, such as rheumatoid arthritis, systemic lupus erythematosus, or scleroderma. Arthritis is a prominent feature of these systemic rheumatic diseases. The distinction between primary SS with arthritis and SS occurring in the setting of rheumatoid arthritis or systemic lupus can be difficult. Both sets of patients may have positive tests for rheumatoid factor and antinuclear antibodies, markers respectively of rheumatoid arthritis and systemic lupus. Additionally, a positive CCP antibody test in a primary SS patient does not always imply the presence of rheumatoid arthritis.[4] In general, secondary SS occurs in rheumatoid arthritis patients who have had the disease for many years. Systemic lupus is diagnosed when certain types of medical problems occur together, such as specific rashes, inflammation of the lung or heart lining (pleurisy and pericarditis), inflammation of the filtering portion of the kidney (glomerulonephritis), and blood abnormalities (such as low white counts, low platelets, or anemia). Some of these medical problems also may occur in SS patients, but an experienced rheumatologist generally can distinguish the two diseases.

Joint Manifestations of Sjögren's Syndrome and Related Entities

Primary Sjögren's syndrome

- Polyarthritis
- Arthralgia alone
- Fibromyalgia

Secondary Sjögren's syndrome

The joint manifestations are those of the underlying rheumatic disease, such as rheumatoid arthritis, systemic lupus erythematosus, or scleroderma.

Sicca syndrome*

- Nodal osteoarthritis with chronic sialoadenitis
- Dry eye and mouth syndrome
- Sicca, asthenia, and polyalgia syndrome
- Menopausal arthritis

**defined by presence of dry eyes and mouth but lacking evidence of autoimmune process as mandated by 2002 AECC classification criteria for SS*

Some patients have dryness of their eyes and mouth but do not have any signs of an underlying autoimmune disease. They cannot be classified as having SS since they lack SS-A and/or SS-B antibodies and do not have a "positive" lip biopsy. Patients with these SS mimics often have joint pain. These mimics have been labeled the "dry eye and mouth syndrome," the "sicca, asthenia, and polyalgia syndrome," and "chronic sialoadenitis in association with nodal osteoarthritis."[8-10] The existence of these syndromes reflects the fact that dryness of the eyes and mouth may have a variety of origins, including aging, anxiety, and the use of certain medications. Menopause itself appears to be a cause of joint pain and sicca symptoms in some women (sometimes termed 'menopausal arthritis'). This has become evident in studies of women who develop joint pain and sicca symptoms while receiving medicines that block estrogen production (aromatase inhibitors) as treatment for breast cancer.[11]

The arthritis of primary SS is mildly inflammatory and a manifestation of the systemic autoimmune disease. The mechanisms responsible for this arthritis may include systemic factors that affect the joint tissue secondarily, such as immune complexes (which can induce inflammation in small vessels) or inflammatory mediators (such as cytokines, which induce physiologic changes in various tissues). Alternatively, the immune reaction may be directed specifically at a structural component of the joint, thereby inciting an inflammatory response.

Many treatment modalities are available to treat joint pain associated with SS. If the joint pain is mild and intermittent, acetaminophen or short courses of non-

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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

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steroidal anti-inflammatory drugs (NSAIDs) available without prescription may suffice. If the joint pain is more persistent, prolonged use of prescription-strength NSAIDs may be required. Chronic therapy with prescription-strength NSAIDs has a risk of inciting potentially dangerous stomach ulcers in up to 4% of patients each year, particularly in elderly individuals as well as those who are taking blood thinners or corticosteroids or who have had a prior history of stomach or peptic ulcers.[12] Steps can be taken to reduce this risk. These include using the lowest dose that controls the joint pain, taking the NSAID with food, choosing an NSAID with a lower risk of gastrointestinal side effects, and taking a proton-pump inhibitor, such as omeprazole or pantoprazole, along with the NSAID on a daily basis.[13] Hydroxychloroquine (Plaquenil) is commonly used for treating joint pain in SS patients, based in part on its efficacy in treating the joint pain of patients with systemic lupus erythematosus and rheumatoid arthritis.[14-15] It is generally well tolerated, but its use for a period of 10 years or more is associated with potential damage to the retina of the eye in one out of 1000 patients. Patients taking hydroxychloroquine for prolonged periods thus should have yearly eye examinations.[16]

More severe forms of arthritis associated with SS may require treatment with disease-modifying antirheumatic drugs other than hydroxychloroquine. These include methotrexate, leflunomide, cyclosporine, TNF antagonists (such as etanercept, adalimumab, and infliximab), and rituximab. Prednisone can be a very effective and quick-acting treatment for arthritis, but chronic therapy, even in low doses, leads to an increased risk of osteoporosis. Higher doses should be used only for short periods of time, since these can result in so-called Cushingoid side effects, such as weight gain, diabetes, bruising, and an increased risk of infection.

Non-pharmacologic measures also are important aspects of the therapeutic program. The application of moist heat to the hands with a paraffin bath can help relieve stiffness of the fingers and wrists in the morning. Gentle exercise, including Tai Chi, yoga and dancing, can serve to strengthen muscles and preserve joint range of motion. Nutritional supplements, such as glucosamine or fish oils, also may help some patients. Finally, experimenting with one's diet may reveal certain foods that aggravate the joint pain. This is variable, but elimination of dairy, bread products, or excessive salt can reduce joint pain in some individuals.

In conclusion, joint manifestations are very common in primary SS and often relate to a mild inflammatory arthritis, affecting in particular the small joints of the fingers, wrists, and ankles. Some patients have more severe forms of arthritis, with features of rheumatoid arthritis or systemic lupus. Many different treatment modalities are available, and these serve to reduce the frequency of joint flares and control the joint pain and stiffness. ■

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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/patientassitance.html.

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EVOXAC® Capsules

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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 CYP3A3/4 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 Flushes	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, hypertonia, 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, hyperglycemia, hyperlipemia, 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, paresthesia, 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, photosensitivity reaction, rosacea, scleroderma, seborrhea, skin discoloration, dry skin, skin exfoliation, skin hypertrophy, 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 overdosage 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.

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Friends Helping Friends

Here is your opportunity to increase awareness of Sjögren's Syndrome!

Friends Helping Friends is an awareness letter campaign that offers you the opportunity to reach out to those you know, inform them about Sjögren's and request their support. Your decision to participate in this campaign will help to increase awareness nationwide and raise additional funds towards research and education!

In early April, you all will be receiving our 2011 *Friends Helping Friends* materials packet and we hope you will choose to take part! This year's campaign will focus on the Foundation's Clinical Practice Guidelines initiative. The letter will explain the initiative and enlighten your friends and family about the seriousness of Sjogren's.

Remember, by participating in the *Friends Helping Friends* campaign, you not only will be helping to spread the word about Sjögren's, but you also will be helping to raise crucial funds to support research, education and awareness. I hope you will take our challenge in 2011 and stand up for Sjögren's by mailing out your 2011 *Friends Helping Friends* letters.

Stay informed. Stay aware. Be your own best medical advocate.

To increase professional awareness about Sjögren's syndrome, the SSF publishes the *Sjögren's Quarterly* – a professional resource geared toward medical and dental professionals, clinicians, researchers, and anyone interested in the latest in Sjögren's research findings and treatments.

Although the content is primarily written for a professional audience, *Sjögren's Quarterly* is not just for doctors and researchers. Patients may benefit from the information, too.

If you are interested in subscribing to *Sjögren's Quarterly*, we are offering a special introductory rate of just $18 for SSF members. Take charge of your healthcare by keeping on top of all the best medical information available.

Subscribe to *Sjögren's Quarterly* today, and you might just teach your doctor a thing or two about Sjögren's syndrome.

Order by calling the Foundation office at 800-475-6473

"Yoga" continued from page 1 ▼

certified movement analyst (CMA), registered yoga teacher (RYT) and Research Coordinator with the Johns Hopkins Arthritis Center, will demystify yoga for arthritis patients and their providers.

What is yoga?

Yoga is a set of theories and practices with origins in ancient India. Literally, the word yoga comes from a Sanskrit work meaning "to yoke" or "to unite." It focuses on unifying the mind, body, and spirit and fostering a greater feeling connection between the individual and his/her surroundings. Yoga has spiritual roots, with the main goal of helping individuals to realize true happiness, freedom, or enlightenment. Beyond this, however, yoga has several secondary goals, such as improving physical health and enhancing mental well-being and emotional balance.

As interest in yoga has increased in western countries over the last few decades, yoga postures are increasingly practiced devoid of their original spiritual context, solely for physical health benefits. This physical practice of yoga, often called Hatha Yoga, sometimes overlaps or includes references to the other aspects of yoga. A popular misconception is that yoga focuses merely on increasing flexibility. The practice of Hatha Yoga also emphasizes postural alignment, strength, endurance and balance.

What are the benefits of yoga?

Over 75 scientific trials have been published on yoga in major medical journals. These studies have shown that yoga is a safe and effective way to increase physical activity that also has important psychological benefits due to its meditative nature. As with other forms of exercise, yoga can increase muscle strength, improve flexibility, enhance respiratory endurance, and promote balance. Yoga is also associated with increased energy and fewer bodily aches and pains. Finally, yoga is associated with increased mental energy as well as positive feelings (such as alertness and enthusiasm), fewer negative feelings (reduced excitability, anxiety, aggressiveness) and somatic complaints. In summary, yoga is associated with a wide range of physical and psychological benefits that may be especially helpful for persons living with a chronic illness.

Additionally, physical activity is an essential part of the effective treatment of osteoarthritis (OA) and rheumatoid arthritis (RA), according to treatment guidelines published by the American College of Rheumatology. In persons with arthritis, exercise is safe and does not exacerbate pain or worsen disease. In fact, exercise may play a key role in promoting joint health, since those who do not exercise often suffer more joint discomfort than those who do. The health and psychological benefits of exercise are widely recognized. However, regular physical activity is especially important for people with arthritis, who often have decreased muscle strength, physical energy, and endurance, in part due to their arthritis and the tendency to be sedentary. Being sedentary can began a downward spiral where pain increases, leading to more inactivity which leads to greater pain and disability. The psychological benefits of exercise such as stress reduction, fewer depressive symptoms, improved coping and well-being and enhanced immune functioning also contribute to greater overall health.

Have scientific studies of yoga been done in arthritis patients?

While there is a great deal of anecdotal evidence of the benefits of yoga (just visit any yoga studio), to date only a handful of scientific studies have been conducted on persons with OA and RA (though several more are currently underway). These early studies have shown promising results with some improvement in joint health, physical functioning, and mental/emotional well-being. Perhaps most importantly, yoga has an important positive effect on quality of life. People with arthritis may also enjoy yoga more than traditional forms of exercise, and exercise enjoyment is an important predictor of adherence. This is particularly important considering that, on average, 50% of sedentary individuals will drop out of exercise within 6 months.

In summary, yoga can be a meaningful and enjoyable alternative to traditional forms of exercise such as aerobics or aquatic exercise with important health benefits. Yoga can play an important role in reducing stress and frustration that results from pain and disability and increasing positive feelings and wellbeing. Drug treatments for OA and RA have improved markedly in the last few years. Despite this, arthritis cannot be cured, and even the best medications and medical care can only help so much. There is a great need for additional activities patients can do to reduce pain and disability, and take control of the overall impact arthritis may have on their lives. Thus, the evidence suggests that, when combined with a program of good medical care, yoga may provide important additional physical and psychological health benefits for arthritis patients. Scientists at Johns Hopkins Arthritis Center hope to be at the forefront of exploring this relationship through rigorously conducted clinical research trials.

If you are interested in learning more about yoga, read on. We hope you will find the following information and resources useful.

What is the best way to try yoga?

Yoga can be a safe and effective form of physical activity, but as with any new activity, it is important to take proper precautions. Talk with your doctor and ask specifically if there should be any limitations or restrictions your doctor wants you to observe. (If your doctor has specific recommendations, ask for them in writing and give this to the yoga instructor.) The best introduction to yoga is generally a beginner class, led by a qualified teacher who can guide you in the safe and healthy execution of modified poses.

How do I find a qualified yoga instructor and yoga classes?

The Yoga Alliance is the national certifying body for yoga instructors and facilities. You can search the Yoga Alliance website (www.yogaalliance.org) for a list of certified yoga instructors in your area. You can contact an instructor directly for information about classes and/or private instruction. Private lessons will be more costly but will ensure that you receive proper attention and guidance, particularly if you are just beginning or have special needs or concerns related to your arthritis.

Another option is to find a yoga studio in your area (the phone book is a good resource). Some yoga studios may offer specialized classes for older individuals or people with arthritis or other mobility challenges. Beginning or Gentle Yoga classes also are widely available in YMCAs, health clubs, community and seniors centers. Always ask about the credentials of instructors at these locations. When attending your first class, be sure to arrive a few minutes early and take time to introduce yourself to the instructor and explain your condition. If your doctor has placed any specific restrictions or limitations on physical activity, tell the instructor about these before the class begins.

Questions you should ask when selecting a class

1. What is the style of yoga offered in the class?

The combination of asanas (poses) and pranyama (breathing practices) is generically called "Hatha Yoga." Because yoga has been passed down through many teachers to many students, many schools or styles have emerged with different methods of practice. Some of these styles are fairly gentle and safe for students with arthritis, while others should generally be avoided.

2. Is the instructor certified?

Yoga Alliance is the accrediting body for yoga instructors worldwide. Being certified by Yoga Alliance requires a minimum level of training in techniques, anatomy/physiology, teaching methodology, philosophy/ethics, and practical experience. You can find a certified teacher by visiting YogaAlliance.org and searching in your area.

3. Do you offer beginner or gentle yoga classes?

Some classes combine students with varied experience, and provide modifications for each level. Especially when first beginning to practice yoga, it is helpful to be in a class geared toward beginning students.

4. How long has the instructor been teaching?

While this is not always the case, teachers with more experience are often more adept at modifying poses for each individual and are likely to have continued training for students with special needs.

5. Does the instructor have a medical background or experience teaching students with arthritis?

This is an ideal scenario. Try to find a teacher who is familiar with your condition and can guide you in making the proper adjustments for your body. Short of this, classes offered through hospitals or medical settings are often supervised or overseen by medical staff.

What can I expect to do in a beginning yoga class?

There are three main components to most western yoga classes: poses (asanas), breathing techniques (pranyama), and relaxation. Some classes will also include additional elements such as meditation or chanting.

The types of poses that are usually included in beginning or gentle yoga classes are simple standing and seated poses. This introduction helps students to increase their awareness of the body and its relationship to space in a safe and gradual manner. Many people have fears that they may be asked to try standing on their heads or twisting into a pretzel-like position. These practices are part of yoga but are only recommended for very advanced practitioners and will not be included in beginner classes. Additionally, an important aspect of yoga is that it is non-competitive. Students work at their own ability level, being sure to respect the body and its limitations. You should never go beyond what is comfortable and reasonable and a good yoga instructor will help you determine what is appropriate for you in each pose. All yoga poses can be modified for your safety and comfort, to accommodate any special needs you may have.

Components of a Yoga Class

Asanas

Asanas are a series of poses designed to bring about greater health and well being. The poses are combined in a predictable sequence that addresses strength, flexibility, and balance of the whole body. Poses are held for variable lengths, depending on the experience of the participant, characteristics of the pose and the style of yoga being practiced. Most poses can be easily modified to account for a student's level of experience and physical condition. Some teachers utilize props, such as blocks, straps, or blankets to help students adjust challenging poses. While originally, the asanas were created to prepare the body for sitting still in meditation, they have evolved as a physical practice and are considered by many to be a moving meditation themselves.

Asanas are the yoga practices that require the most guidance and special attention for individuals with arthritis. If something seems too challenging or causes discomfort, you and the instructor can arrive at an appropriate modification.

Pranyama

Breath is an important aspect of many yoga classes. Movement should be connected with the breath throughout yoga practice. In some poses, this means moving one direction on an inhale and the opposite direction on an exhale. Some teachers also instruct students to hold a pose for a particular number of breaths. Independent of the asanas there is another set of breathing practices to invigorate or calm the body and mind, which should only be practiced with a qualified

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instructor. A good resource for learning more about breathing practices is "*Science of Breath – A Practical Guide*" by Alan Hymes, MD.

The breathing techniques taught in beginner yoga classes are generally safe for anyone, including those with asthma or COPD, as long as they feel comfortable. If you have a lung condition, you may want to speak with your doctor about the safety of advanced breathing practices, and be sure to tell your yoga instructor about any concerns you might have.

Deep Relaxation

At the closing of class, most teachers incorporate some type of relaxation for somewhere between 1 and 15 minutes. This is usually done in Savasana or Corpse Pose (lying on the back with eyes closed). The purpose of this relaxation is to absorb the stress and tension-reducing benefits of the asanas, so that a sense of calm and ease will carry over from the practice after the class has ended. It also relates to the original purpose of Hatha practice, relaxing the body so that it can remain completely quiet for a more meaningful meditation. In American yoga classes, the deep relaxation is often considered a reward at the end of class, though for the restless, it can often be the most challenging.

Deep relaxation is beneficial for all persons and generally requires no modification. If you are pregnant, or if lying on your back for prolonged periods is painful, your yoga instructor can suggest alternate poses for relaxation.

Meditation

Some classes include brief periods of seated meditation before or after the asana practice. During these times, some instructors give guidance on how to approach meditation. It is a time to quiet and focus the mind, relieving it of the unnecessary clutter of trivial thoughts that stream in and out during the day. This discipline of the mind is said to allow greater spiritual awakening, but can also simply provide relief from the day's stresses. Meditation can have any focus, such as the breath, an image, an idea or affirmation, a sound, or a personal prayer.

Modifications to the traditional cross-legged seating pose are an option for those with arthritis. Other seated positions can be used, and props such as a chair or block may be helpful.

Chanting

Sound vibrations can be very powerful, capable of breaking glass, or even causing an avalanche. The healing properties involved with making various sounds have also recently been studied. Beyond healing, chants have historically served the purpose of unifying communities, or fostering an individual sense of spirituality. Not all yoga classes incorporate chanting, but some more traditional styles consider chanting to be an essential aspect of Hatha practice. Most chants in yoga class incorporate words for peace (Shanti) or words that have no translation but are said to reflect natural universal vibrations (Om). If you don't feel like joining in with the chant, it is perfectly acceptable just to listen. It is important to note that, unlike singing, there is no judgment of quality in chant. It is a sound, not a song that is being created, though it is often beautiful and moving. (For more information on chanting, see Robert Gass, "Chanting: Discovering Spirit in Sound").

No modifications are required for people with arthritis.

Can I practice yoga even if I am relatively sedentary and inflexible?

Absolutely. In fact, individuals with limited range of motion or poor flexibility, due to arthritis or otherwise, may benefit the most from yoga practice, as it can increase flexibility, strength, and balance. Even if you are unable to kneel or have difficulty getting up and down, modifications are available. There are some "chair yoga" classes that are taught entirely in a seated position! It may feel a bit disheartening at first when challenges arise, but overcoming such judgments and accepting where you are is an important part of yoga.

A core concept of yoga is to always honor what will allow you to benefit most from the practice. Your yoga teacher will emphasize the importance of always listening to your body, recognizing your current limitations, and approaching your yoga practice from there. Yoga is not competitive, and the focus should not be on how the pose looks (aside from ensuring safe anatomical alignment). It is about experiencing a connection of the body and mind through the breath. While there are some yoga poses that do require a great deal of flexibility, strength, and balance, those poses should only be attempted by very experienced yogis and are NOT for beginners or persons with activity limitations. Again, a good yoga teacher will provide alternatives and modifications to all activities so that students can work within their levels of comfort.

Are there any poses people with arthritis should avoid?

The general rule for arthritis patients (and people in general) is that if it hurts, stop. The old adage of "no pain, no gain" does not apply to yoga, particularly if you have activity limitations. When doing backbends, arthritis patients should keep them relatively small and be aware not to hyper-extend the neck, keeping the head in line with the rest of the spine. For those with arthritis of the hip, be cautious when doing "hip openers" or poses with extreme external rotation of the hips. Generally, you will notice pain if you are going too far with the pose, but sometimes the effects are not felt until the next day. It is important to be gentle with your practice, especially at first. If you do not experience any pain after a few days, you can decide to gradually increase the intensity of the poses. There have also been some indications that strength training targeted at the quadriceps muscles might not be recommended for those with malaligned or lax knees. However, interventions that balance opposite muscle groups and exercises that improve muscle awareness (such as yoga) might help stabilize the knee. As with any condition, it is important to be cautious and pay attention to your body. Also, be sure to consult your doctor and instructor if you experience any pain or difficulty resulting from yoga practice.

in memoriam

In Memory of Barbara McBride
Robin Lorton

In Memory of Carol Cegielski
Lenny Cegielski

In Memory of Ellamae Skahen
JoAnn Snider

In Memory of Imelda Collins
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Bill & Karen Winter

In Memory of Rebecca Thurman
Natalie J. Roberts

In Memory of Ruth Kline
Susie & Jerry Spilecki

What should I bring to my first yoga session?

Wear comfortable clothing that allows for full movement of the body. If the clothing is too loose, the instructor will be less able to guide you in proper alignment, but it should also not be restrictive. Clothing specially designed for yoga is available but unnecessary. Yoga is traditionally practiced barefoot, though it may be possible to wear socks at the start of class, until the body warms up. "Sticky" mats are used in modern yoga practice to provide some cushioning and prevent slipping. Some studios or gyms will supply mats for general use. You may want to inquire about this in advance. Also, be sure to bring water or an empty container for filling, in case they are not supplied. It is important to stay hydrated during any physical activity.

Can I practice yoga at home?

While not recommended for those who are completely new to yoga, as you become more confident and experienced, you may want to supplement classes with home practice. There are also many yoga books and videos available, but they do not necessarily address the needs of arthritis patients. The Arthritis Foundation has a video titled "*Yoga for Arthritis – Pathways to Better Living with Arthritis and Related Conditions*" that can be found through stores and online retailers. While the video is safe for most patients with arthritis, it cannot provide the same level of supervision and individual attention offered by working with a qualified instructor. ■

in honor

In Honor of Brenda Cooley
Debbie Cooley

In Honor of Christina Downs
The Wong Family

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Doris Fischer
Harold & Madelon Followwell

In Honor of Dave & Delia Drake
Julie Harris

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Yvonne Drum

2011 SSF National Patient Conference

"Your Passport To Learning"

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

Sponsored by
Daiichi-Sankyo

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
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.*

Sjögren's Syndrome Foundation

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)

	March 7th and before	March 8th and after
SSF Members & Guests	$165 per person	$185 per person
Non-Members	$190 per person	$210 per person
TOTAL:		

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 20190) 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 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.

The Moisture Seekers
Sjögren's Syndrome Foundation Inc.
6707 Democracy Blvd., Ste 325
Bethesda, MD 20817
Phone: 800-475-6473
Fax: 301-530-4415

Join in the fun! 2011 SSF Special Event Calendar

Visit www.sjogrens.org or contact the SSF office to learn more about our events!

The SSF is very excited for all of our events coming this Spring. Look at our special event calendar below to see if there is a *Walkabout* or *Sip for Sjögren's* coming to your area.

March

27 ***Detroit Walkabout***
Westland Center, Westland, Michigan

27 ***Long Island Walkabout***
Roosevelt Field® Mall, Garden City, New York

April

1&2 ***National Patient Conference***
Hyatt Regency Reston, Reston, Virginia

2 ***Greater Washington Region Walkabout***
Reston Town Center at the Reston Hyatt, Reston, Virginia

10 ***Sip for Sjögren's – Atlanta***
Nelson Mullins, Atlantic Station, Atlanta, Georgia

30 ***Team Sjögren's – Nashville Country Music Marathon***
Nashville, Tennessee

May

7 ***Philadelphia Walkabout***
Philadelphia Zoo, Philadelphia, Pennsylvania

10 ***Sip for Sjögren's – Harrisburg***
West Shore Country Club, Camp Hill, Pennsylvania

15 ***Dallas/Fort Worth Walkabout***
Grapevine Mills Mall, Grapevine, Texas

18 ***Sip for Sjögren's – Akron***
Mustard Seed Market & Cafe, Akron, Ohio

June

11 ***Denver Area Walkabout***
Denver Zoo, Denver, Colorado

Sjögren's Walkabout

sip for Sjögren's
a fine water tasting event